

**MOVING TO OPPORTUNITY INTERIM EVALUATION  
FINAL YOUTH SURVEY  
FOR YOUTH AGES 12-19 YEARS OLD**

**SECTION 1: EDUCATION**

*Hello, my name is \_\_\_\_\_ and I work for Abt Associates. Thank you for taking the time to speak with me today. You may already know that in [your random assignment], your family joined a program called Moving to Opportunity sponsored by the U.S. Department of Housing and Urban Development (HUD). This program helped some families move out of public or Section 8 housing. Now HUD wants to learn how the families are doing, even if they didn't move. And the research is particularly interested in the families' children. Your opinions and experiences are important, and your participation in this study will help HUD to improve housing programs across the country. We are interested in learning about your school and work experiences, as well as your involvement in various other activities.*

*As we told you when we scheduled this appointment, your participation is completely voluntary, and all your answers will be kept confidential. It is very important that you answer our questions truthfully. To make you more comfortable doing this, we'd like to remind you that no one who knows you will ever see or find out your answers. Your answers will be seen **ONLY** by our research staff. The survey will take about 30 minutes. When you have completed it you will receive \$50 for your time.*

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

**(115) SCHOOL DROPOUT**

**(116) HIGH SCHOOL GRADUATION**

*The first set of questions are about your educational experiences.*

1. Are you currently attending or enrolled in regular school? (NLSY97, Modified)  
**[INTERVIEWER: REGULAR SCHOOL IS ONE THAT OFFERS AN ACADEMIC DIPLOMA OR DEGREE; E.G., ELEMENTARY SCHOOL, HIGH SCHOOL, COLLEGE, GRADUATE SCHOOL, LAW SCHOOL, OR NURSING PROGRAM LEADING TO AN RN DEGREE. NOT INCLUDED AS REGULAR SCHOOL ARE: TRAINING AT A TECHNICAL INSTITUTE, LICENSE TRADE PROGRAMS, ETC, UNLESS THE CREDITS OBTAINED ARE TRANSFERABLE TO A REGULAR SCHOOL AND COULD COUNT TOWARD AN ACADEMIC DIPLOMA OR DEGREE.]**

- |                         |                            |
|-------------------------|----------------------------|
| Yes                     | <input type="checkbox"/> 1 |
| No (SKIP TO Q3)         | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO Q3)    | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO Q3) | <input type="checkbox"/> 8 |

2. Are you attending school full-time or part-time? (Original)

- |            |                            |
|------------|----------------------------|
| Full-time  | <input type="checkbox"/> 1 |
| Part-time  | <input type="checkbox"/> 2 |
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

2a. What grade or year of school are you currently attending? (NLSY97)

Grade: \_\_\_\_\_

**[IF GRADE 12 OR LESS, SKIP TO Q5. IF ABOVE 12<sup>TH</sup> GRADE CODE AS FOLLOWS]:**

13=First year of college

14=Second year of college

15=Third year of college

16=Fourth year of college

95=Vocational/Trade school

REFUSED

☐ 7

DON'T KNOW

☐ 8

2b. Are you attending a two-year college, a four-year college, or a trade or business school?  
(Original)

TWO YEAR PROGRAM

☐ 1

FOUR YEAR PROGRAM

☐ 2

TRADE SCHOOL

☐ 3

BUSINESS SCHOOL

☐ 4

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

☐ 5

REFUSED

☐ 7

DON'T KNOW

☐ 8

**(SKIP TO Q5)**

3. When were you last enrolled in regular school — what was the month and year? (NLSY97)

\_\_\_\_\_/\_\_\_\_\_  
Month (MM) Year (YYYY)

Never enrolled

☐ 1

REFUSED

☐ 7

DON'T KNOW

☐ 8

4. What was the main reason you left at that time? (NLSY97)

RECEIVED DEGREE, COMPLETED COURSE WORK

☐ 1

EXPELLED/SUSPENDED

☐ 2

GOT MARRIED

☐ 3

PREGNANT

☐ 4

SCHOOL WAS DANGEROUS

☐ 5

POOR GRADES

☐ 6

DID NOT LIKE SCHOOL (PROBE)

☐ 7

- |   |                             |
|---|-----------------------------|
| OFFERED JOB                                   | <input type="checkbox"/> 8  |
| ENTERED MILITARY                              | <input type="checkbox"/> 9  |
| FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO GO | <input type="checkbox"/> 10 |
| CHILD CARE RESPONSIBILITIES                   | <input type="checkbox"/> 11 |
| HOME RESPONSIBILITIES                         | <input type="checkbox"/> 12 |
| MOVED AWAY FROM SCHOOL                        | <input type="checkbox"/> 13 |
| DIDN'T GET ALONG WITH OTHER STUDENTS          | <input type="checkbox"/> 14 |
| MY FRIENDS HAD DROPPED OUT OF SCHOOL          | <input type="checkbox"/> 15 |
| HAD A PROBLEM WITH DRUGS OR ALCOHOL           | <input type="checkbox"/> 16 |
| BECAME THE FATHER/MOTHER OF A BABY            | <input type="checkbox"/> 17 |
| HAD A HEALTH PROBLEM                          | <input type="checkbox"/> 18 |
| OTHER (SPECIFY) _____                         | <input type="checkbox"/> 95 |
| REFUSED                                       | <input type="checkbox"/> 97 |
| DON'T KNOW                                    | <input type="checkbox"/> 98 |

*The next few questions ask about life in high school. If you are not currently in high school, please think about the time when you were last in high school when answering these questions.*

5. During [the/your last high] school year, how often [are/were] you late for school? (SPD98, Modified)

- |                      |                            |
|----------------------|----------------------------|
| Never                | <input type="checkbox"/> 1 |
| Once a month         | <input type="checkbox"/> 2 |
| Once every two weeks | <input type="checkbox"/> 3 |
| Once a week          | <input type="checkbox"/> 4 |
| Several times a week | <input type="checkbox"/> 5 |
| Everyday             | <input type="checkbox"/> 6 |
| REFUSED              | <input type="checkbox"/> 7 |
| DON'T KNOW           | <input type="checkbox"/> 8 |

6. During [the/your last high] school year, how many days [have you been/were] you absent from school? (NLSY97)

Number of days absent \_\_\_\_\_

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

**[ASK OF ALL YOUTH AGES 12-17. ALL OTHERS GO TO Q8]**

*Here are a few questions ask about life at school. If you are not currently in school, please think about the time when you were last in school when answering these questions.*

**(111) ACADEMIC TRACK**

7. [Have you ever taken/Did you ever take] any classes in algebra, geometry, or other advanced math? (NLSY97, Modified)

Yes	<input type="checkbox"/> 1
No ( <b>SKIP TO Q8</b> )	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

- 7a. What subjects are you taking or have you completed in math? (HAND CARD.  
CHECK ALL THAT APPLY)

	Yes	No	REFUSED	DON'T KNOW
Algebra I	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Geometry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Algebra II	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Trigonometry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Pre-calculus or advanced algebra	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Calculus	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Have taken no math courses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Other (SPECIFY): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(113) ACADEMIC HONORS/AWARDS**

8. Overall, what grades did you receive [last year/the last full year of school you completed]?  
(Original; similar to NLSY97) Were they...

Mostly As (90-100)	<input type="checkbox"/> 01
About half As and half Bs (85-89)	<input type="checkbox"/> 02
Mostly Bs (80-84)	<input type="checkbox"/> 03
About half Bs and half Cs (75-79)	<input type="checkbox"/> 04
Mostly Cs (70-74)	<input type="checkbox"/> 05
About half Cs and half Ds (65-69)	<input type="checkbox"/> 06
Mostly Ds (60-64)	<input type="checkbox"/> 07
Mostly below D (below 60)	<input type="checkbox"/> 08
Other (Specify) _____	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

**[ASK OF ALL YOUTH AGES 12-17, ALL OTHERS GO TO Q12]**

### (103) ATTITUDES TOWARDS OWN SCHOOL

9. Thinking about [your school/when you were last in school], in general, how much do you agree with each of the following statements about your school and teachers?

	Strongly Agree	Agree	Disagree	Strongly Disagree	REFUSED	DON'T KNOW
9a. The teachers [are/were] interested in students (NLSY97).	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
9b. Disruptions by other students [get/got] in the way of my learning. (NLSY97)	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
9c. There [is/was] a lot of cheating on tests and assignment. (NLSY97)	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
9d. Discipline [is/was] fair. (NLSY97)	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
9e. I [feel/felt] safe at this school. (NLSY97)	<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

10. Next, I'd like to ask some more questions about school. In general, how true are each of the following statements. Are they 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
10a. I [work/worked] very hard on my schoolwork. (SPD98)	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
10b. I [pay/paid] attention in class. (SPD98)	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8

11. About how much time [do/did] you spend each week on homework outside of school? (NLSY79)

Number of hours: \_\_\_\_\_

REFUSED

☐ 97

DON'T KNOW (ASK 11a)

☐ 98

- 11a. Which of the following categories is closest to the amount of time you [spend/spent] on homework outside of school each week?

1-4 hours

☐ 1

5-9 hours

☐ 2

- |                  |                            |
|------------------|----------------------------|
| 10-14 hours      | <input type="checkbox"/> 3 |
| 15-19 hours      | <input type="checkbox"/> 4 |
| 20 or more hours | <input type="checkbox"/> 5 |
| REFUSED          | <input type="checkbox"/> 7 |
| DON'T KNOW       | <input type="checkbox"/> 8 |

12. How much additional reading [do/did] you do each week on your own outside of school or work—not in connection with schoolwork? DO NOT COUNT ANY ASSIGNED READING. (NLSY79)

Number of hours: \_\_\_\_\_

- |                      |                             |
|----------------------|-----------------------------|
| REFUSED              | <input type="checkbox"/> 97 |
| DON'T KNOW (ASK 12a) | <input type="checkbox"/> 98 |

12a. Which of the following categories is closest to the amount of time you [spend/spent] reading on your own outside of school or work each week?

- |                  |                            |
|------------------|----------------------------|
| 1-4 hours        | <input type="checkbox"/> 1 |
| 5-9 hours        | <input type="checkbox"/> 2 |
| 10-14 hours      | <input type="checkbox"/> 3 |
| 15-19 hours      | <input type="checkbox"/> 4 |
| 20 or more hours | <input type="checkbox"/> 5 |
| REFUSED          | <input type="checkbox"/> 7 |
| DON'T KNOW       | <input type="checkbox"/> 8 |

**[IF AGE IS LESS THAN 15, SKIP TO SECTION 2]**

**(117) COLLEGE/POST-GRADUATION PLANS**

13. [Did you take/Have you taken] any Advanced Placement (AP) exams? (NLSY97)

**[INTERVIEWER: AP EXAMS ARE USED BY COLLEGES TO GRANT CREDIT AND PLACEMENT, AND ARE ADMINISTERED BY THE COLLEGE BOARD WITH THE EDUCATIONAL TESTING SERVICE.]**

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

14. Have you taken the SAT or ACT test? (NLSY97)

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

**(211) JOB TRAINING HISTORY**

**[ASK ONLY OF 16-19 YEAR OLDS, ALL OTHERS GO TO SECTION 2]**

*Now I would like to ask you about other types of schooling and training you may have had.*

15. [Other than your regular school, which we've already talked about], since September 2000, have you participated in any training program that lasted at least two weeks, that was designed to help you find a job, improve your job skills, or learn a new job?

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

16. What kind of training was that? (RECORD VERBATIM)

---

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

17. How many weeks did you participate in that training during the period since September 2000?

- |                        |                             |
|------------------------|-----------------------------|
| Number of weeks: _____ |                             |
| REFUSED                | <input type="checkbox"/> 97 |
| DON'T KNOW             | <input type="checkbox"/> 98 |

18. During those weeks, how many hours a week did you usually spend in this training program?

- |                        |                             |
|------------------------|-----------------------------|
| Number of hours: _____ |                             |
| REFUSED                | <input type="checkbox"/> 97 |
| DON'T KNOW             | <input type="checkbox"/> 98 |

<b>SECTION 2: EMPLOYMENT AND EARNINGS</b>
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[THIS SECTION ASKED OF YOUTH 14-19 ONLY, ALL OTHERS SKIP TO SECTION 3]

*Now I'd like to ask a few questions about any jobs you may have.*

**(201) HOURS WORKED PER WEEK**

1. Last week, did you do any work for pay? (CPS)

Yes (**SKIP TO Q3**)

☐ 1

No

☐ 2

IF VOLUNTEERED, Retired (**SKIP TO Q13**)

☐ 3

IF VOLUNTEERED, Disabled (**SKIP TO Q13**)

☐ 4

IF VOLUNTEERED, Unable to work (**SKIP TO Q13**)

☐ 5

REFUSED

☐ 7

DON'T KNOW

☐ 8

2. What is the main reason that you did not work for pay last week? (MTO-Boston)

RETIRED

☐ 01

DISABLED

☐ 02

UNABLE TO WORK

☐ 03

HAS JOB BUT TEMPORARILY ABSENT

☐ 04

COULDN'T FIND ANY WORK

☐ 05

CHILD CARE PROBLEMS

☐ 06

FAMILY RESPONSIBILITIES

☐ 07

IN SCHOOL OR OTHER TRAINING

☐ 08

WAITING FOR A NEW JOB TO BEGIN

☐ 09

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

☐ 95

REFUSED

☐ 97

DON'T KNOW

☐ 98

**(SKIP TO Q13)**

3. Last week, did you have more than one job, including part-time and weekend work? (CPS)

Yes

☐ 1

No (**SKIP TO Q4**)

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8



- 3a. How many jobs did you have last week?\_\_\_\_\_
- REFUSED ☐ 97
- DON'T KNOW ☐ 98
4. How many hours do you usually work per week at your (main) job? (By main job, we mean the one at which you usually work the most hours.) (CPS)
- Hours each week \_\_\_\_\_ (SKIP TO Q5)
- Hours vary each week (ASK Q4a) ☐ 96
- REFUSED ☐ 97
- DON'T KNOW ☐ 98
- 4a. Do you usually work 35 hours or more per week at your main job? (CPS)
- Yes ☐ 1
- No ☐ 2
- Hours vary ☐ 3
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

**(207) JOB TENURE**

5. When did you first start working at your main job? (NLSY79)
- Enter Date: Mon/Day/Year\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
MM DD YYYY
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

**(202) AVERAGE HOURLY EARNINGS**

6. For your (main) job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis? (CPS)
- HOURLY ☐ 01
- WEEKLY ☐ 02
- BIWEEKLY (every 2 weeks) ☐ 03
- TWICE MONTHLY ☐ 04
- MONTHLY ☐ 05
- ANNUALLY ☐ 06
- OTHER: (SPECIFY)\_\_\_\_\_ ☐ 95
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

7. Do you usually receive overtime pay, tips, or commissions? (CPS)

Yes (**SKIP TO Q8 IF Q6=HOURLY OR Q10 IF Q6 IS NOT HOURLY**) ☐ 1

No (**ASK 7a IF Q6=HOURLY**) ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

- 7a. What is your hourly rate of pay (on this job)? (CPS)

\$ \_\_\_\_\_.\_\_\_\_

REFUSED ☐ 999997

DON'T KNOW ☐ 999998

**[IF Q6=HOURLY AND Q7=NO, SKIP TO Q12]**

8. (At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions? (CPS)

\$ \_\_\_\_\_.\_\_\_\_

REFUSED ☐ 999997

DON'T KNOW ☐ 999998

- 8a. Is that...(CPS)

Per hour ☐ 1

Per day ☐ 2

Per week ☐ 3

Per month ☐ 4

Per year ☐ 5

Other: (SPECIFY)\_\_\_\_\_ ☐ 6

REFUSED ☐ 7

DON'T KNOW ☐ 8

**[IF Q6=HOURLY]**

9. (Excluding overtime pay, tips and commissions), what is your hourly rate of pay (on this job)? (CPS)

Enter dollar amount: \$ \_\_\_\_\_.\_\_\_\_ (**SKIP TO Q12**)

REFUSED ☐ 999997

DON'T KNOW ☐ 999998

**[IF Q6 NOT EQUAL TO HOURLY]**

10. (Including overtime pay, tips, and commissions), what are your usual (weekly/biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions? (CPS)

Enter dollar amount                      \$ \_ \_ \_ . \_ \_

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

**[IF Q6=ANNUAL, ASK Q11. OTHERWISE SKIP TO Q12]**

11. How many weeks a year do you get paid for? (CPS)

NUMBER OF WEEKS                      \_\_\_\_\_

REFUSED

☐ 97

DON'T KNOW

☐ 98

**(208) SOCIAL NETWORKS & JOBS**

[Asked about main current job]

12. I'd like to ask you how you found the (main) job you have now. What is the most important source of information you used to find this job? (3CITY)

A FRIEND, RELATIVE, OR ACQUAINTANCE

☐ 1

THE NEWSPAPER

☐ 2

A SCHOOL EMPLOYMENT SERVICE

☐ 3

A GOVERNMENT EMPLOYMENT AGENCY

☐ 4

A PRIVATE EMPLOYMENT AGENCY

☐ 5

CHECKING DIRECTLY WITH MY EMPLOYER

☐ 6

A REFERRAL FROM A JOB TRAINING PROGRAM

☐ 7

A COMPUTER SEARCH

☐ 8

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

☐ 95

REFUSED

☐ 97

DON'T KNOW

☐ 98

**(SKIP TO Q17)**

**(205) NON-EMPLOYED—JOB SEARCH METHOD, DURATION INTENSITY**

**(ASK ONLY 18-19 YEAR OLDS)**

13. Have you been doing anything to find work during the past four weeks? (CPS)

- |                                       |                            |
|---------------------------------------|----------------------------|
| YES                                   | <input type="checkbox"/> 1 |
| NO ( <b>SKIP TO Q15</b> )             | <input type="checkbox"/> 2 |
| DISABLED ( <b>SKIP TO Q15</b> )       | <input type="checkbox"/> 3 |
| UNABLE TO WORK ( <b>SKIP TO Q15</b> ) | <input type="checkbox"/> 4 |
| REFUSED                               | <input type="checkbox"/> 7 |
| DON'T KNOW                            | <input type="checkbox"/> 8 |

14. What are all the things you have done to find work during the past four weeks? (CPS)

- |  |                             |
|--|-----------------------------|
| CONTACTED EMPLOYER(S)                                  | <input type="checkbox"/> 1  |
| CONTACTED PUBLIC EMPLOYMENT AGENCY<br>PROGRAMS/COURSES | <input type="checkbox"/> 2  |
| CONTACTED PRIVATE EMPLOYMENT AGENCY                    | <input type="checkbox"/> 3  |
| CONTACTED FRIENDS OR RELATIVES                         | <input type="checkbox"/> 4  |
| CONTACTED SCHOOL/UNIVERSITY EMPLOYER<br>CENTER         | <input type="checkbox"/> 5  |
| SENT OUT RESUMES/FILLED OUT APPLICATIONS               | <input type="checkbox"/> 6  |
| CHECKED UNION/PROFESSIONAL REGISTERS                   | <input type="checkbox"/> 7  |
| PLACED OR ANSWERED ADS                                 | <input type="checkbox"/> 8  |
| OTHER ACTIVE   | <input type="checkbox"/> 9  |
| LOOKED AT ADS DIRECTLY/INTERVIEW                       | <input type="checkbox"/> 10 |
| ATTENDED JOB TRAINING                                  | <input type="checkbox"/> 11 |
| NOTHING  | <input type="checkbox"/> 12 |
| OTHER (SPECIFY) _____                                  | <input type="checkbox"/> 95 |
| REFUSED  | <input type="checkbox"/> 97 |
| DON'T KNOW   | <input type="checkbox"/> 98 |

15. Last week, could you have started a job if one had been offered? (CPS)

- |                            |                            |
|----------------------------|----------------------------|
| Yes ( <b>SKIP TO Q17</b> ) | <input type="checkbox"/> 1 |
| No                         | <input type="checkbox"/> 2 |
| REFUSED                    | <input type="checkbox"/> 7 |
| DON'T KNOW                 | <input type="checkbox"/> 8 |

16. Why not? (CPS)

- |                              |                             |
|------------------------------|-----------------------------|
| Waiting for new job to begin | <input type="checkbox"/> 1  |
| Own temporary illness        | <input type="checkbox"/> 2  |
| Going to school              | <input type="checkbox"/> 3  |
| Other (SPECIFY)_____         | <input type="checkbox"/> 95 |
| REFUSED                      | <input type="checkbox"/> 7  |
| DON'T KNOW                   | <input type="checkbox"/> 8  |

**(210) EMPLOYMENT HISTORY**

**[ASK OF ALL YOUTH AGES 14-19]**

*Now I am going to ask you about any other paid employment you have had since September 2000 (other than the job we just discussed). This should include any paid employment you have now. Please tell me about any work you have had as an employee, that is, work you had in an ongoing relationship with a particular employer. For example, working in a supermarket or restaurant would be work as an employee.*

17. Since September 2000, have you done any/are you doing (other) work as an employee for which you were paid? (NLSY79, modified)

- |                           |                            |
|---------------------------|----------------------------|
| Yes                       | <input type="checkbox"/> 1 |
| No ( <b>SKIP TO Q19</b> ) | <input type="checkbox"/> 2 |
| REFUSED                   | <input type="checkbox"/> 7 |
| DON'T KNOW                | <input type="checkbox"/> 8 |

17a. How many other jobs have you worked as an employee since September 2000?

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

	EMPLOYER #1	EMPLOYER #2	EMPLOYER #3
18a. For each employer you have had since September 2000, please tell us what kind of work you did? <b>[REPEAT 18a FOR ALL JOBS THEN ASK 18b-f FOR EACH]</b> (Original)			
18b. When did you first start working at this job? (NLSY 79)	___/___/___ Month Day Year	___/___/___ Month Day Year	___/___/___ Month Day Year
18c. Are you currently working for this employer? (NLSY 79)	<input type="checkbox"/> <sub>1</sub> Yes ( <b>SKIP TO Q18e</b> ) <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes ( <b>SKIP TO Q18e</b> ) <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes ( <b>SKIP TO Q18e</b> ) <input type="checkbox"/> <sub>2</sub> No
18d. When did you stop working for this employer? (NLSY 79)	___/___/___ Month Day Year	___/___/___ Month Day Year	___/___/___ Month Day Year
18e. How much (do/did) you usually earn per week from this employer? (NLSY 79 modified)	\$___.___ per week	\$___.___ per week	\$___.___ per week
18f. How many hours per week (do/did) you usually work at this job? (NLSY 79)	_____ hours per week	_____ hours per week	_____ hours per week

USE SUPPLEMENTAL GRIDS AS NECESSARY

19. During the past month have you worked as a freelancer—doing things like babysitting or mowing lawns—or worked by yourself, for example, running your own business? (NLSY)

- Yes ☐ <sub>1</sub>
- No (**SKIP TO SECTION 3**) ☐ <sub>2</sub>
- REFUSED ☐ <sub>7</sub>
- DON'T KNOW ☐ <sub>8</sub>

19a. In the last month, how many hours did you usually work at these small jobs? (Original)

Number of hours per month: \_\_\_\_\_

- REFUSED ☐ <sub>997</sub>
- DON'T KNOW ☐ <sub>998</sub>

19b. In the past month, approximately how much have you earned doing these small jobs? (Original)

Amount earned in the past month \$\_\_\_\_\_.\_\_\_\_

- REFUSED ☐ <sub>99997</sub>
- DON'T KNOW ☐ <sub>99998</sub>

### SECTION 3: RISKY BEHAVIOR

*This next set of questions asks about things that some people do. Remember, all of your answers will be confidential, which means that no one who knows you will see or find out your answers. No one except our research staff will ever see your answers. Your answers can never be seen by the police, the courts, your family, or anyone else.*

#### **(301) EVER USED/FIRST USE/ CURRENT USE OF TOBACCO AND ALCOHOL**

1. Now I would like to ask you a few questions about cigarette smoking. Have you ever smoked a cigarette? (NLSY97)

Yes	<input type="checkbox"/> 1
No ( <b>SKIP TO Q4</b> )	<input type="checkbox"/> 2
REFUSED ( <b>SKIP TO Q4</b> )	<input type="checkbox"/> 7
DON'T KNOW ( <b>SKIP TO Q4</b> )	<input type="checkbox"/> 8
  
2. During the past 30 days, on how many days did you smoke a cigarette? (NLSY97)  
Number of days smoked cigarettes\_\_\_\_\_ (**IF 0, SKIP TO Q4**)

REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98
  
3. When you smoked during the past 30 days, how many cigarettes did you usually smoke each day? (NLSY97)  
Number of cigarettes each day \_\_\_\_\_

REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98
  
4. Next I would like to ask you some questions about drinking alcoholic beverages, including beer, wine, or liquor. Have you ever had a drink of alcoholic beverage? By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of liquor. Do not include childhood sips that you might have had from an older person's drink. (NLSY97)

Yes	<input type="checkbox"/> 1
No ( <b>SKIP TO Q9</b> )	<input type="checkbox"/> 2
REFUSED ( <b>SKIP TO Q9</b> )	<input type="checkbox"/> 7
DON'T KNOW ( <b>SKIP TO Q9</b> )	<input type="checkbox"/> 8
  
5. During the past 30 days, on how many days did you have one or more drinks of an alcoholic beverage? (NLSY97)  
Number of days drank alcohol\_\_\_\_\_ (**IF 0, SKIP TO Q9**)

REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

6. In the last 30 days, on the days that you drank alcohol, about how many drinks did you usually have? (NLSY97)

Number of alcoholic beverages per day \_\_\_\_\_

REFUSED

☐ 97

DON'T KNOW

☐ 98

7. During the past 30 days, about how many days did you have 5 or more drinks on the same occasion? By occasion, we mean at the same time or within hours of each other. (NLSY97)

Number of days had 5+ alcoholic beverages \_\_\_\_\_

REFUSED

☐ 97

DON'T KNOW

☐ 98

8. In the last 30 days, how many days have you had something alcoholic to drink, such as beer, wine or hard liquor right before or during school or work hours? (NLSY97)

Number of days drank before or during school/work \_\_\_\_\_

REFUSED

☐ 97

DON'T KNOW

☐ 98

### **(302) CURRENT USE OF MARIJUANA OR OTHER DRUGS**

*This next set of questions is about drugs you may have tried. Please remember that your answers will remain confidential and will ONLY be seen by our research staff. If you would be more comfortable reading and answering these questions yourself, please let me know.*

9. Have you ever used marijuana—that is grass or pot—in your lifetime? (NLSY97)

Yes

☐ 1

No (**SKIP TO Q12**)

☐ 2

REFUSED (**SKIP TO Q12**)

☐ 7

DON'T KNOW (**SKIP TO Q12**)

☐ 8

10. On how many days have you used marijuana during the past 30 days? (NLSY97)

Number of days used marijuana \_\_\_\_\_ (**IF 0, SKIP TO Q12**)

REFUSED

☐ 97

DON'T KNOW

☐ 98

11. In the last 30 days, how many times have you used marijuana right before or during school or work hours? (NLSY97)

Number of days used marijuana before or during school/work \_\_\_\_\_

REFUSED

☐ 97

DON'T KNOW

☐ 98



12. Excluding marijuana and alcohol, have you ever used any other drugs like cocaine or crack or heroin, or any other substance not prescribed by a doctor, in order to get high or to achieve an altered state? (NLSY97, modified)

Yes	<input type="checkbox"/> 1
No ( <b>SKIP TO Q14</b> )	<input type="checkbox"/> 2
REFUSED ( <b>SKIP TO Q14</b> )	<input type="checkbox"/> 7
DON'T KNOW ( <b>SKIP TO Q14</b> )	<input type="checkbox"/> 8

13. During the past 12 months, about how many times have you used any of these drugs or other substances? (NLSY97 modified)

Number of times took drugs (excluding marijuana and alcohol)_____	
REFUSED	<input type="checkbox"/> 997
DON'T KNOW	<input type="checkbox"/> 998

14. Have you ever sold or helped sell marijuana (pot, grass), hashish (hash) or other drugs such as heroin, cocaine, or LSD? (NLSY97)

Yes	<input type="checkbox"/> 1
No ( <b>SKIP TO Q16</b> )	<input type="checkbox"/> 2
REFUSED ( <b>SKIP TO Q16</b> )	<input type="checkbox"/> 7
DON'T KNOW ( <b>SKIP TO Q16</b> )	<input type="checkbox"/> 8

15. During the past 12 months, how many times have you sold or helped sell marijuana, hashish, or other drugs? (NLSY97)

Number of times sold drugs_____	
REFUSED	<input type="checkbox"/> 997
DON'T KNOW	<input type="checkbox"/> 998

**(303) FIGHTING/VIOLENCE IN THE PAST 12 MONTHS**

**(304) CARRY A GUN OR KNIFE IN THE PAST 12 MONTHS**

**(306) DAMAGE OR DESTROY PROPERTY IN THE PAST 12 MONTHS**

**(307) STOLEN SOMETHING IN THE PAST 12 MONTHS**

**(308) ARRESTS IN THE PAST 12 MONTHS**

**(1001) LEVEL OF CRIME AND VIOLENCE**

*The next set of questions asks about crime and guns. Remember all of your answers will be confidential, which means that no one who knows you will see or find out your answers. No one except our research staff will ever see your answers. If you would be more comfortable reading and answering these questions yourself, please let me know.*

16. The next few questions are about fighting, violence, and gangs. Again, remember all your responses are confidential.

	Yes	No	REFUSED	DON'T KNOW		How many times has this happened in the past 12 months?
16a. Have you ever purposefully damaged or destroyed property that did not belong to you? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____
16b. Have you ever stolen something from a store or something that didn't belong to you worth less than \$50? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____
16c. Have you ever stolen something from a store, person, or house, or something that did not belong to you worth \$50 or more, including stealing a car? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____
16d. Have you ever committed other property crimes such as fencing, receiving, possessing or selling stolen property, or cheated someone by selling them something that was worthless or worth much less than what you said it was? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____
16e. Have you ever attacked someone with the idea of seriously hurting them, or had a situation end up in a serious fight, or assault of some kind? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____
16f. Have you ever been arrested by the police or taken into custody for an illegal or delinquent offense (do not include minor traffic violations)? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____

17. Have you ever carried a gun in the past 12 months? (When we say gun, we mean any firearm other than a rifle or shotgun.) (NLSY97)

Yes	<input type="checkbox"/> 1
No ( <b>SKIP TO Q19</b> )	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

18. How many times have you carried a gun in the past 12 months?

Number of times: \_\_\_\_\_

REFUSED

☐ 997

DON'T KNOW (ASK 18a)

☐ 998

18a. Which category best describes the number of times you've carried a gun in the last 12 months?

Never

☐ 1

Once

☐ 2

2 or 3 times

☐ 3

4 to 10 times

☐ 4

More than 10 times

☐ 5

REFUSED

☐ 7

DON'T KNOW

☐ 8

**(305) GANG PARTICIPATION**

19. Are there any gangs in your neighborhood or where you go to school? **[INTERVIEWER: IF NECESSARY READ THE FOLLOWING DEFINITION: BY GANGS WE MEAN A GROUP THAT HANGS OUT TOGETHER, WEARS GANG COLORS OR CLOTHES, HAS SET CLEAR BOUNDARIES OF ITS TERRITORY OR TURF, PROTECTS ITS MEMBERS AND TURF AGAINST OTHER RIVAL GANGS THROUGH FIGHTING OR THREATS.]** (NLSY97)

YES

☐ 1

NO

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

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

YES

☐ 1

NO

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

21. Have you ever belonged to a gang? (NLSY97)

YES

☐ 1

NO (SKIP TO Q22)

☐ 2

REFUSED (SKIP TO Q22)

☐ 7

DON'T KNOW (SKIP TO Q22)

☐ 8

21a. In the past 12 months, have you been a member of 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 |

**(309) EVER/FIRST/CURRENT SEXUAL ACTIVITY**

*The next few questions are about sexual activity. Please remember that your answers will remain confidential and will ONLY be seen by our research staff. If you would be more comfortable reading and answering these questions yourself, please let me know.*

22. Have you ever had sexual intercourse, that is, made love, had sex, or gone all the way? (SPD98)

- |                                       |                            |
|---------------------------------------|----------------------------|
| Yes                                   | <input type="checkbox"/> 1 |
| No <b>(SKIP TO SECTION 4)</b>         | <input type="checkbox"/> 2 |
| REFUSED <b>(SKIP TO SECTION 4)</b>    | <input type="checkbox"/> 7 |
| DON'T KNOW <b>(SKIP TO SECTION 4)</b> | <input type="checkbox"/> 8 |

23. How old were you when you had sexual intercourse for the first time? (SPD98)

- Age: \_\_\_\_\_ years
- |            |                             |
|------------|-----------------------------|
| REFUSED    | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

24. How many partners have you had sexual intercourse with in the past 12 months — that is since this time last year? (NLSY97).

- Number of partners \_\_\_\_\_
- |            |                             |
|------------|-----------------------------|
| REFUSED    | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

25. The last time you had sexual intercourse, did you or your partner use a condom? (SPD98)

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

26. The last time you had sexual intercourse, did you or your partner use any other method to prevent pregnancy? (SPD98)

- |     |                            |
|-----|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No  | <input type="checkbox"/> 2 |

REFUSED ☐ 7  
DON'T KNOW ☐ 8

**[FEMALES ONLY, ALL MALES SKIP TO Q31]:**

27. Have you ever been pregnant? (Consider all pregnancies, even if no child was born.)  
(NLSY97)

Yes ☐ 1  
No (**SKIP TO SECTION 4**) ☐ 2  
REFUSED (**SKIP TO SECTION 4**) ☐ 7  
DON'T KNOW (**SKIP TO SECTION 4**) ☐ 8

28. Are you pregnant now? (NLSY97)

Yes ☐ 1  
No ☐ 2  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

29. Not counting a current pregnancy, how many times have you been pregnant? (Please include pregnancies that did not result in live births) (NLSY97)

Number of times \_\_\_\_\_  
REFUSED ☐ 97  
DON'T KNOW ☐ 98

30. Now we would like to ask the outcomes of your previous pregnancies. How many of your pregnancies have resulted in children born alive to you? (NLSY97)

Number of children born alive \_\_\_\_\_ (**IF 0 SKIP TO SECTION 4, OTHERWISE SKIP TO Q34**)  
REFUSED (**SKIP TO SECTION 4**) ☐ 97  
DON'T KNOW (**SKIP TO SECTION 4**) ☐ 98

**[IF MALE, CONTINUE]:**

31. Have you ever gotten someone pregnant? (Original)

Yes ☐ 1  
No (**SKIP TO SECTION 4, Q1**) ☐ 2  
REFUSED (**SKIP TO SECTION 4, Q1**) ☐ 7  
DON'T KNOW (**SKIP TO SECTION 4, Q1**) ☐ 8

31a. How many times have you gotten someone pregnant? (SPD98; modified)

Number of times \_\_\_\_\_ (IF 0, SKIP TO SECTION 4, Q1) ☐ 1

REFUSED ☐ 97

DON'T KNOW ☐ 98

32. Is someone pregnant with your child now? (SPD98; modified)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

33. How many children have you ever fathered? Please only count live births and do not count current pregnancy. (SPD98; modified)

Number of children \_\_\_\_\_ ☐ 1

REFUSED ☐ 97

DON'T KNOW ☐ 98

34. Now I'd like to ask you about cash assistance for which some families receive money on a regular basis. For example, they may get a monthly check. Some people call this assistance "welfare," AFDC, TANF or "public aid." Are you currently receiving this type of cash assistance from the government for yourself and your [child/children]? (3CITY)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

<b>SECTION 4: HEALTH</b>
--------------------------

**(205) GENERAL HEALTH STATUS**

1. Now I'd like to ask you some questions about your health. In general, how is your health: excellent, very good, good, fair, or poor? (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

**(205) ASTHMA**

2. Have you ever been told by a doctor or other health professional that you had asthma? (NHIS99)

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

3. During the past 12 months, have you had an episode of asthma or an asthma attack? (NHIS99)

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

- 3a. During the past three months, have you used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

4. During the past 12 months, have you had a wheezing or whistling sound in your chest?  
(NHIS99)

YES	<input type="checkbox"/> 1
NO ( <b>SKIP TO Q13</b> )	<input type="checkbox"/> 2
REFUSED ( <b>SKIP TO Q13</b> )	<input type="checkbox"/> 7
DON'T KNOW ( <b>SKIP TO Q13</b> )	<input type="checkbox"/> 8

5. How many attacks of wheezing or whistling have you had in your chest during the past 12 months? (NHIS99)

Number of attacks _____	
REFUSED	<input type="checkbox"/> 997
DON'T KNOW	<input type="checkbox"/> 998

6. During the past 12 months, has your sleep been disturbed due to wheezing or whistling?  
(NHIS99)

Yes	<input type="checkbox"/> 1
No ( <b>SKIP TO Q8</b> )	<input type="checkbox"/> 2
REFUSED ( <b>SKIP TO Q8</b> )	<input type="checkbox"/> 7
DON'T KNOW ( <b>SKIP TO Q8</b> )	<input type="checkbox"/> 8

7. During the past 12 months, how often on average has your sleep been disturbed due to wheezing or whistling? (NHIS99)

Less than once per week	<input type="checkbox"/> 1
Once per week	<input type="checkbox"/> 2
More than once per week	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

8. During the past 12 months, has your chest sounded wheezy during or after exercise or physical activity? (NHIS99)

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



9. During the past 12 months, has your wheezing ever been severe enough to limit your speech to only 1 or 2 words at a time between breaths? (NHIS99)

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

10. During the past 12 months, how many times have you gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling? (NHIS99)

Number of times _____	
REFUSED	<input type="checkbox"/> 997
DON'T KNOW	<input type="checkbox"/> 998

11. During the past 12 months, how much did you limit your usual activities due to wheezing or whistling? Would you say...(NHIS99 modified)

Not at all	<input type="checkbox"/> 1
A little	<input type="checkbox"/> 2
A moderate amount	<input type="checkbox"/> 4
A lot	<input type="checkbox"/> 5
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

12. During the past 12 months, how many days of work and school did you miss due to wheezing or whistling? (NHIS99)

Number of days missed school and work _____	
REFUSED	<input type="checkbox"/> 997
DON'T KNOW	<input type="checkbox"/> 998

**(406) HEIGHT/WEIGHT**

13. What is your height in feet and inches? (AH)

____ feet ____ inches	
REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

14. What is your weight? (AH)

_____ pounds	
REFUSED	<input type="checkbox"/> 997
DON'T KNOW	<input type="checkbox"/> 998

15. In the past 12 months, have you had any accidents or injuries that required medical attention?  
(NLSY79)

- Yes ☐ 1
- No (**SKIP TO Q18**) ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

16. How many such accidents or injuries requiring medical attention have you had in the past 12 months? (NLSY79)

Number of accidents/injuries: \_\_\_\_\_

- REFUSED ☐ 7
- DON'T KNOW ☐ 8

**[ASK Q17 FOR EACH ACCIDENT/INJURY, USE SUPPLEMENTAL GRID AS NECESSARY.]**

17. What was the cause of [that/the first/the second/etc.] accident/injury requiring medical attention? (NLSY79, modified)

	1 <sup>st</sup> Accident/ Injury	2 <sup>nd</sup> Accident/ Injury	3 <sup>rd</sup> Accident/ Injury	4 <sup>th</sup> Accident/ Injury
MOTOR VEHICLE ACCIDENT AS OCCUPANT/DRIVER	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
MOTOR VEHICLE ACCIDENT AS PEDESTRIAN	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
CYCLING	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
FALL UNRELATED TO ATHLETICS OR SPORTS ACTIVITY	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
FALL/CONTACT RELATED TO ATHLETICS/SPORTS ACTIVITY	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
FIRE OR SMOKE	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
HOT LIQUID	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
TOY OR ITEM INTENDED FOR A CHILD	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
EQUIPMENT OR DEVICE NOT INTENDED FOR A CHILD	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
POISONING	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
SMASHED BODY PART: CAR/DOOR/WINDOW BRUISE/CONTUSION	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
ADULT INJURED YOUTH ACCIDENTALLY (PULL/LIFT INQUIRY)	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
INTENTIONAL VIOLENT INQUIRY	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13

	1 <sup>st</sup> Accident/ Injury	2 <sup>nd</sup> Accident/ Injury	3 <sup>rd</sup> Accident/ Injury	4 <sup>th</sup> Accident/ Injury
“ROUGH HOUSING,”/IMPACT INJURY: WRESTLING, ETC.	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
FIGHTING: BROKE BONE/NOSE, HIT IN FACE, SHOT, STABBED, ETC.	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
STRUCK BY OBJECT FROM OTHER PERSON (INTENT UNKNOWN)	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
INSECT STING OR BIT	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
STEPPED ON SHARP OBJECT, I.E., KNIFE/GLASS/TOOL	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18
BURN, I.E., FROM HEATER/CIGARETTE/OVEN/STOVE	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19
JUMP/FALL ACCIDENT, I.E., OFF FURNITURE/OTHER OBJECT	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20
“TEMPER” INJURIES, I.E., FELL, KICKED FURNITURE, ETC.	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21
OTHER (SPECIFY) _____	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98

**(409) ACCIDENTS/ INJURIES**

18. (Other than [that/those] already mentioned), have you had any serious accident or injury during the past 12 months which limited your usual activities but did not require medical attention? (Original)

Yes ☐ 1

No (**SKIP TO Q21**) ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

19. How many of these accidents or injuries did you have during the past 12 months? Remember, these are ones that did not require medical attention but did limit your usual activities. (Original)

Number of accidents/injuries \_\_\_\_\_

REFUSED ☐ 997

DON'T KNOW ☐ 998

**[ASK Q20 FOR EACH ACCIDENT/INJURY IN Q19. USE SUPPLEMENTAL GRIDS AS NECESSARY.]**

20. What was the cause of [that/the first/the second/etc.] accident/injury not requiring medical attention? (NLSY79, modified)

**[INTERVIEWER: PROBE WHEN NEEDED]**

	1 <sup>st</sup> Accident/ Injury	2 <sup>nd</sup> Accident/ Injury	3 <sup>rd</sup> Accident/ Injury	4 <sup>th</sup> Accident/ Injury
MOTOR VEHICLE ACCIDENT AS OCCUPANT/DRIVER	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
MOTOR VEHICLE ACCIDENT AS PEDESTRIAN	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
CYCLING	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
FALL UNRELATED TO ATHLETICS OR SPORTS ACTIVITY	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
FALL/CONTACT RELATED TO ATHLETICS/SPORTS ACTIVITY	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
FIRE OR SMOKE	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
HOT LIQUID	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
TOY OR ITEM INTENDED FOR A CHILD	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
EQUIPMENT OR DEVICE NOT INTENDED FOR A CHILD	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
POISONING	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
SMASHED BODY PART: CAR/DOOR/WINDOW BRUISE/CONTUSION	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
ADULT INJURED YOUTH ACCIDENTALLY (PULL/LIFT INQUIRY)	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
INTENTIONAL VIOLENT INQUIRY	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
“ROUGH HOUSING,”/IMPACT INJURY: WRESTLING, ETC.	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
FIGHTING: BROKE BONE/NOSE, HIT IN FACE, SHOT, STABBED, ETC.	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
STRUCK BY OBJECT FROM OTHER PERSON (INTENT UNKNOWN)	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
INSECT STING OR BIT	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
STEPPED ON SHARP OBJECT, I.E., KNIFE/GLASS/TOOL	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18
BURN, I.E., FROM HEATER/CIGARETTE/OVEN/STOVE	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19
JUMP/FALL ACCIDENT, I.E., OFF FURNITURE/OTHER OBJECT	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20

	1 <sup>st</sup> Accident/ Injury	2 <sup>nd</sup> Accident/ Injury	3 <sup>rd</sup> Accident/ Injury	4 <sup>th</sup> Accident/ Injury
“TEMPER” INJURIES, I.E., FELL, KICKED FURNITURE, ETC.	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21
OTHER (SPECIFY) _____	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98

**(420) EXERCISE**

*Now I'd like to ask about the exercise you get.*

21. On how many of the past seven days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming, fast bicycling, fast dancing, or similar aerobic activities. (YRBSS)

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

REFUSED ☐ 97

DON'T KNOW ☐ 98

22. On how many of the past seven days did you participate in physical activity for at least 30 minutes that did not make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors? (YRBSS)

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

REFUSED ☐ 97

DON'T KNOW ☐ 98

<b>SECTION 5: NEIGHBORHOOD AND SOCIAL NETWORKS</b>
--

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

**(703) CURRENT NEIGHBORHOOD SATISFACTION**

1. Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are... (MTO Baseline)

Very satisfied	<input type="checkbox"/> 1
Somewhat satisfied	<input type="checkbox"/> 2
In the middle	<input type="checkbox"/> 3
Somewhat dissatisfied	<input type="checkbox"/> 4
Very dissatisfied	<input type="checkbox"/> 5
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

2. Now I have a few questions about discrimination. Sometimes people feel they are discriminated against, or treated badly or differently because of their race, ethnicity, color, language, or the country they came from. In the past year, please tell me if you felt discriminated against in any of the following places... (PHDCN)

	Yes	No	REFUSED	DON'T KNOW
In your own neighborhood (PHDCN)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
When you were at school (PHDCN)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
When you wanted service in a store or restaurant in your neighborhood (PHDCN)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

3. During the past 30 days, have you seen people using or selling illegal drugs in your neighborhood? (Original)

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

3a. How often have you seen people using or selling illegal drugs in your neighborhood in the past month?

- |                                       |                            |
|---------------------------------------|----------------------------|
| Every day                             | <input type="checkbox"/> 1 |
| Almost every day                      | <input type="checkbox"/> 2 |
| Once a week                           | <input type="checkbox"/> 3 |
| Once or twice (less than once a week) | <input type="checkbox"/> 4 |
| REFUSED                               | <input type="checkbox"/> 7 |
| DON'T KNOW                            | <input type="checkbox"/> 8 |

4. During the past 30 days, have you heard gunshots in your neighborhood? (Original)

- |                                  |                            |
|----------------------------------|----------------------------|
| Yes                              | <input type="checkbox"/> 1 |
| No ( <b>SKIP TO Q5</b> )         | <input type="checkbox"/> 2 |
| REFUSED ( <b>SKIP TO Q5</b> )    | <input type="checkbox"/> 7 |
| DON'T KNOW ( <b>SKIP TO Q5</b> ) | <input type="checkbox"/> 8 |

4a. How often during the past month have you heard gunshots in your neighborhood? (NLSY97)

- |                                       |                            |
|---------------------------------------|----------------------------|
| Every day                             | <input type="checkbox"/> 1 |
| Almost every day                      | <input type="checkbox"/> 2 |
| Once a week                           | <input type="checkbox"/> 3 |
| Once or twice (less than once a week) | <input type="checkbox"/> 4 |
| REFUSED                               | <input type="checkbox"/> 7 |
| DON'T KNOW                            | <input type="checkbox"/> 8 |

5. In the past 12 months, how often did you get into a serious physical fight? (AH)  
Number of times \_\_\_\_\_ (**ENTER 0 FOR NEVER. IF 0, SKIP TO Q6**)  
**OR**

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

- |   |                            |
|---|----------------------------|
| Never (in past 12 months) ( <b>SKIP TO Q6</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 |

5a. The last time you were in a physical fight, where did it occur? (AH)

- |                      |                            |
|----------------------|----------------------------|
| At school            | <input type="checkbox"/> 1 |
| In your neighborhood | <input type="checkbox"/> 2 |
| At home              | <input type="checkbox"/> 3 |
| Someplace else       | <input type="checkbox"/> 4 |
| REFUSED              | <input type="checkbox"/> 7 |
| DON'T KNOW           | <input type="checkbox"/> 8 |

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

	Never	Once	More than once	REFUSED	DON'T KNOW
6a. You saw someone shoot or stab another person. (AH) Would you say...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
6b. Someone pulled a knife or gun on you. (AH) Would you say...(IF NEVER SKIP TO 6e)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
6c. Someone shot you. (AH) Would you say...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
6d. Someone cut or stabbed you. (AH) Would you say...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
6e. You were jumped. (AH) Would you say...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(1103-1104) FRIENDSHIPS**

7. Outside of school, about how many friends do you have who you either hang out with, talk to on the phone, or get together with socially? (NCSR)

Number of friends \_\_\_\_\_ (IF 0, SKIP TO Q13)

- |            |                             |
|------------|-----------------------------|
| REFUSED    | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |



8. Outside of school, how often do you either 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)

Most every day	<input type="checkbox"/> 1
A few times a week	<input type="checkbox"/> 2
A few times a month	<input type="checkbox"/> 3
Less than once a month	<input type="checkbox"/> 4
(IF VOLUNTEERED) Never	<input type="checkbox"/> 5
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

9. Which of the following things [does your friend/do your friends] ever do?

	Yes	No	REFUSED	DON'T KNOW		How many of your friends do these things?
9a. [Does your friend/Do your friends] ever get involved in school activities like school clubs, teams, or projects? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes → AND Q7>1	_____
9b. [Does your friend/Do your friends] ever use marijuana or other drugs? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes → AND Q7>1	_____
9c. [Does your friend/Do your friends] ever carry a knife, gun, or weapon? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes → AND Q7>1	_____

**[IF NO MOVES SINCE BASELINE, GO TO Q13]**

10. Thinking about your current neighborhood, would you say it is...

The same neighborhood as (BASELINE ADDRESS) ( <b>GO TO Q13</b> )	<input type="checkbox"/> 1
A different neighborhood from (BASELINE ADDRESS)	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

11. Do you still have friends in your old neighborhood, when you lived at [BASELINE ADDRESS]? (Original)

Yes	<input type="checkbox"/> 1
No ( <b>GO TO Q13</b> )	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

*The next few questions are about your friends from the old neighborhood.*

	Most every day	A few times a week	A few times a month	About once a month	Less than once a month	Never	REFUSED	DON'T KNOW
12a. During the past year, how often have you gone back to visit friends in your old neighborhood? (MTO NY, modified)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
12b. During the past year, how often have they come to visit you? (Original)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(1311) RELIGIOUS ATTENDANCE**

13. Many churches, synagogues, and other places of worship have special activities for teenagers — such as youth groups, Bible classes, or choir. In the past 12 months, how often did you attend such youth activities? (AH)

ONCE A WEEK OR MORE	<input type="checkbox"/> 1
ONCE A MONTH OR MORE (BUT LESS THAN ONCE A WEEK)	<input type="checkbox"/> 2
LESS THAN ONCE A MONTH	<input type="checkbox"/> 3
NEVER	<input type="checkbox"/> 4
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

**(901) CONNECTEDNESS WITH ADULTS**

14. How many adults do you have in your life who you feel comfortable talking to about personal problems? (NCSR, modified)

Number of adults \_\_\_\_\_

REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

15. How many adults do you have in your life who care a lot about how you turn out and who will help you if you get into trouble? (NCSR, modified)

Number of adults \_\_\_\_\_

REFUSED

☐ 97

DON'T KNOW

☐ 98

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

16. Do you live with your mother? (Original)

Yes (**SKIP TO Q18**)

☐ 1

No

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

16a. Who is the adult who lives with you and knows the most about your activities?

Father (**SKIP TO Q20**)

☐ 1

Grandmother (**SKIP TO Q18**)

☐ 2

Aunt (**SKIP TO Q18**)

☐ 3

Sister (**SKIP TO Q18**)

☐ 4

Foster mother (**SKIP TO Q18**)

☐ 5

Step mother (**SKIP TO Q18**)

☐ 6

Cousin (**SKIP TO Q18**)

☐ 7

Friend (**SKIP TO Q18**)

☐ 8

Spouse/(boy)/girlfriend

☐ 9

No adult lives with youth (**ASK Q17**)

☐ 10

Other (SPECIFY): \_\_\_\_\_

☐ 95

REFUSED (**SKIP TO Q18**)

☐ 97

DON'T KNOW (**SKIP TO Q18**)

☐ 98

17. Who is the person who took care of you the most while you were growing up?

Mother

☐ 1

Father (**SKIP TO Q20**)

☐ 2

Grandmother

☐ 3

Aunt

☐ 4

Sister

☐ 5

- |                         |                             |
|-------------------------|-----------------------------|
| Foster mother           | <input type="checkbox"/> 6  |
| Step mother             | <input type="checkbox"/> 7  |
| Cousin                  | <input type="checkbox"/> 8  |
| Friend                  | <input type="checkbox"/> 9  |
| Spouse/(boy)/girlfriend | <input type="checkbox"/> 10 |
| Other (SPECIFY): _____  | <input type="checkbox"/> 95 |
| REFUSED                 | <input type="checkbox"/> 97 |
| DON'T KNOW              | <input type="checkbox"/> 98 |

18. When you think about how your [MOTHER/RELATIONSHIP IN Q16a or 17] acts toward you, in general, would you say your [MOTHER/RELATIONSHIP IN Q16a or 17] is very supportive, somewhat supportive, or not very supportive? (NLSY97)

- |                     |                            |
|---------------------|----------------------------|
| Very supportive     | <input type="checkbox"/> 1 |
| Somewhat supportive | <input type="checkbox"/> 2 |
| Not very supportive | <input type="checkbox"/> 3 |
| REFUSED             | <input type="checkbox"/> 7 |
| DON'T KNOW          | <input type="checkbox"/> 8 |

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

19. How much does your [MOTHER/RELATIONSHIP IN Q16a or 17] know...

- |  | Knows everything           | Knows most things          | Knows just a little        | Knows nothing              |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 19a. About your close friends', that is, who they are? (NLSY97)<br>Do you think (s)he...             | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 |
| 19b. About where you are when you are not at home? (NLSY97) Do you think (s)he...                    | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 |
| 19c. About who your teachers are and what you are doing in school? (NLSY97)<br>Do you think (s)he... | <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.*

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

- Very supportive ☐ 1
- Somewhat supportive ☐ 2
- Not very supportive ☐ 3
- (VOLUNTEERED) Doesn't see father (**SKIP TO SECTION 6**) ☐ 4
- (VOLUNTEERED) Father deceased (**SKIP TO SECTION 6**) ☐ 5
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

**[IF FATHER IS PRIMARY CAREGIVER, SKIP TO Q21]**

20a. In the past 12 months, how often have you seen your father? (3CITY)

- Never in the past 12 months ☐ 1
- A few times ☐ 2
- Once a month or more (but less than once a week) ☐ 3
- Once a week or more ☐ 4
- Almost every day ☐ 5
- Lived in same household ☐ 6
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

21. How much does your FATHER know...

- |   | Knows everything           | Knows most things          | Knows just a little        | Knows nothing              |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 21a. About your close friends', that is, who they are? (NLSY97)<br>Do you think he...             | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 |
| 21b. About where you are when you are not at home? (NLSY97) Do you think he...                    | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 |
| 21c. About who your teachers are and what you are doing in school? (NLSY97)<br>Do you think he... | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 |

## SECTION 6: EMOTIONS

*The next few questions are about how you feel from day to day.*

### (410) DEPRESSION

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

	All of the time	Most of the time	Some of the time	None of the time	REFUSED	DON'T KNOW
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
1a. How often did you feel so depressed that nothing could cheer you up? (NCSR)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
1b. How often did you feel nervous? (NCSR)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
1c. How often did you feel restless or fidgety? (NCSR)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
1d. How often did you feel hopeless? (NCSR)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
1e. How often did you feel worthless? (NCSR)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
1f. How often did you feel that everything was an effort? (NCSR)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>

<p>2: Have you ever in your life had a time lasting a few days or longer when most of the day you felt sad, empty or depressed?</p>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YES</p> <p>NO</p> <p>REFUSED</p> <p>DON'T KNOW</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> <b>1 GO TO 3</b></p> <p><input type="checkbox"/> <b>2 GO TO 4 →</b></p> <p><input type="checkbox"/> <b>7 GO TO 4 →</b></p> <p><input type="checkbox"/> <b>8 GO TO 4 →</b></p> </div> </div>	<p>4: Have you ever had any time lasting a few days or longer when most of the day you felt very discouraged or hopeless about how things were going in your life?</p>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YES</p> <p>NO</p> <p>REFUSED</p> <p>DON'T KNOW</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> <b>1 GO TO Q5</b></p> <p><input type="checkbox"/> <b>2 GO TO 6 →</b></p> <p><input type="checkbox"/> <b>7 GO TO 6 →</b></p> <p><input type="checkbox"/> <b>8 GO TO 6 →</b></p> </div> </div>	<p>6: Have you ever had any time lasting a few days or longer when you lost interest and became bored with most things that you usually enjoy like work, hobbies, and personal relationships?</p>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YES</p> <p>NO</p> <p>REFUSED</p> <p>DON'T KNOW</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> <b>1 GO TO Q7</b></p> <p><input type="checkbox"/> <b>2 GO TO Q17 ANXIETY</b></p> <p><input type="checkbox"/> <b>7 GO TO Q17 ANXIETY</b></p> <p><input type="checkbox"/> <b>8 GO TO Q17 ANXIETY</b></p> </div> </div>																
<p>3: During times of this sort, did you ever feel discouraged about how things were going in your life?</p>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YES</p> <p>NO</p> <p>REFUSED</p> <p>DON'T KNOW</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> <b>1 GO TO 3a</b></p> <p><input type="checkbox"/> <b>2 GO TO 3a</b></p> <p><input type="checkbox"/> <b>7 GO TO 3b</b></p> <p><input type="checkbox"/> <b>8 GO TO 3b</b></p> </div> </div>	<p>5: During times like this, did you ever lose interest and become really bored with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, playing computer games, or going out with friends?</p>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YES</p> <p>NO</p> <p>REFUSED</p> <p>DON'T KNOW</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> <b>1 GO TO D7</b></p> <p><input type="checkbox"/> <b>2 GO TO D8</b></p> <p><input type="checkbox"/> <b>7 GO TO D8</b></p> <p><input type="checkbox"/> <b>8 GO TO D8</b></p> </div> </div>	<p>7: Was there ever a time when you felt this way most of the day almost every day for two weeks or longer?</p>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YES</p> <p>NO</p> <p>REFUSED</p> <p>DON'T KNOW</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> <b>1 GO TO D11</b></p> <p><input type="checkbox"/> <b>2 GO TO 7a</b></p> <p><input type="checkbox"/> <b>7 GO TO 7a</b></p> <p><input type="checkbox"/> <b>8 GO TO 7a</b></p> </div> </div>																
<p>3a, 3b: During the times of being sad, empty, or depressed, did you ever lose interest and become really bored with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies, playing computer games, or going out with friends?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">3a</td> <td style="width: 33%; text-align: center;">3b</td> </tr> <tr> <td>YES</td> <td><input type="checkbox"/> <b>1 GO TO 3</b></td> <td><input type="checkbox"/> <b>1 GO TO 5</b></td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/> <b>2 GO TO 4</b></td> <td><input type="checkbox"/> <b>2 GO TO 6</b></td> </tr> <tr> <td>REFUSED</td> <td><input type="checkbox"/> <b>7 GO TO 4</b></td> <td><input type="checkbox"/> <b>7 GO TO 6</b></td> </tr> <tr> <td>DON'T KNOW</td> <td><input type="checkbox"/> <b>8 GO TO 4</b></td> <td><input type="checkbox"/> <b>8 GO TO 6</b></td> </tr> </table>			3a	3b	YES	<input type="checkbox"/> <b>1 GO TO 3</b>	<input type="checkbox"/> <b>1 GO TO 5</b>	NO	<input type="checkbox"/> <b>2 GO TO 4</b>	<input type="checkbox"/> <b>2 GO TO 6</b>	REFUSED	<input type="checkbox"/> <b>7 GO TO 4</b>	<input type="checkbox"/> <b>7 GO TO 6</b>	DON'T KNOW	<input type="checkbox"/> <b>8 GO TO 4</b>	<input type="checkbox"/> <b>8 GO TO 6</b>	<p>7a: What is the longest period of time you ever had when you became really bored with most things you usually enjoy? IF LESS THAN ONE DAY CODE 0.</p> <p>Number _____</p> <p>Unit of time: DAYS.....1</p> <p style="padding-left: 100px;">WEEKS.....2</p> <p style="padding-left: 100px;">MONTHS...3</p> <p style="padding-left: 100px;">YEARS.....4</p> <p><b>GO TO D10</b></p>	
	3a	3b																
YES	<input type="checkbox"/> <b>1 GO TO 3</b>	<input type="checkbox"/> <b>1 GO TO 5</b>																
NO	<input type="checkbox"/> <b>2 GO TO 4</b>	<input type="checkbox"/> <b>2 GO TO 6</b>																
REFUSED	<input type="checkbox"/> <b>7 GO TO 4</b>	<input type="checkbox"/> <b>7 GO TO 6</b>																
DON'T KNOW	<input type="checkbox"/> <b>8 GO TO 4</b>	<input type="checkbox"/> <b>8 GO TO 6</b>																
<p>D3: INTERVIEWER: Use key phrase <b>“Sad, discouraged, or really bored”</b> throughout this section.</p> <p>D4: INTERVIEWER: Use key phrase <b>“Sad or discouraged”</b> throughout this section.</p> <p>D5: INTERVIEWER: Use key phrase <b>“Sad or really bored”</b> throughout this section.</p> <p>D6: INTERVIEWER: Use key phrase <b>“Sad”</b> throughout this section.</p> <p><b>Once key phrase is determined SKIP to EPISODE INTENSITY A. (Q12)</b></p>		<p>D7: Use key phrase <b>“Discouraged or really bored”</b> throughout this section.</p> <p>D8: Use key phrase <b>“Discouraged”</b> throughout this section.</p> <p><b>Once key phrase is determined SKIP to EPISODE INTENSITY A. (Q12)</b></p>																
		<p>IF DON'T KNOW TO D9a PROBE: Was it three days or longer?</p> <p>YES <input type="checkbox"/> <b>1 GO TO D10</b></p> <p>NO <input type="checkbox"/> <b>2</b></p>																
		<p>D10: IF 3 DAYS OR LONGER</p>	<p>GO TO EPISODE INTENSITY C (Q10) Use key phrase <b>“Really bored.”</b></p>															
		<p>D11: ALL OTHERS</p>	<p>GO TO GENERALIZED ANXIETY SECTION (Q17)</p>															

***EPISODE INTENSITY-A***

8. Did you ever have a period in time when you felt (sad/discouraged/really bored) that lasted most of the day, almost every day, or for two weeks or longer? (NCSR)

Yes (**SKIP TO Q10-EPISODE INTENSITY C**) ☐ 1  
No ☐ 2  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

- 8a. How long was the longest period of time you ever had when you were (sad/discouraged/really bored) most of the day? (NCSR)

INTERVIEWER: "LESS THAN ONE DAY" CODE 0

\_\_\_\_\_Days

REFUSED ☐ 7  
DON'T KNOW ☐ 8

**DURATION OF 3 DAYS OR LONGER, CONTINUE. ALL OTHERS, GO TO Q17**

***EPISODE INTENSITY-B***

9. Did you ever have a year or more in your life when just about every month you had a time lasting several days or longer when you felt (sad/discouraged/really bored)? NCSR-AS-4)

Yes (**CONTINUE**) ☐ 1  
No (**SKIP TO Q17**) ☐ 2  
REFUSED (**SKIP TO Q17**) ☐ 7  
DON'T KNOW (**SKIP TO Q17**) ☐ 8

- 9a. Think of the times lasting several days or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/discouragement/boredom) usually last less than one hour a day, between 1-3 hours a day, between 3 and 5 hours, or more than 5 hours? (NCSR)

Less than 1 hour (**SKIP TO Q17**) ☐ 1  
Between 1 and 3 hours (**SKIP TO Q17**) ☐ 2  
Between 3 and 5 hours ☐ 3  
More than 5 hours ☐ 4  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

**IF MORE THAN 3 HOURS, REFUSED OR DON'T KNOW, USE PHRASE "SEVERAL DAYS OR LONGER" FOR Q11-Q16. GO TO Q11.**



***EPISODE INTENSITY-C***

10. Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/discouragement/boredom) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours? (NCSR)

- |  |                            |
|--|----------------------------|
| Less than 1 hour ( <b>SKIP TO Q17</b> )      | <input type="checkbox"/> 1 |
| Between 1 and 3 hours ( <b>SKIP TO Q17</b> ) | <input type="checkbox"/> 2 |
| Between 3 and 5 hours                        | <input type="checkbox"/> 3 |
| More than 5 hours                            | <input type="checkbox"/> 4 |
| REFUSED                                      | <input type="checkbox"/> 7 |
| DON'T KNOW                                   | <input type="checkbox"/> 8 |

**IF MORE THAN 3 HOURS, REFUSED, OR DON'T KNOW, USE THE PHRASE "TWO WEEKS OR LONGER" FOR Q11 THROUGH Q16.**

***SEVERITY***

11. How strong were your bad feelings during those times— mild, moderate, severe, or very severe? (NCSR)

- |             |                            |
|-------------|----------------------------|
| Mild        | <input type="checkbox"/> 1 |
| Moderate    | <input type="checkbox"/> 2 |
| Severe      | <input type="checkbox"/> 3 |
| Very severe | <input type="checkbox"/> 4 |
| REFUSED     | <input type="checkbox"/> 7 |
| DON'T KNOW  | <input type="checkbox"/> 8 |

12. How often during those times, did you feel so bad that nothing could cheer you up— often, sometimes, not very often, or never? (NCSR)

- |                |                            |
|----------------|----------------------------|
| Often          | <input type="checkbox"/> 1 |
| Sometimes      | <input type="checkbox"/> 2 |
| Not very often | <input type="checkbox"/> 3 |
| Never          | <input type="checkbox"/> 4 |
| REFUSED        | <input type="checkbox"/> 7 |
| DON'T KNOW     | <input type="checkbox"/> 8 |

13. How often during those times did you feel so bad that you could not carry out your daily activities— often, sometimes, not very often, or never? (NCSR)

- |                |                            |
|----------------|----------------------------|
| Often          | <input type="checkbox"/> 1 |
| Sometimes      | <input type="checkbox"/> 2 |
| Not very often | <input type="checkbox"/> 3 |
| Never          | <input type="checkbox"/> 4 |

REFUSED ☐ 7  
DON'T KNOW ☐ 8

**CONTINUE IF ANSWER TO Q11 IS SOMETHING OTHER THAN "MILD"  
AND IF ANSWER TO Q12 AND Q13 IS SOMETHING OTHER THAN "NEVER"  
ALL OTHERS GO TO Q17**

***SYMPTOMS***

14. People who have times of feeling (sad/discouraged/really bored) often have other problems at the same time. These include things like changes in sleep, eating, energy, the ability to keep their mind on things, feeling badly about themselves, and other problems. Did you ever have any of these problems during the time when you were (sad/discouraged/really bored)? (NCSR)

Yes (**CONTINUE**) ☐ 1  
No (**SKIP TO Q17**) ☐ 2  
REFUSED (**SKIP TO Q17**) ☐ 7  
DON'T KNOW (**SKIP TO Q17**) ☐ 8

***LIFETIME SYMPTOMS***

15. In answering the next questions, think about the time (several days/two weeks) or longer during that episode when your (sadness/or/discouragement/or/boredom) and other problems were worst. During that time, which of the following problems did you have most of the day almost every day:

	Yes	No	REFUSED	DON'T KNOW
15a. Did you feel sad, empty or depressed for most of the day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
15b. During that time, did you feel discouraged about how things were going in your life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
15c. Did you sleep a lot more than usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
15d. On most days, did you feel that you didn't have much energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
15e. On most days, did you have a lot more trouble keeping your mind on things than is normal for you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
15f. Did you lose your self-confidence?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**[IF 2+ SYMPTOMS]:** Now think about the past 12 months.

16. Did you have a time of being (sad/discouraged/bored) with some of the other problems lasting (several days or longer/two weeks or longer) in the past 12 months?

Yes ☐ 1  
No ☐ 2

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

**(411) ANXIETY**

17. Did you ever have a time in your life when you were "a worrier" — that is, when you worried a lot more about things than other people with the same problems as you? (NCSR)

Yes ( <b>SKIP TO Q20</b> )	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

18. Did you ever have a time in your life when you were much more nervous or anxious than most people with the same problems as you? (NCSR)

Yes ( <b>SKIP TO Q20</b> )	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

19. Did you ever have a period lasting one month or longer when you were anxious or worried most days? (NCSR)

Yes ( <b>CONTINUE</b> )	<input type="checkbox"/> 1
No ( <b>SKIP TO Q29</b> )	<input type="checkbox"/> 2
REFUSED ( <b>SKIP TO Q29</b> )	<input type="checkbox"/> 7
DON'T KNOW ( <b>SKIP TO Q29</b> )	<input type="checkbox"/> 8

**TYPES OF ANXIETY**

20. The next questions are about that time. What kinds of things were you anxious or worried about during that time? Anything else [that made you (worried or anxious/nervous or anxious/anxious or worried)]? (NCSR)

	First	Second
DIFFUSE WORRIES: (worries about everything or nothing in particular)	<input type="checkbox"/> 01	<input type="checkbox"/> 01
PERSONAL PROBLEMS: (such as finances, love life, relationships with family, health)	<input type="checkbox"/> 02	<input type="checkbox"/> 02
PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS: (social phobias, agoraphobia, obsessions, and compulsions)	<input type="checkbox"/> 03	<input type="checkbox"/> 03
NETWORK PROBLEMS: (being away from family/friends)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
SOCIETAL PROBLEMS: (crime and violence, economy, environment, war)	<input type="checkbox"/> 05	<input type="checkbox"/> 05
OTHER PROBLEMS (SPECIFY):	<input type="checkbox"/> 06	<input type="checkbox"/> 06
FIRST (SPECIFY) _____		
SECOND (SPECIFY) _____		
THIRD (SPECIFY) _____		
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98

**[IF 2 EXAMPLES OF ANXIETY IN Q20, CONTINUE. OTHERWISE GO TO Q29]**

21. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever a lot stronger than it should have been? (NCSR)

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

22. How often did you find it hard to stop your (worry or anxiety/nerves or anxiety/anxiety or worry) — often, sometimes, not very often, or never? (NCSR)

Often	<input type="checkbox"/> 1
Sometimes	<input type="checkbox"/> 2
Not very often	<input type="checkbox"/> 3
Never	<input type="checkbox"/> 4

23. How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried — often, sometimes, not very often, or never? (NCSR)

Often	<input type="checkbox"/> 1
Sometimes	<input type="checkbox"/> 2

- Not very often ☐ 3  
Never ☐ 4

**[IF Q22 OR Q23 IS OFTEN OR SOMETIMES GO TO DURATION Q24  
ALL OTHERS GO TO Q29]**

***DURATION***

24. What is the longest number of months or years in a row you ever had when you were  
(worried or anxious/nervous or anxious/anxious or worried) most days? (NCSR)  
IF VOL "WHOLE LIFE" OR "AS LONG AS I CAN REMEMBER," CODE 995 YEARS

Number \_\_\_\_\_

- REFUSED ☐ 97  
DON'T KNOW ☐ 98

**CIRCLE UNIT OF TIME:**

- Days ☐ 1  
Weeks ☐ 2  
Months ☐ 3  
Years ☐ 4  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

**[IF DON'T KNOW, CONTINUE. ALL OTHERS GO TO Q27.]**

25. Did you ever have a time that lasted 6 months or longer?

- Yes (**SKIP TO Q27**) ☐ 1  
No ☐ 2  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

26. Did you ever have a time that lasted one month or longer?

- Yes (**CONTINUE**) ☐ 1  
No (**SKIP TO Q29**) ☐ 2  
REFUSED (**SKIP TO Q29**) ☐ 7  
DON'T KNOW (**SKIP TO Q29**) ☐ 8

***GENERALIZED ANXIETY***

27. Think of the time lasting (one month/six months) or longer when your (worry or anxiety/  
nervousness/anxiety or worry) was the worst. During that time, did you have any of the  
following experiences?:

	Yes	No	REFUSED	DON'T KNOW
27a. Did you often feel restless or on the edge?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
27b. Did you often get tired very easily?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
27c. Were you often more irritable or grouchy than usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
27d. Did you often have trouble concentrating or keeping your mind on what you were doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
27e. Did your muscles often feel tense or sore?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
27f. Did you often have trouble falling or staying asleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**[IF YES TO ANY PART OF Q27]:** *Now think about the past 12 months.*

28. In the past 12 months, did you have an episode of being (worried or anxious/nervous or anxious/anxious or worried) lasting at least one month or longer?

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

#### (421) BEHAVIOR PROBLEMS

29. I am going to read a list of items that describe feelings or thoughts people sometimes have. For each item that describes you now or in the past six months, please tell me if it is often true, sometimes true, or not true of you?

	Often True	Sometimes True	Not True	REFUSED	DON'T KNOW
29a. I have trouble concentrating or paying attention. Is this very true or often true, somewhat or sometimes true, or not true of you? (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
29b. I lie or cheat. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
29c. I tease others a lot. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
29d. I disobey my parents. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
29e. I have trouble sitting still. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
29f. I have a hot temper. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
29g. I would rather be alone than with others. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
29h. 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
29i. I disobey at school. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

- |  |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 29j. I don't get along with other kids.          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 29k. I have trouble getting along with teachers. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

<b>SECTION 7: TIME USE</b>
----------------------------

*Now I'd like to talk about activities you do after school and who was doing them with him/her.*

**INTERVIEWER: Q1-1D FOR RANDOM DAY OF THE WEEK. IF THE RESPONDENT REPLIES WITH A "DON'T KNOW" OR "REFUSED," PROBE THEM FOR THE WEEKDAY AFTER.**

1. What did you do the *hour after school* on \_\_\_\_\_? Please just tell us about your *main* activity.

**INTERVIEWER: PLEASE USE "POTENTIAL ACTIVITY CODES: LISTED AT THE END OF THIS SECTION.**

Enter activity code: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

REFUSED

DON'T KNOW

☐ 95

☐ 97

☐ 98

- 1a. Where were you while you were doing this activity?

HOME

SCHOOL

CHILDCARE CENTER

FAMILY DAYCARE

RECREATION CENTER

AT WORK/JOB

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

REFUSED

DON'T KNOW

☐ 01

☐ 02

☐ 03

☐ 04

☐ 05

☐ 06

☐ 95

☐ 97

☐ 98

- 1b. Was your mother or father present during this activity?

Yes

No

REFUSED

DON'T KNOW

☐ 1

☐ 2

☐ 7

☐ 8



1c. Were there any other adults present during this activity?

- Yes ☐ 1  
No ☐ 2  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

1d. Were there any other youth present during this activity?

- Yes ☐ 1  
No ☐ 2  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

2. What did you do during the hour after dinner on \_\_\_\_\_ (please use the same day as Q1 above)? Please just tell us about your *main* activity in that hour.

Enter activity code: \_\_\_\_\_

Other (Specify): \_\_\_\_\_ ☐ 95

REFUSED ☐ 97

DON'T KNOW ☐ 98

2a. Where were you while you were doing this activity?

- HOME ☐ 01  
SCHOOL ☐ 02  
CHILDCARE CENTER ☐ 03  
FAMILY DAYCARE ☐ 04  
RECREATION CENTER ☐ 05  
AT WORK/JOB ☐ 06  
OTHER (SPECIFY): \_\_\_\_\_ ☐ 95  
REFUSED ☐ 97  
DON'T KNOW ☐ 98

2b. Was your mother or father present during this activity?

- Yes ☐ 1  
No ☐ 2  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

2c. Were there any other adults present during this activity?

- Yes ☐ 1  
No ☐ 2  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

2d. Were there any other youth present during this activity?

- Yes ☐ 1  
No ☐ 2  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

*[POTENTIAL ACTIVITY CODES]*

<i>01 Watching television/videotape</i>	<i>12 Drawing/coloring/arts and crafts</i>
<i>02 Playing computer/video games</i>	<i>13 Homework</i>
<i>03 Listening to music</i>	<i>14 Playing with friends</i>
<i>04 School sports team/other formal sports teams</i>	<i>15 Meal at home</i>
<i>05 Informal sports at supervised playground, recreation center</i>	<i>16 Chores at home</i>
<i>06 Informal sports, unsupervised</i>	<i>17 Doctor/dentist/physical therapist/other med</i>
<i>07 School clubs/activities</i>	<i>18 Reading for pleasure</i>
<i>08 Church activities/religious education</i>	<i>19 Personal hygiene/preparation/dressing</i>
<i>09 School discipline (detention)</i>	<i>20 Day care/after school program</i>
<i>10 Volunteer activities</i>	<i>21 Other organized clubs</i>
<i>11 Academic classes/clubs outside of school</i>	<i>22 Playing with toys</i>
	<i>23 Working (for pay)</i>
	<i>95 Other</i>

## SECTION 8: FUTURE PLANS

*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.*

1. 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
1a. 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
1b. 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
1c. 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

*These are all the questions we have for you. Thank you very much for your help with this study. Do you have any questions for me?*