

## MTO INTERIM EVALUATION HOUSEHOLD SURVEY REVISED FOR SUBMISSION TO HUD

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*Hello, my name is \_\_\_\_\_ and I work for Abt Associates. Thank you for taking the time to speak with me today.*

NAME OF INTERVIEWER

*As you know I will be talking with you for about one hour and my colleague \_\_\_\_\_ will be doing some educational testing [and asking a few questions] of \_\_\_\_\_.*

CHILD'S NAME

*Your participation in this study will help HUD to improve housing programs across the country. As we told you when we scheduled this appointment, your participation is completely voluntary, and all of your answers (and those of your child/children) will be kept confidential. HUD is very interested in how the MTO program has changed your life, if at all. We will ask you a series of questions about neighborhood housing, employment, health, friendships and household composition. HUD recognizes that your participation in the MTO program may have affected all of these areas of your life, not just where you live. Because of this, it is important that I ask about all of these topics. HUD is also aware that you may have opinions about the MTO program. In order to pass along your opinions and feelings about the program, what you liked or disliked about it, we will ask you to share your experiences at the end of this interview. Nothing you say can be traced back to you, nor can your participation affect your housing subsidy because your name will never be linked to your answers. At the end of your interview you will receive \$50 for your participation and \$25 dollars for your child's participation.*

*Now I'd like to start by asking you some questions about your current housing situation.*

## SECTION 1: HOUSING AND NEIGHBORHOOD

**(1004) HOUSING QUALITY**

*I'd like to start with some questions about the house or apartment you live in now.*

1. Overall, how would you describe the condition of your current house or apartment? (MTO Baseline)

Excellent	<input type="checkbox"/> 1
Good	<input type="checkbox"/> 2
Fair	<input type="checkbox"/> 3
Poor	<input type="checkbox"/> 4
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

2. Not including bathrooms and hallways, how many rooms are there in your house or apartment? (3CITY)

One	<input type="checkbox"/> 1
Two	<input type="checkbox"/> 2
Three	<input type="checkbox"/> 3
Four	<input type="checkbox"/> 4
Five	<input type="checkbox"/> 5
Six or more	<input type="checkbox"/> 6
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

3. Now I am going ask you some questions about different types of problems in your home, and whether they are big problems, small problems, or no problem. Where you live now, how much of a problem is... (MTO Baseline)

	Big problem	Small problem	No problem at all	REFUSED	DON'T KNOW
3a. Walls with peeling paint or broken plaster	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3b. Plumbing that doesn't work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3c. Rats or mice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3d. Cockroaches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3e. Broken locks or no locks on the door to your unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3f. Broken windows or windows without screens	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3g. A heating system that does not work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

## 4. How long have you lived in your current house or apartment? (MTO Baseline)

☐ <sub>1</sub> Months \_\_\_\_\_☐ <sub>2</sub> Years \_\_\_\_\_ (IF ONE YEAR OR MORE SKIP TO Q7)

REFUSED

☐ <sub>997</sub>

DON'T KNOW

☐ <sub>998</sub>

## 5. Was there ever a time during the past year (that is, since MONTH/YEAR) when you did not have your own place to stay? (Original)

Yes

☐ <sub>1</sub>No (**SKIP TO Q7**)☐ <sub>2</sub>

REFUSED

☐ <sub>7</sub>

DON'T KNOW

☐ <sub>8</sub>

## 6. What did you do? Did you... (Original)

	Yes	No	REFUSED	DON'T KNOW
Stay with a relative?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
Stay with a friend?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
Stay in a shelter? (a homeless shelter, emergency shelter, or domestic violence shelter)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
Stay on the street?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>

## 6a. Was your child/were your children with you during this time? (Limited Benefit Plan Survey and Milwaukee Survey.)

YES, ALL OF THE TIME

☐ <sub>1</sub>

YES, PART OF THE TIME

☐ <sub>2</sub>

NO, NOT AT ALL

☐ <sub>3</sub>

REFUSED

☐ <sub>7</sub>

DON'T KNOW

☐ <sub>8</sub>**(601) CURRENT HOUSING TENURE (INCLUDES DOUBLED UP, HOMELESSNESS)**

## 7. Do you own or rent this (apartment/house) or are you living with the person who owns or rents it? (HOPE VI Interim Assessment Resident Survey)

Own (**SKIP TO Q10**)☐ <sub>1</sub>Rent (**SKIP TO Q10**)☐ <sub>2</sub>Living with owner (**ASK Q8**)☐ <sub>3</sub>Living with renter (**ASK Q8**)☐ <sub>4</sub>

REFUSED

☐ <sub>7</sub>

DON'T KNOW

☐ <sub>8</sub>

## 8. What is your relationship to the owner/renter? (Original)

- Relative ☐ 1
- Spouse (**SKIP TO Q9**) ☐ 2
- Partner/boyfriend ☐ 3
- Friend ☐ 4
- Other (SPECIFY): \_\_\_\_\_ ☐ 5
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

*[Questions adapted from Burt, Homelessness: Programs and the People They Serve.]*

## 8a. What is the main reason you are living in someone else's housing unit? (DO NOT READ RESPONSE CATEGORIES)

- COULDN'T PAY RENT ON OWN UNIT ☐ 01
- LOST JOB OR ENDED JOB ☐ 02
- WAS DOING DRUGS ☐ 03
- LANDLORD MADE ME LEAVE ☐ 04
- DIDN'T GET ALONG WITH PEOPLE WHERE I LIVED BEFORE ☐ 05
- RESPONDENT OR A CHILD WERE ABUSED/VIOLENCE IN THE HOUSEHOLD ☐ 06
- CHANGE IN FAMILY STATUS ☐ 07
- MOVED IN WITH PARTNER/BOYFRIEND (GIRLFRIEND) ☐ 08
- Other (SPECIFY) \_\_\_\_\_ ☐ 95
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

**[ASK ONLY IF 1+ MOVES]**

## 9. How long has it been since you rented or owned your own unit? (Original)

Number of months: \_\_\_\_\_

- I HAVE NEVER OWNED OR RENTED MY OWN UNIT ☐ 95
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

**(703) CURRENT NEIGHBORHOOD SATISFACTION**

*Now I'd like to ask you some questions about places you have lived.*

10. How long have you lived in your current neighborhood? (MTO Baseline)

- MONTHS \_\_\_\_\_ ☐ 1  
 or  
 YEARS \_\_\_\_\_ ☐ 2  
 REFUSED ☐ 97  
 DON'T KNOW ☐ 98

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

- Very satisfied ☐ 1  
 Somewhat satisfied ☐ 2  
 In the middle ☐ 3  
 Somewhat dissatisfied ☐ 4  
 Very dissatisfied ☐ 5  
 REFUSED ☐ 7  
 DON'T KNOW ☐ 8

**(1005) NEIGHBORHOOD QUALITY**

12. Now I would like to ask you about some issues in your neighborhood. How big of a problem is...(MTO Baseline)

- |  | Big<br>problem             | Small<br>problem           | No<br>problem              | REFUSED                    | DON'T<br>KNOW              |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 12a. Litter or trash on the streets or sidewalk? Is it a...    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 12b. How big of a problem is graffiti or writing on the walls? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 12c. People drinking in public?                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 12d. Abandoned buildings?                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 12e. Groups of people just hanging out? (HOPE VI)              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 12f. Police not coming when called? (HOPE VI)                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

13. Have you seen people using or selling illegal drugs in your neighborhood during the past 6 months? (Original)

- Yes ☐ 1  
 No (**SKIP TO Q15**) ☐ 2  
 REFUSED ☐ 7  
 DON'T KNOW ☐ 8

14. How often would you say you saw this in the past 6 months? (Original)-Would you say....

- Almost every day ☐ 1
- Once a week ☐ 2
- Once a month ☐ 3
- Less than once a month, but more than twice in the past 6 months ☐ 4
- Just once or twice in the past 6 months ☐ 5
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

15. 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 for those reasons, in any of the following places? (PHDCN, modified)

- |  | Yes                        | No                         | REFUSED                    | DON'T KNOW                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 15a. In your own neighborhood (PHDCN)  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 15b. When you were at your child's school (PHDCN)                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 15c. 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 |

#### **(802) EASE OF ACCESS TO RESOURCES (TRANSPORTATION)**

*Now, I'd like to ask you a couple of questions about how you get from place to place.*

16. How long does it take you to get to the nearest bus or train stop? (MTO Baseline)

- Less than 15 minutes ☐ 1
- 15-30 minutes ☐ 2
- 31-45 minutes ☐ 3
- 45 minutes to 1 hour ☐ 4
- More than 1 hour ☐ 5
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

17. Do you have a valid driver's license? (MTO-Baseline)

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

18. Do you have a car, van, or truck that runs? (MTO-Baseline modified)

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

### (1001) LEVEL OF CRIME AND VIOLENCE

*Now I'd like to get a sense of how safe you think your neighborhood is.*

19. How safe do you feel at home alone at night? Would you say...(MTO-Baseline)

- Very safe ☐ 1  
 Safe ☐ 2  
 Unsafe ☐ 3  
 Very unsafe ☐ 4  
 REFUSED ☐ 7  
 DON'T KNOW ☐ 8

20. Please tell me if any of the following things have happened to you or anyone who lives/lived with you in the past 6 months...(MTO-Baseline)

- |   | Yes                        | No                         | REFUSED                    | DON'T KNOW                 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 20a. Was anyone's purse, wallet, or jewelry snatched from them? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 20b. Was anyone threatened with a knife or a gun?               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 20c. Was anyone beaten or assaulted?                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 20d. Did anyone try to break into your home?                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 20e. Was anyone stabbed or shot?                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

### (704) NUMBER OF INTERMEDIATE MOVES

*[Will be ascertained from tracking data. Can be provided to interviewers AS NEEDED, for questions 21-24]*

**IF NUMBER OF INTERMEDIATE MOVES IS 0, SKIP TO Q22**

**IF NUMBER OF INTERMEDIATE MOVES IS 1 OR MORE, ASK Q21**

*Now I'd like to talk about some of the places you have lived and your reasons for moving or staying.*

**(702, 704) FIRST MOVE HOUSING/NEIGHBORHOOD SATISFACTION****[IF 1+ MOVES]:**

21. What was the MAIN reason you moved to your current house or apartment? (MTO Baseline Modified)

[DO NOT READ LIST]

- |   |                             |
|---|-----------------------------|
| BETTER SCHOOLS FOR MY CHILDREN          | <input type="checkbox"/> 01 |
| CHANGE IN MARITAL / ROMANTIC STATUS     | <input type="checkbox"/> 02 |
| TO HAVE BETTER TRANSPORTATION           | <input type="checkbox"/> 03 |
| A BETTER, OR BIGGER APARTMENT/HOUSE     | <input type="checkbox"/> 04 |
| CHANGE OF JOB/TO BE NEAR MY JOB         | <input type="checkbox"/> 05 |
| TO GET AWAY FROM DRUGS AND GANGS        | <input type="checkbox"/> 06 |
| TO BE NEAR MY FAMILY                    | <input type="checkbox"/> 07 |
| MTO/PROGRAM FOUND IT FOR ME             | <input type="checkbox"/> 08 |
| DID NOT GET ALONG WITH LANDLORD         | <input type="checkbox"/> 09 |
| CHANGE IN RENT/UNIT TOO EXPENSIVE       | <input type="checkbox"/> 10 |
| UTILITIES WERE TOO EXPENSIVE            | <input type="checkbox"/> 11 |
| LANDLORD WAS NOT WILLING TO RENEW LEASE | <input type="checkbox"/> 12 |
| SAFETY CONCERNS                         | <input type="checkbox"/> 13 |
| UNIT FAILED SECTION 8 INSPECTION        | <input type="checkbox"/> 14 |
| SECTION 8 TERMINATED                    | <input type="checkbox"/> 15 |
| GOT EVICTED                             | <input type="checkbox"/> 16 |
| PROBLEMS WITH LANDLORD                  | <input type="checkbox"/> 17 |
| BUILDING SOLD                           | <input type="checkbox"/> 18 |
| OTHER: (SPECIFY): _____                 | <input type="checkbox"/> 95 |
| REFUSED                                 | <input type="checkbox"/> 97 |
| DON'T KNOW                              | <input type="checkbox"/> 98 |

**[IF ONLY 1 MOVE, SKIP TO Q25]**

22. What is the MAIN reason you have stayed in this house or apartment? (Original) [DO NOT READ LIST]

- |   |                             |
|---|-----------------------------|
| LIKE UNIT / SATISFIED WITH UNIT                 | <input type="checkbox"/> 01 |
| LIKE NEIGHBORHOOD / SATISFIED WITH NEIGHBORHOOD | <input type="checkbox"/> 02 |
| TOO HARD TO FIND ANOTHER UNIT                   | <input type="checkbox"/> 03 |
| HAVE FAMILY/FRIENDS HERE                        | <input type="checkbox"/> 04 |
| LIKE LOW RENTS OF PUBLIC/PROJECT-BASED HOUSING  | <input type="checkbox"/> 05 |
| LIVED HERE A LONG TIME/TOO OLD TO MOVE          | <input type="checkbox"/> 06 |
| CAN'T AFFORD TO MOVE                            | <input type="checkbox"/> 07 |



- CONVENIENT LOCATION ☐ 08
- WAITING TO GET SECTION 8 ☐ 09
- UNABLE TO MOVE WITH SECTION 8 ☐ 10
- OTHER (SPECIFY): \_\_\_\_\_ ☐ 95
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

**(SKIP TO Q25)**

**[FOR MTO CORE MOVERS ONLY. ALL OTHERS SKIP TO Q25]**

*Now think back to the place you rented when you first moved using the Section 8 voucher or certificate you received in [YEAR OF LEASE-UP]. Our records show that you moved to [PROGRAM MOVE ADDRESS].*

23. What was the MAIN reason you moved away from there? (Original)

DO NOT READ CATEGORIES

- BETTER SCHOOLS FOR MY CHILDREN ☐ 01
- CHANGE IN MARITAL / ROMANTIC STATUS ☐ 02
- BETTER TRANSPORTATION ☐ 03
- A BETTER, OR BIGGER APARTMENT/HOUSE ☐ 04
- TO GET OR CHANGE JOB / TO BE NEAR MY JOB ☐ 05
- TO GET AWAY FROM DRUGS AND GANGS ☐ 06
- TO BE NEAR MY FAMILY ☐ 07
- DID NOT GET ALONG WITH LANDLORD ☐ 08
- CHANGE IN RENT/UNIT TOO EXPENSIVE ☐ 09
- UTILITIES WERE TOO EXPENSIVE ☐ 10
- LANDLORD WAS NOT WILLING TO RENEW LEASE ☐ 11
- SAFETY CONCERNS ☐ 12
- UNIT FAILED SECTION 8 INSPECTION ☐ 13
- SECTION 8 TERMINATED ☐ 14
- GOT EVICTED ☐ 15
- PROBLEMS WITH LANDLORD ☐ 16
- BUILDING SOLD ☐ 17
- OTHER: (SPECIFY): \_\_\_\_\_ ☐ 95
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

24. Thinking back to when you left [PROGRAM MOVE ADDRESS], where did you look for another place to live at that time? Did you look in: (Original)

	Yes	No	REFUSED	DON'T KNOW
24a. The neighborhood you were living in?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
24b. Similar neighborhoods?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
24c. Suburban areas outside the city?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
24d. Your old neighborhood near public housing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
24e. Other types of areas? (SPECIFY: ) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

## (602) RENT/MORTGAGE

*Now I'd like to talk about how much you pay each month for housing.*

### [IF RENTER]:

25. Altogether in the month just past, what did you pay as rent? (We are interested only in knowing your part of the payment.) (NSAF99)

Per month: \$ \_\_\_\_ . \_\_\_\_

REFUSED

☐ 9997

DON'T KNOW

☐ 9998

25a. What is the total current monthly payment on this house or apartment? (NSAF99)

Amount per month: \$ \_\_\_\_ . \_\_\_\_

REFUSED

☐ 9997

DON'T KNOW

☐ 9998

26. Do you currently receive any governmental housing assistance in paying rent (such as through public housing or Section 8? (HOPE VI Interim Assessment Resident Survey; modified to focus on renters)

Yes (**SKIP TO Q27**)

☐ 1

No

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

26a. Are you paying lower rent because the Federal, state, or local government is paying for part of the cost? (NSAF)

Yes

☐ 1

No (**SKIP TO Q30**)

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

27. Is this assistance: public housing, a Section 8 Certificate or Voucher or some other type of assistance? (HOPE VI Interim Assessment Resident Survey)

Public housing ☐ 1

A Section 8 certificate or voucher ☐ 2

Project based Section 8 ☐ 3

Other type of assistance (SPECIFY): \_\_\_\_\_ ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8

**(SKIP TO Q30)**

**[IF OWNER]:**

28. What is the monthly amount you pay for owning this house or apartment? We are interested in the payment you make to the bank or mortgage company. (Original)

Enter amount: \$\_\_\_\_\_. ☐ 1

No payment is paid ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

28a. Does that amount include taxes and insurance? (Original)

Yes **(SKIP TO Q30)** ☐ 1

No ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

28b. What is the amount paid annually for taxes? (Original)

Taxes: Enter amount \$\_\_\_\_\_. ☐ 1

No taxes paid ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

28c. What is the amount paid annually for insurance? (Original)

Insurance: Enter amount \$\_\_\_\_\_. ☐ 1

No insurance paid ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

29. Did a government agency or nonprofit agency help you with the purchase of your home by providing down-payment assistance or help with fixing or building the home? For example, Habitat for Humanity. (Original)

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

**(603) UTILITIES**

30. What are the annual costs of utilities and fuels for this (house/apartment/mobile home)? If you have lived here less than 1 year, estimate the annual cost. (Census 2000)

30a. Electricity: Annual cost: \$ \_\_, \_\_ \_\_ \_\_.00 ☐ 1

(IF VOLUNTEERED):

- |  |                            |
|--|----------------------------|
| INCLUDED IN RENT OR IN CONDOMINIUM FEE | <input type="checkbox"/> 2 |
| NO CHARGE                              | <input type="checkbox"/> 3 |
| NO ELECTRICITY USED                    | <input type="checkbox"/> 4 |
| REFUSED                                | <input type="checkbox"/> 7 |
| DON'T KNOW                             | <input type="checkbox"/> 8 |

30b. Gas: Annual cost: \$ \_\_, \_\_ \_\_ \_\_.00 ☐ 1

(IF VOLUNTEERED):

- |  |                            |
|--|----------------------------|
| INCLUDED IN RENT OR IN CONDOMINIUM FEE | <input type="checkbox"/> 2 |
| NO CHARGE                              | <input type="checkbox"/> 3 |
| NO GAS USED                            | <input type="checkbox"/> 4 |
| REFUSED                                | <input type="checkbox"/> 7 |
| DON'T KNOW                             | <input type="checkbox"/> 8 |

30c. Water and sewer: Annual cost: \$ \_\_, \_\_ \_\_ \_\_.00 ☐ 1

(IF VOLUNTEERED):

INCLUDED IN RENT OR IN CONDOMINIUM FEE ☐ 2

NO CHARGE ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

30d. Oil, coal, kerosene, wood, etc.: Annual cost: \$ \_\_, \_\_ \_\_ \_\_.00 ☐ 1

(IF VOLUNTEERED):

INCLUDED IN RENT OR IN CONDOMINIUM FEE ☐ 2

NO, THESE FUELS NOT USED ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

#### **(606) HOUSING SECURITY—ABILITY TO PAY**

31. People sometimes have trouble paying their utility bills on time. During the past 12 months, were you ever more than 15 days late paying your electric, gas, or water bill? (Original)

Yes ☐ 1

No (**SKIP TO Q34**) ☐ 2

Not applicable (**SKIP TO Q35**) ☐ 3

Utilities included in rent (**SKIP TO Q35 IF RENTER OR Q38 IF OWNER**) ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8

32. When you had trouble paying for utilities, were you ever charged a fee for late payment? (Original)

Yes ☐ 1

No ☐ 2

Not applicable ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

33. Did you receive a notice that your gas, water, or electricity would be shut off if you did not pay your bill? (Original)

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

34. In the past 12 months, was your gas, water, or electricity ever shut off for nonpayment? (Original)

- |                           |                            |
|---------------------------|----------------------------|
| Yes                       | <input type="checkbox"/> 1 |
| No ( <b>SKIP TO Q35</b> ) | <input type="checkbox"/> 2 |
| REFUSED                   | <input type="checkbox"/> 7 |
| DON'T KNOW                | <input type="checkbox"/> 8 |

34a. When that happened, did you or your children have to move out, even for a little while, because the utilities were shut off? (Original)

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

**[IF RENTER, ASK Q35-37. IF OWNER, SKIP TO Q38]**

35. During the past 12 months, were you ever more than 15 days late paying your rent? (Original)

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

36. In the last 12 months, has your current or a previous landlord ever threatened to evict you for non-payment of rent? (Original)

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

37. During the last 12 months, have you been evicted from a home for any reason? (Original)

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

**(SKIP TO Q41)**

38. **IF OWNER:** During the past 12 months, were you ever more than 15 days late paying your mortgage? (Original)

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

39. **IF OWNER:** In the last 12 months, has the bank ever threatened to foreclose on your mortgage for any reason? (Original)

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

40. **IF OWNER:** During the last 12 months, did the bank foreclose on your mortgage? (Original)

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

**(SKIP TO SECTION 2)**

#### **(607) HOUSING SECURITY—RELATIONS WITH LANDLORD**

##### **[IF RENTER]:**

41. In the past **12** months, has the owner or manager complained about your housekeeping, visitors, life style, boyfriend's/girlfriend's behavior, damage to the unit, or your children's behavior? (Original)

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

42. In the past **12** months, has the owner or manager asked you to move or threatened to evict you because of issues about your housekeeping, visitors, life style, boyfriend's/girlfriend's behavior, damage to the unit, or your children's behavior? (Original)

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

**SECTION 2: EDUCATION AND TRAINING**

*Now I'd like to talk about your educational background and any educational programs you may be currently enrolled in.*

**(116-118) EDUCATIONAL PROGRESS**

1. What is the highest grade or year [level] of regular school that you have ever completed? (NSAF99) (L1)

8<sup>th</sup> GRADE OR LESS (**ASK Q2**) ☐ 01

9<sup>TH</sup> TO 11<sup>TH</sup> (**ASK Q2**) ☐ 02

12<sup>th</sup> GRADE (**ASK Q2**) ☐ 03

GED (**SKIP TO Q3**) ☐ 04

HIGH SCHOOL DIPLOMA (**SKIP TO Q3**) ☐ 05

SOME VOC/TECH/BUSINESS (**SKIP TO Q3**) ☐ 06

VOC/TECH/BUSINESS CERTIFICATE OR DIPLOMA (**SKIP TO Q3**) ☐ 07

SOME COLLEGE (**SKIP TO Q3**) ☐ 08

ASSOCIATE'S DEGREE (AA; AS) (**SKIP TO Q3**) ☐ 09

BACHELOR'S DEGREE (BA; BS) (**SKIP TO Q3**) ☐ 10

SOME GRADUATE OR PROFESSIONAL SCHOOL (**SKIP TO Q3**) ☐ 11

GRADUATE/PROFESSIONAL DEGREE (MA; MS; PHD; EDD; MEDICINE/MD; DENTISTRY/DDS) (**SKIP TO Q3**) ☐ 12

POST GRADUATE CERTIFICATES (**SKIP TO Q3**) ☐ 13

LAW/JJ/LLB; ETC. (**SKIP TO Q3**) ☐ 14

REFUSED (**ASK Q2**) ☐ 97

DON'T KNOW (**ASK Q2**) ☐ 98

2. Do you have a high school diploma or a GED? (NSAF99) [PROBE FOR GED VS. HIGH SCHOOL DIPLOMA]

GED ☐ 1

High school diploma ☐ 2

Both ☐ 3

Neither ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8



**(109) FAMILY INVOLVEMENT IN EDUCATION**

*Now I'd like to ask you about your involvement in your children's schooling.*

3. In the past 12 months, have you or another adult who lives with you...(MTO Baseline)

	Yes	No	I have no children in school	REFUSED	DON'T KNOW
3a. gone to a general meeting at your child/ren's school, like a back-to-school night or parent/teacher organization meeting? (MTO Baseline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3b. gone to a school event, like a play, sports event, or science fair? (MTO Baseline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3c. been a volunteer at your child/ren's school, or been on a school committee? (MTO Baseline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3d. worked with a youth group, sports team, or club outside of school? (MTO Baseline)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**SECTION 3: EMPLOYMENT AND EARNINGS**

*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 Q21**)

☐ 3

IF VOLUNTEERED, Disabled (**SKIP TO Q20**)

☐ 4

IF VOLUNTEERED, Unable to work (**SKIP TO Q20**)

☐ 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 (**SKIP TO Q21**)

☐ 01

DISABLED (**SKIP TO Q20**)

☐ 02

UNABLE TO WORK (**SKIP TO Q20**)

☐ 03

HAS JOB BUT TEMPORARILY ABSENT (**SKIP TO Q20**)

☐ 04

COULDN'T FIND ANY WORK (**SKIP TO Q22**)

☐ 05

CHILD CARE PROBLEMS (**SKIP TO Q22**)

☐ 06

FAMILY RESPONSIBILITIES (**SKIP TO Q22**)

☐ 07

IN SCHOOL OR OTHER TRAINING (**SKIP TO Q22**)

☐ 08

WAITING FOR A NEW JOB TO BEGIN (**SKIP TO Q22**)

☐ 09

OTHER (SPECIFY):

☐ 95

\_\_\_\_\_ (**SKIP TO Q22**)

REFUSED (**SKIP TO Q22**)

☐ 97

DON'T KNOW (**SKIP TO Q22**)

☐ 98

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 ☐ 7

DON'T KNOW ☐ 8

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) ☐ 01

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

#### (204) OCCUPATION/INDUSTRY

5. Now I have a few questions about the (main) job at which you worked last week. (By main job we mean the one at which you usually work the most hours.) What kind of business or industry is this? What do they make or do where you work? (CPS) (RECORD VERBATIM)

\_\_\_\_\_ (SKIP TO Q6)

\_\_\_\_\_ (SKIP TO Q6)

☐ 8 DON'T KNOW (ASK 5a)

5a. Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else? (CPS)

Manufacturing ☐ 1

Retail Trade ☐ 2

Wholesale trade ☐ 3

Something else (SPECIFY): \_\_\_\_\_ ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8

6. What kind of work do you do, that is, what is your occupation? (For example, plumber, typist, farmer) (CPS) (RECORD VERBATIM)

---

REFUSED

☐ 97

DON'T KNOW

☐ 98

7. What are your usual duties or activities at this job? For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick. (CPS) (RECORD VERBATIM)

---

REFUSED

☐ 97

DON'T KNOW

☐ 98**(207) JOB TENURE**

8. When did you first start working at your main job? (NLSY79)

Enter Date: Mon/Day/Year    \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

REFUSED

☐ 7

DON'T KNOW

☐ 8**(202) AVERAGE HOURLY EARNINGS**

9. 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

☐ 1

WEEKLY

☐ 2

BIWEEKLY (every 2 weeks)

☐ 3

TWICE MONTHLY

☐ 4

MONTHLY

☐ 5

ANNUALLY

☐ 6

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

☐ 7

REFUSED

☐ 97

DON'T KNOW

☐ 98

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

Yes (**SKIP TO Q11 IF Q9=HOURLY OR Q13 IF Q9 IS NOT HOURLY**)☐ 1

No

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

10a. What is your hourly rate of pay (on this job)? (CPS)

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

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

**[IF Q9=HOURLY AND Q10=NO, SKIP TO Q15]**

11. (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

11a. 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 Q9=HOURLY]**

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

Enter dollar amount: \$ \_\_\_\_\_.\_\_\_\_(SKIP TO Q15)

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

**[IF Q9 NOT EQUAL TO =HOURLY]**

13. (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 Q9=ANNUAL, ASK Q14. OTHERWISE SKIP TO Q15]**

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

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

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

**(203) FRINGE BENEFITS**

*[Asked about main current job.]*

15. Through your employer are you eligible for...

15a. Health insurance? (SPD)

Yes	No	Refused	Don't Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

15b. Sick leave? (MTO-Canvass)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
----------------------------	----------------------------	----------------------------	----------------------------

15c. Paid vacation? (MTO-Canvass)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
----------------------------	----------------------------	----------------------------	----------------------------

**(208) SOCIAL NETWORKS & JOBS**

*[Asked about main current job]*

16. 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

☐ 01

A GOVERNMENT EMPLOYMENT AGENCY (**SKIP TO Q18**)

☐ 02

A PRIVATE EMPLOYMENT AGENCY (**SKIP TO Q18**)

☐ 03

CHECKING DIRECTLY WITH MY EMPLOYER (**SKIP TO Q18**)

☐ 04

A REFERRAL FROM A JOB TRAINING PROGRAM (**SKIP TO Q18**)

☐ 05

THE NEWSPAPER (**SKIP TO Q18**)

☐ 06

A SCHOOL EMPLOYMENT SERVICE (**SKIP TO Q18**)

☐ 07

A COMPUTER SEARCH (**SKIP TO Q18**)

☐ 08

CHURCH (**SKIP TO Q18**)

☐ 09

COMMUNITY CENTER (**SKIP TO Q18**)

☐ 10

- OTHER (**SKIP TO Q18**) ☐ 95
- REFUSED (**SKIP TO Q18**) ☐ 97
- DON'T KNOW (**SKIP TO Q18**) ☐ 98

17. Did this person live in the same neighborhood as you at the time you got the job? (3CITY)

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

**(209) ACCESS TO JOBS**

18. How did you usually get to work last week? (Census2000, modified.)

**[INTERVIEWER: IF MORE THAN ONE METHOD, PROBE FOR ONE USED FOR MOST DISTANCE.]**

- CAR, TRUCK, OR VAN ☐ 01
- BUS OR TROLLEY BUS ☐ 02
- STREETCAR OR TROLLEY CAR ☐ 03
- SUBWAY OR ELEVATED ☐ 04
- RAILROAD ☐ 05
- FERRYBOAT ☐ 06
- TAXICAB ☐ 07
- MOTORCYCLE ☐ 08
- BICYCLE ☐ 09
- WALKED ☐ 10
- WORKED AT HOME ☐ 11
- OTHER METHOD ☐ 12
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

19. How many minutes did it usually take you to get from home to work last week? (Census2000)

- Number of minutes \_\_\_\_\_ (**SKIP TO Q28**)
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

**[IF DISABLED OR UNABLE TO WORK]:**

20. Do you have a disability that prevents you from accepting any kind of work during the next six months? (CPS)

- Yes (**SKIP TO Q28**) ☐ 1

- No (**SKIP TO Q22**) ☐ 2
- REFUSED (**SKIP TO Q22**) ☐ 7
- DON'T KNOW (**SKIP TO Q22**) ☐ 8

**[IF RETIRED]:**

21. Do you currently want a job, either full-time or part-time? (CPS modified)

- Yes or maybe, it depends ☐ 1
- No ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

**(205) NOT EMPLOYED—JOB SEARCH, DURATION, INTENSITY**

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

- Yes (**ASK Q23**) ☐ 1
- No (**SKIP TO Q28**) ☐ 2
- Retired (**SKIP TO Q28**) ☐ 3
- Disabled (**SKIP TO Q28**) ☐ 4
- Unable to work (**SKIP TO Q28**) ☐ 5
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

**[IF LOOKING]:**

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

[DO NOT READ ANSWER CATEGORIES]

- CONTACTED EMPLOYER(S) ☐ 01
- CONTACTED PUBLIC EMPLOYMENT AGENCY  
PROGRAMS/COURSES ☐ 02
- CONTACTED PRIVATE EMPLOYMENT AGENCY ☐ 03
- CONTACTED FRIENDS OR RELATIVES ☐ 04
- CONTACTED SCHOOL/UNIVERSITY EMPLOYER  
CENTER ☐ 05
- SENT OUT RESUMES/FILLED OUT APPLICATIONS ☐ 06
- CHECKED UNION/PROFESSIONAL REGISTERS ☐ 07
- PLACED OR ANSWERED ADS ☐ 08
- OTHER ACTIVE ☐ 09
- LOOKED AT ADS DIRECTLY/INTERVIEW ☐ 10
- ATTENDED JOB TRAINING ☐ 11
- NOTHING ☐ 12



REFUSED ☐ 97

DON'T KNOW ☐ 98

24. During the past four weeks, about how many hours in total did you spend looking for work? (Original)

Enter number of hours: \_\_\_\_\_

REFUSED ☐ 997

DON'T KNOW ☐ 998

25. With how many different employers have you made direct contact, by phone, mail, or in-person, during the past four weeks? (Original)

Enter number of employers: \_\_\_\_\_

REFUSED ☐ 997

DON'T KNOW ☐ 998

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

Yes(**SKIP TO Q28**) ☐ 1

No ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

27. Why not? (CPS)

Waiting for new job to begin ☐ 1

Own temporary illness ☐ 2

Going to school ☐ 3

Other (SPECIFY): \_\_\_\_\_ ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8

## (210) EMPLOYMENT HISTORY

*Now I'd like to talk about other work for pay you may have done (or are doing now), other than at your main job that we just discussed.*

28. Since September 2000, have you done any (other) work at all for which you were paid? (NLSY79; modified time period)

Yes ☐ 1

No (**SKIP TO Q35**) ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

28a. For each employer you have had since September 2000, please tell me what kind of work you did.  
 \_\_\_\_\_ RECORD ON JOB GRID IN Q 29

28b. Have you done any other work since September 2000?

Yes (**REPEAT 28a FOR EACH JOB**)

☐ <sub>1</sub>

No (**SKIP TO Q30 FOR JOB 1**)

☐ <sub>2</sub>

	JOB #1	JOB #2	JOB #3
29. Please tell me the kind of work you did at each employer you've had since September 2000. (Original)			
30. When did you first start working on this job? (NLSY 79)	___/___/___ MM YYYY	___/___/___ MM YYYY	___/___/___ MM YYYY
31. How many hours per week do you usually work at this job? (NLSY 79)	_____ # of hours	_____ # of hours	_____ # of hours
32. How much do you usually earn per week from this employer? (NLSY 79, modified)	\$ ___ . ___ per hour <input type="checkbox"/> <sub>9997</sub> REFUSED <input type="checkbox"/> <sub>9998</sub> DON'T KNOW	\$ ___ . ___ per hour <input type="checkbox"/> <sub>9997</sub> REFUSED <input type="checkbox"/> <sub>9998</sub> DON'T KNOW	\$ ___ . ___ per hour <input type="checkbox"/> <sub>9997</sub> REFUSED <input type="checkbox"/> <sub>9998</sub> DON'T KNOW
33. Are you currently working for this employer? (NLSY 79)	<input type="checkbox"/> <sub>1</sub> Yes ( <b>SKIP TO JOB #2 IF APPLICABLE</b> ) <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>7</sub> REFUSED <input type="checkbox"/> <sub>8</sub> DON'T KNOW	<input type="checkbox"/> <sub>1</sub> Yes ( <b>SKIP TO JOB #3 IF APPLICABLE</b> ) <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>7</sub> REFUSED <input type="checkbox"/> <sub>8</sub> DON'T KNOW	<input type="checkbox"/> <sub>1</sub> Yes ( <b>SKIP TO JOB #4 IF APPLICABLE</b> ) <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>7</sub> REFUSED <input type="checkbox"/> <sub>8</sub> DON'T KNOW
34. When did you stop working for this employer? (NLSY 79)	___/___/___ MM YYYY <input type="checkbox"/> <sub>7</sub> REFUSED <input type="checkbox"/> <sub>8</sub> DON'T KNOW	___/___/___ MM YYYY <input type="checkbox"/> <sub>7</sub> REFUSED <input type="checkbox"/> <sub>8</sub> DON'T KNOW	___/___/___ MM YYYY <input type="checkbox"/> <sub>7</sub> REFUSED <input type="checkbox"/> <sub>8</sub> DON'T KNOW

USE SUPPLEMENTAL GRIDS AS NECESSARY

35. Do you have other small jobs to bring in extra money like babysitting, home repairs, house cleaning, cooking and catering, sewing, and things like that? (MTO Baseline)

Yes

☐ <sub>1</sub>

No

☐ <sub>2</sub>

REFUSED

☐ <sub>7</sub>

DON'T KNOW

☐ <sub>8</sub>

35a. How many hours do you usually work a week at these small jobs? (MTO Baseline)

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

REFUSED

☐ <sub>7</sub>

DON'T KNOW

☐ <sub>8</sub>

<b>SECTION 4: INCOME AND PUBLIC ASSISTANCE</b>
--

*Next I'd like to talk with you about any income or public assistance you or anyone in your household may receive.*

**(501) CURRENT RECEIPT OF SSI BENEFITS**

1. Are you or your (child/children) now receiving help from the Supplemental Social Security Income program, called SSI? (3 City)

Yes ☐ 1

No **(SKIP TO Q4)** ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

2. Is the SSI for you or for your (child/children)? (3City)

Respondent ☐ 1

Child(ren) ☐ 2

Both ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

3. In what month and year did [you/your child/your children] start receiving SSI benefits? (3City)

**[INTERVIEWER: IF BOTH RESPONDENT AND CHILD ARE RECEIVING SSI, ASK FOR THE MONTH AND YEAR THE FIRST PERSON TO RECEIVE SSI STARTED RECEIVING IT.]**

\_\_\_/\_\_\_/\_\_\_  
Mon Year

REFUSED ☐ 7

DON'T KNOW ☐ 8

**(503) CURRENT RECEIPT OF EITC**

4. Workers sometimes receive a tax refund check—early in the year—from the Earned Income Tax Credit or because they overpaid taxes in the previous year. Did you receive a tax refund check from the federal government in 2001? (Original)

Yes ☐ 1

No **(SKIP TO Q5)** ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

4a. How much was your tax refund? (Original)

Enter amount: \$\_\_ \_\_ \_\_ \_\_. \_\_ \_\_

☐ 1

Do not remember

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

### (505) MEDICAID PARTICIPATION

5. What kind of health insurance or health care coverage do you have? (NHIS97)

[NOTE: NHIS shows flashcard]:

Private health insurance plan from employer or workplace

☐ 01

Private health insurance plan purchased directly

☐ 02

Medicaid or STATE NAME OF MEDICAID

☐ 03

Medicare

☐ 04

Medi-Gap

☐ 05

Military health care/VA or  
CHAMPUS/TRICARE/CHAMP-VA

☐ 06

Indian Health Service

☐ 07

State-sponsored health plan

☐ 08

Other government plan

☐ 09

Other

☐ 10

No Coverage of any type

☐ 11

REFUSED

☐ 97

DON'T KNOW

☐ 98

### (506) REASONS FOR LEAVING WELFARE

*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." I'll use the word "welfare."*

6. Are you or your (child/children) regularly receiving welfare benefits right now? (3CITY modified)  
[INTERVIEWER: DO NOT ACCEPT "FOOD STAMPS," "SSI," "MEDICAID," OR "WIC"]

Yes (SKIP TO Q8)

☐ 1

No

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

7. Have you or your (child/children) received welfare benefits at any time during the past two years? (Original)

- Yes ☐ 1  
 No (**SKIP TO Q13**) ☐ 2  
 REFUSED ☐ 7  
 DON'T KNOW ☐ 8

8. During the past two years, was there ever a time when you stopped receiving welfare for more than one month? (Original)

- Yes ☐ 1  
 No (**SKIP TO Q12**) ☐ 2  
 REFUSED ☐ 7  
 DON'T KNOW ☐ 8

*I'd like to ask you a few questions about the time you and your (child/children) went off [welfare] most recently.*

9. Did you go off welfare at that time because the welfare office said you weren't following the rules or was there some other reason? (3CITY)

- Yes, wasn't following rules ☐ 1  
 No, some other reason (**SKIP TO Q11**) ☐ 2  
 REFUSED ☐ 7  
 DON'T KNOW ☐ 8

10. Which rules did the welfare office say you were not following? Was it...(3CITY) [CODE ALL THAT APPLY.]

	Yes	No	REFUSED	DON'T KNOW
DIDN'T COOPERATE WITH CHILD SUPPORT	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
CHILDREN NOT IN SCHOOL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
DIDN'T GET IMMUNIZED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
DIDN'T ATTEND SCHOOL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
WASN'T LIVING WITH PARENTS, APPROVED PLACE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
MISSED APPOINTMENT (E.G., JOB TRAINING)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
DIDN'T SHOW UP FOR WORK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
REFUSED TO TAKE A JOB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
HAD OUTSTANDING ARREST WARRANT	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
CONVICTED OF A DRUG FELONY	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
FAILED TO FILE PAPERWORK	<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
<b>(SKIP TO Q12)</b>				

## 11. What is the main reason you went off welfare? (3CITY)

- |   |                             |
|---|-----------------------------|
| REACHED A TIME LIMIT                    | <input type="checkbox"/> 01 |
| R GOT A JOB                             | <input type="checkbox"/> 02 |
| SPOUSE OR OTHER FAMILY MEMBER GOT A JOB | <input type="checkbox"/> 03 |
| EARNINGS FROM JOBS GOT TOO HIGH         | <input type="checkbox"/> 04 |
| YOUNGEST CHILDREN TURNED 18             | <input type="checkbox"/> 05 |
| NOT A U.S. CITIZEN                      | <input type="checkbox"/> 06 |
| RECEIVED CHILD SUPPORT                  | <input type="checkbox"/> 07 |
| RECEIVED BENEFITS FROM ANOTHER PROGRAM  | <input type="checkbox"/> 08 |
| MOVED OUT OF THE AREA                   | <input type="checkbox"/> 09 |
| DID'NT WANT/NEED IT                     | <input type="checkbox"/> 10 |
| GOT MARRIED                             | <input type="checkbox"/> 11 |
| OTHER (SPECIFY): _____                  | <input type="checkbox"/> 95 |
| REFUSED                                 | <input type="checkbox"/> 97 |
| DON'T KNOW                              | <input type="checkbox"/> 98 |

12. Did you get any help from a welfare agency or government program finding a job or special training for a job?  
(NSAF)

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

**(509) FOOD STAMPS**

## 13. Are you or your (child/children) now receiving Food Stamps? (3 City)

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

**(407) FOOD SECURITY**

14. Now I am going to read you two statements that people have made about their food situation. Please tell me whether the statement was **OFTEN**, **SOMETIMES**, or **NEVER** true for you and the other members of your household in the last 12 months.

	Often true	Some- times true	Never true	Refused	Don't know
14a. The first statement is "We worried whether our food would run out before we got money to buy more. Was that often true, sometimes true, or never true for your household in the last 12 months?"	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
14b. The food we bought just didn't last, and we didn't have money to get more. Was that often, sometimes, or never true for your household in the last 12 months? (CPS)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
14c. We couldn't afford to eat balanced meals. Was that often, sometimes, or never true for your household in the last 12 months? (CPS, USDA)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**[IF Q14a, 14b, 14c ALL "NEVER TRUE," SKIP TO Q18]**

15. In the last 12 months did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? (CPS)

Yes (**ASK Q15a**) ☐ 1

No (**SKIP TO Q16**) ☐ 2

REFUSED (**SKIP TO Q16**) ☐ 7

DON'T KNOW (**SKIP TO Q16**) ☐ 8

	Almost every month	Some months, but not every month	One or two months	Refused	Don't know
15a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months? (CPS)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

16. In the last 12 months, did you ever eat less than you thought you should because there wasn't enough money to buy food? (CPS)

Yes ☐ 1

No ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

17. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? (CPS)

Yes ☐ 1

No ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

**(110) FAMILY RULES AND ROUTINES**

18. About how many days per week do you and your (child/children) all eat dinner together? (LAFANS)

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

REFUSED

☐ 97

DON'T KNOW

☐ 98

**(510) TOTAL INCOME**

*Now I'd like to ask you about your income over the last 12 months.*

19. How much did you earn from all your jobs before taxes and deductions during the past 12 months?

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

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

20. During the past 12 months, how much income did you receive from any businesses you have, from work on the side that you did, or from dividends, interest, or rental property you own?

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

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

21. How much did you receive altogether from the government in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that during the past 12 months?

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

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

22. How much did you receive from all other sources, such as alimony or child support, pensions, help from friends or relatives, or anything else during the past 12 months?

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

REFUSED

☐ 999997

DON'T KNOW

☐ 999998



**SECTION 5: OUTLOOK AND SOCIAL NETWORKS**

*Now I'd like to ask a few questions about your friends or other people who are close to you.*

**(1103-1104) FORMATION OF NEW FRIENDSHIPS/ MAINTENANCE OF OLD FRIENDSHIPS**

1. About how many CLOSE FRIENDS do you have these days? These are people you feel at ease with, can talk to about private matters, or call on for help. Would you say that you have no close friends, one or two, three to five, six to ten, or more than ten? (SCCBS)

No close friends	<input type="checkbox"/> 1
1 or 2 close friends	<input type="checkbox"/> 2
3 to 5 close friends	<input type="checkbox"/> 4
6 to 10 close friends	<input type="checkbox"/> 5
More than 10 close friends	<input type="checkbox"/> 6
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

2. The next few questions are about all your friends. Some people have friends who mostly know one another. Other people have friends who don't know one another. Would you say that these days: all your friends know one another, only a few of your friends know one another, or none of your friends know one another? (GSS)

All your friends know one another	<input type="checkbox"/> 1
Most of your friends know one another	<input type="checkbox"/> 2
Only a few of your friends know one another	<input type="checkbox"/> 3
None of your friends know one another	<input type="checkbox"/> 4
No friends	<input type="checkbox"/> 5
Don't know	<input type="checkbox"/> 6
No answer	<input type="checkbox"/> 7
Not applicable	<input type="checkbox"/> 8
REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

3. How many of your friends live in the same neighborhood as you? (MTO-Baseline)

None	<input type="checkbox"/> 1
A few	<input type="checkbox"/> 2
Many	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

4. During the past thirty days, about how often have you had friends over to your home? Do not include relatives. (NMES87)

Every day	<input type="checkbox"/> 1
Several days a week	<input type="checkbox"/> 2
Twice a week	<input type="checkbox"/> 3
About once a week	<input type="checkbox"/> 4
2 or 3 times in the past month	<input type="checkbox"/> 5
Once in the past month	<input type="checkbox"/> 6
Not at all in the past month	<input type="checkbox"/> 7
REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

5. During the past thirty days about how often have you visited with friends at their homes? (NMES87)

Every day	<input type="checkbox"/> 1
Several days a week	<input type="checkbox"/> 2
Twice a week	<input type="checkbox"/> 3
About once a week	<input type="checkbox"/> 4
2 or 3 times in the past month	<input type="checkbox"/> 5
Once in the past month	<input type="checkbox"/> 6
Not at all in the past month	<input type="checkbox"/> 7
REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

6. Thinking about everyone that you would count as a personal friend, not just your close friends, do you have a friend who:

	Yes	No	Refused	Don't know
6a. Graduated from college?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
6b. Earns more than \$30,000 a year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**[IF 1+ MOVES FROM BASELINE.]**

7. Thinking about your neighborhood now, would you say it is. . .

the same neighborhood as [BASELINE ADDRESS]? ( <b>SKIP TO Q11</b> ) or	<input type="checkbox"/> 1
a different neighborhood than [BASELINE ADDRESS]?	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

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

- |                           |                            |
|---------------------------|----------------------------|
| Yes                       | <input type="checkbox"/> 1 |
| No ( <b>SKIP TO Q11</b> ) | <input type="checkbox"/> 2 |
| REFUSED                   | <input type="checkbox"/> 7 |
| DON'T KNOW                | <input type="checkbox"/> 8 |

9. How often do you go back to visit friends in your old neighborhood? (Original)

- |                          |                             |
|--------------------------|-----------------------------|
| EVERY DAY                | <input type="checkbox"/> 01 |
| SEVERAL DAYS A WEEK      | <input type="checkbox"/> 02 |
| TWICE A WEEK             | <input type="checkbox"/> 03 |
| ABOUT ONCE A WEEK        | <input type="checkbox"/> 04 |
| 2-3 TIMES A MONTH        | <input type="checkbox"/> 05 |
| ONCE A MONTH             | <input type="checkbox"/> 06 |
| A COUPLE OF TIMES A YEAR | <input type="checkbox"/> 07 |
| NEVER                    | <input type="checkbox"/> 08 |
| REFUSED                  | <input type="checkbox"/> 97 |
| DON'T KNOW               | <input type="checkbox"/> 98 |

10. How often do your friends from the old neighborhood visit you? (Original)

- |                          |                             |
|--------------------------|-----------------------------|
| EVERY DAY                | <input type="checkbox"/> 01 |
| SEVERAL DAYS A WEEK      | <input type="checkbox"/> 02 |
| TWICE A WEEK             | <input type="checkbox"/> 03 |
| ABOUT ONCE A WEEK        | <input type="checkbox"/> 04 |
| 2-3 TIMES A MONTH        | <input type="checkbox"/> 05 |
| ONCE A MONTH             | <input type="checkbox"/> 06 |
| A COUPLE OF TIMES A YEAR | <input type="checkbox"/> 07 |
| NEVER                    | <input type="checkbox"/> 08 |
| REFUSED                  | <input type="checkbox"/> 97 |
| DON'T KNOW               | <input type="checkbox"/> 98 |

**(902) LEVEL OF COMMUNITY MONITORING OF YOUTH**

*I'd like to ask some questions about the people in your neighborhood.*

11. For each of the following statements, please indicate whether it is very likely, likely, unsure, unlikely, or very unlikely. What is the likelihood that...

	Very likely	Likely	Unsure	Unlikely	Very unlikely	Not Applicable	REFUSED	DON'T KNOW
11a. If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it? (LAFANS)	<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
11b. If some children were spray-painting a local building with graffiti, how likely is it that your neighbors would do something about it? (LAFANS)	<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

**(1107) CIVIC ENGAGEMENT**

12. Now, I want to ask you some questions about how you view other people. Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? (GSS & SCCBS)

People can be trusted	<input type="checkbox"/> 1
(VOLUNTEERED) Depends	<input type="checkbox"/> 2
You can't be too careful	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

13. How often do you stop to chat with a neighbor in the street or hallway? Would you say...(MTO-Baseline)

Almost every day	<input type="checkbox"/> 1
Once a week	<input type="checkbox"/> 2
Once a month	<input type="checkbox"/> 3
A few times a year	<input type="checkbox"/> 4
Almost never	<input type="checkbox"/> 5
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

14. In the past 12 months, how often have you attended church or other religious services? (3 City)

Never in past 12 months (**SKIP TO SECTION 6**) ☐ 1

Several times in past 12 months ☐ 2

Once a month ☐ 3

Once a week ☐ 4

More than once a week ☐ 5

**NO CHURCH OR PLACE OF WORSHIP (SKIP TO SECTION 6)** ☐ 6

**REFUSED** ☐ 7

**DON'T KNOW** ☐ 8

15. In the past 12 months, have you taken part in any sort of activity with people at your church or place of worship other than attending services? This might include teaching Sunday school, serving on a committee, attending choir rehearsal, retreat, or other things. (SCCBS modified)

**YES** ☐ 1

**NO** ☐ 2

**REFUSED** ☐ 7

**DON'T KNOW** ☐ 8

<b>SECTION 6: HEALTH</b>
--------------------------

*Now I'd like to ask you some questions about your health.*

**(400) GENERAL HEALTH STATUS**

1. Would you say your health in general is excellent, very good, good, fair, or poor? (NHIS99)

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

**(401) 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

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 Q6</b> )	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<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 ☐ 97

DON'T KNOW ☐ 98

#### (408) PREVENTIVE HEALTH CARE PRACTICES

6. Is there a place where you *usually* go to when you are sick or need advice about your health? (NHIS99)

YES ☐ 1

THERE IS NO PLACE (**SKIP TO Q7**) ☐ 2

THERE IS MORE THAN ONE PLACE ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

6a. What kind of place is it? (NHIS99) **[INTERVIEWER: IF MORE THAN 1 PLACE, PROBE FOR THE ONE RESPONDENT GOES TO MOST OFTEN]** Is it a. . .

Clinic or health center ☐ 1

Doctor's office or HMO ☐ 2

Hospital emergency room ☐ 3

Hospital outpatient department ☐ 4

Some other place ☐ 5

Doesn't go to one place most often ☐ 6

REFUSED ☐ 7

DON'T KNOW ☐ 8

#### (422) HEALTH CARE ACCESS

**[FOR ONE RANDOMLY SELECTED CORE CHILD AGES 5-19]:**

*Now I'd like to ask the same kind of questions about your [SON/DAUGHTER] [NAME].*

7. Is there a place where [NAME] usually goes when (he/she) is sick or you need advice about (his/her) health? (NHIS99)

YES ☐ 1

THERE IS NO PLACE (**SKIP TO Q8**) ☐ 2

THERE IS MORE THAN ONE PLACE ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

7a. What kind of place does [NAME] go to most often - a clinic, doctor's office, emergency room, or some other place? (NHIS99) **[INTERVIEWER: IF MORE THAN 1 PLACE, PROBE FOR ONE USED MOST OFTEN.]**

- |                                    |                            |
|------------------------------------|----------------------------|
| Clinic or health center            | <input type="checkbox"/> 1 |
| Doctor's office or HMO             | <input type="checkbox"/> 2 |
| Hospital emergency room            | <input type="checkbox"/> 3 |
| Hospital outpatient department     | <input type="checkbox"/> 4 |
| Some other place                   | <input type="checkbox"/> 5 |
| Doesn't go to one place most often | <input type="checkbox"/> 6 |
| REFUSED                            | <input type="checkbox"/> 7 |
| DON'T KNOW                         | <input type="checkbox"/> 8 |

8. About how long has it been since [NAME] last saw or talked to a doctor or other health care professional about [his/her] health? (NHIS99). Would you say...

- |  |                            |
|--|----------------------------|
| 6 months or less                                 | <input type="checkbox"/> 1 |
| More than 6 months, but not more than 1 year ago | <input type="checkbox"/> 1 |
| More than 1 year, but not more than 2 years ago  | <input type="checkbox"/> 1 |
| More than 2 years                                | <input type="checkbox"/> 1 |
| Never  | <input type="checkbox"/> 1 |
| REFUSED  | <input type="checkbox"/> 1 |
| DON'T KNOW                                       | <input type="checkbox"/> 1 |

9. During the past 12 months, was there any time when you or your children needed medical care but did not get it? (Original; similar to NHIS 99)

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

#### (402) INTERFERENCE OF PHYSICAL PROBLEMS WITH ACTIVITIES

10. The following questions are about activities you might do during a typical day. Does your health *now* limit you in these activities? If so, how much? (SF-36)

- |   | No<br>not limited<br>at all | Yes<br>limited a<br>little | Yes<br>limited a<br>lot    | REFUSED                    | DON'T<br>KNOW              |
|---|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 10a. Lifting or carrying groceries      | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 10b. Climbing several flights of stairs | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |



**(420) EXERCISE**

*The next questions are about moderate physical activity.*

11. In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that cause small increases in breathing or heart rate?

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

12. How many days per week do you do these moderate activities for at least 10 minutes at a time?

Number of days per week \_\_\_\_\_

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

**BLOOD PRESSURE**

*Now I'd like to take a short break and actually take your blood pressure. Once we are done, we will resume the interview by asking a few follow-up questions.*

**[INTERVIEWER: TAKE BLOOD PRESSURE READING AND RECORD HERE:**

\_\_\_\_\_ over \_\_\_\_\_

REFUSED	<input type="checkbox"/> 997
COULD NOT GET GOOD READING	<input type="checkbox"/> 998

**THANK THE RESPONDENT AND CONTINUE.**

13. Have you *ever* been told by a doctor or other health professional that you had hypertension, also called high blood pressure? (NHIS99)

YES	<input type="checkbox"/> 1
NO (SKIP TO Q17)	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

14. Were you told on two or more *different* visits that you had hypertension, also called high blood pressure? (NHIS99)

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

15. Was any medication ever prescribed by a doctor to help you lower your blood pressure? (NHIS99)

- YES ☐ 1
- NO (**SKIP TO Q17**) ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

16. Are you *now* taking prescribed medicine for your high blood pressure? (NHIS99)

- YES ☐ 1
- NO (**SKIP TO Q13**) ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

17. In a typical week, how many days do you eat at least some green vegetables or fruit? (NLSY97)

Record number of days \_\_\_\_\_

- REFUSED ☐ 97
- DON'T KNOW ☐ 98

#### (406) OBESITY

18. About how tall are you without shoes? (NHIS97)

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

- REFUSED ☐ 7
- DON'T KNOW ☐ 8

19. About how much do you weigh without shoes? (NHIS97)

Pounds \_\_\_\_\_

- REFUSED ☐ 997
- DON'T KNOW ☐ 998

#### (410) DEPRESSION

*Now I am going to ask you some questions about feelings you may have experienced over the past 30 days*

20. How much of the time during the past month have you ... (NSAF99)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Refused	Don't Know
20a. So sad that nothing could cheer you up?	<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
20b. Nervous	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
20c. Calm and peaceful?	<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
20d. Restless or fidgety?	<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

- |                                     | All of<br>the<br>time      | Most<br>of<br>the<br>time  | Some<br>of<br>the<br>time  | A little<br>of<br>the<br>time | None<br>of<br>the<br>time  | Refused                    | Don't<br>Know              |
|-------------------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|
| 20e. Hopeless                       | <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 |
| 20f. That everything was an effort? | <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 |
| 20g. Worthless                      | <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 |
21. During the past 12 months, was there ever a time when you felt sad, blue or depressed for two weeks or more in a row? (NHSDA)
- Yes (**ASK 22**) ☐ 1
- No (**SKIP TO Q23**) ☐ 2
- IF VOLUNTEERED: I was on medication/antidepressants (**SKIP TO Q23**) ☐ 3
- REFUSED ☐ 7
- DON'T KNOW ☐ 8
22. Now for the next few questions, please think of the two-week period during the past 12 months when these feelings were the worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half of the day, or less than half of the day?
- All day long ☐ 1
- Most of the day ☐ 2
- About half of the day ☐ 3
- Less than half of the day (**GO TO Q32**) ☐ 4
- REFUSED ☐ 7
- DON'T KNOW ☐ 8
- 22a. During those two weeks, did you feel this way every day, almost every day, or less often?
- Every day ☐ 1
- Almost every day ☐ 2
- Less often (**SKIP TO Q32**) ☐ 3
- REFUSED ☐ 7
- DON'T KNOW ☐ 8
- 22b. During those two weeks did you lose interest in most things like hobbies, work or activities that usually give you pleasure?
- Yes ☐ 1
- No ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

22c. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

Yes ☐ 1

No ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

**(SKIP TO Q24)**

23. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

Yes ☐ 1

No **(SKIP TO Q32)** ☐ 2

IF VOLUNTEERED: I was on medication/anti-depressants  
**(SKIP TO Q32)** ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

24. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

All day long ☐ 1

Most of the day ☐ 2

About half the day ☐ 3

Less than half the day **(SKIP TO Q32)** ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8

24a. Did you feel this way every day, almost every day, or less often during the two weeks?

Every day ☐ 1

Almost every day ☐ 2

Less often **(SKIP TO Q32)** ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

25. During those two weeks did you feel tired out or low on energy than is more usual for you?

Yes ☐ 1

No ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

26. Did you gain or lose weight without trying, or did you stay about the same?

- Gained ☐ 1  
Lost ☐ 2  
IF VOLUNTEERED: Both gained and lost weight ☐ 3  
Stayed about the same (**SKIP TO Q28**) ☐ 4  
IF VOLUNTEERED: R was on a diet ☐ 5  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

27. About how much did (you gain / you lose / your weight change)?

Number of pounds\_\_\_\_\_

- REFUSED ☐ 997  
DON'T KNOW ☐ 998

28. Did you have more trouble falling asleep than you usually do during those two weeks?

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

28a. During those two weeks, did that happen:

- Every night ☐ 1  
Nearly every night ☐ 2  
Less often ☐ 3  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

29. During those two weeks, did you have a lot more trouble concentrating than usual? [**INTERVIEWER: IF R ASKS, "ARE YOU STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER "YES"**]

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

30. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way? [INTERVIEWER: IF R ASKS, "ARE YOU STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER "YES"]

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

31. Did you think a lot about death -- either your own, someone else's, or death in general during those two weeks? [INTERVIEWER: IF R ASKS, "ARE YOU STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER "YES"]

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

#### (411) ANXIETY/ STRESS

*[These two questions are the initial stem questions for the CIDI-SF GAD scale. The full scale is used for classification of the DSM-IV diagnosis of Generalized Anxiety Disorder.]*

32. During the past 12 months, have you ever had a period lasting one month or longer when most of the time you felt worried, tense, or anxious? (NHSDA)

Yes (SKIP TO Q33)	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

32a. People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation? (NHSDA)

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

#### (414) INTERFERENCE WITH ACTIVITIES -- ALCOHOL DEPENDENCE

*The next questions are about how frequently you drink alcoholic beverages. By a "drink" we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink. With these definitions in mind,*

33. What is the largest number of drinks you had in a single day during the past 12 months -- none, between 1 and 3, 4 and 6, 7 and 10, 11 to 20, or more than 20 drinks in a single day? (WES)

None ( <b>SKIP TO Q41</b> )	<input type="checkbox"/> 1
Between 1 and 3 ( <b>SKIP TO Q41</b> )	<input type="checkbox"/> 2
Between 4 and 6	<input type="checkbox"/> 3
Between 7 and 10	<input type="checkbox"/> 4
Between 11 and 20	<input type="checkbox"/> 5
More than 20 drinks	<input type="checkbox"/> 6
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

**[IF VOLUNTEERS "I AM A CASUAL/SOCIAL DRINKER", SKIP TO Q41]**

34. In the past 12 months, was there ever a time when your drinking or being hung over interfered with your work at school, on a job, or at home?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
I am a casual/social drinker (VOLUNTEERED) ( <b>SKIP TO Q41</b> )	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

35. During the past 12 months, were you ever under the influence of alcohol in a situation where you could get hurt -- like when driving a car, using knives or guns or machinery, or anything else?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
I am a casual/social drinker (VOLUNTEERED) ( <b>SKIP TO Q41</b> )	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

36. During the past 12 months, did you have any emotional or psychological problems from using alcohol -- such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
I am a casual/social drinker (VOLUNTEERED) ( <b>SKIP TO Q41</b> )	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

37. During the past 12 months, did you have such as strong desire to drink that you could not keep from drinking?

Yes ☐ 1

No ☐ 2

I am a casual/social drinker (VOLUNTEERED)  
(SKIP TO Q41) ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

38. During the past 12 months, did you have a period of a month or more when you spent a great deal of time drinking or getting over the effects of alcohol?

Yes ☐ 1

No ☐ 2

I am a casual/social drinker (VOLUNTEERED)  
(SKIP TO Q41) ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

39. During the past 12 months, did you ever have more to drink than you intended to, or did you drink much longer than you intended to?

Yes ☐ 1

No ☐ 2

I am a casual/social drinker (VOLUNTEERED)  
(SKIP TO Q41) ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

40. During the past 12 months, was there ever a time when you had to drink much more than you used to get the same effect you wanted?

Yes ☐ 1

No ☐ 2

I am a casual/social drinker (VOLUNTEERED)  
(SKIP TO Q41) ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8



**SMOKING**

41. Have you smoked at least 100 cigarettes in your entire life? (NHIS99)

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

42. On how many of the past 30 days did you smoke a cigarette? (NHIS99)

- \_\_\_\_\_ Number of days ☐ 1
- [IF 1+ ASK Q43, IF NONE GO TO Q44]**
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

43. On the average when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (NHIS99)

- \_\_\_\_\_ Number of cigarettes ☐ 1
- [IF NONE, ASK Q44]**
- REFUSED ☐ 7
- DON'T KNOW ☐ 8
- [SKIP TO SECTION 7]**

44. How long has it been since you quit smoking cigarettes? (NHIS99)

- \_\_\_\_\_ Number of years ☐ 1
- \_\_\_\_\_ Number of months ☐ 2
- \_\_\_\_\_ Number of weeks ☐ 3
- \_\_\_\_\_ Number of days ☐ 4
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

<b>SECTION 7: HOUSEHOLD COMPOSITION</b>
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*Next, I would like to confirm who is currently living in your household. I would like to start with the family members you indicated were living with you when you applied for the MTO program. After we talk about those people, you can tell me about any new household members.*

INTERVIEWER: COMPLETE Qs.1a-2e FOR EACH HOUSEHOLD MEMBER LISTED ON FACESHEET.

	MEMBER #1	MEMBER #2	MEMBER #3
<b>NAMES:</b>			
1a. Is (READ MEMBER #1's NAME) still living with you? (MTO CANVASS)	YES (SKIP TO Q.1i) ..... 1 NO ..... 2 DECEASED (SKIP TO Q1h) ..... 3 REFUSED ..... 7 DON'T KNOW ..... 8	YES (SKIP TO Q.1i) ..... 1 NO ..... 2 DECEASED (SKIP TO Q1h) ..... 3 REFUSED ..... 7 DON'T KNOW ..... 8	YES (SKIP TO Q.1i) ..... 1 NO ..... 2 DECEASED (SKIP TO Q1h) ..... 3 REFUSED ..... 7 DON'T KNOW ..... 8
1b. When did (he/she) move? (MTO CANVASS) (RECORD MONTH AND YEAR)	____/____/____ MM      YYYY MEMBER STAYED, R MOVED ..... 00 REFUSED ..... 7 DON'T KNOW ..... 8	____/____/____ MM      YYYY MEMBER STAYED, R MOVED ..... 00 REFUSED ..... 7 DON'T KNOW ..... 8	____/____/____ MM      YYYY MEMBER STAYED, R MOVED ..... 00 REFUSED ..... 7 DON'T KNOW ..... 8
1c. Do you know (MEMBER'S) address? (MTO CANVASS)	YES (RECORD BELOW) . 1 NO (SKIP TO Q1d) ..... 2 REFUSED (SKIP TO Q1d) ..... 7 DON'T KNOW (SKIP TO Q1d) ..... 8	YES (RECORD BELOW) .. 1 NO (SKIP TO Q1d) ..... 2 REFUSED (SKIP TO Q1d) ..... 7 DON'T KNOW (SKIP TO Q1d) ..... 8	YES (RECORD BELOW) . 1 NO (SKIP TO Q1d) ..... 2 REFUSED (SKIP TO Q1d) ..... 7 DON'T KNOW (SKIP TO Q1d) ..... 8
1c1. What is his/her street address?	_____	_____	_____
1c2. Is there a complex/building name?	_____	_____	_____
1c3. Is there an apartment number?	_____	_____	_____
1c4. In what city?	_____	_____	_____
1c5. In what state?	_____	_____	_____
1c6. What is the zip code?	_____	_____	_____
1d. Is there any other information regarding his/her whereabouts that you could tell us about? RECORD OTHER NOTES ON OTHER TRACKING INFORMATION OFFERED BY	FORMER HH MEMBER INCARCERATED ..... 1 FORMER HH HOSPITALIZED OR INSTITUTION 2 FORMER HH MEMBER IN MILITARY ..... 3 RECORD OTHER INFO .95	FORMER HH MEMBER INCARCERATED ..... 1 FORMER HH HOSPITALIZED OR INSTITUTION.2 FORMER HH MEMBER IN MILITARY ..... 3 RECORD OTHER INFO .95	FORMER HH MEMBER INCARCERATED ..... 1 FORMER HH HOSPITALIZED OR INSTITUTION 2 FORMER HH MEMBER IN MILITARY ..... 3 RECORD OTHER INFO ..95

	MEMBER #1	MEMBER #2	MEMBER #3
RESPONDENT (INCLUDING NAME OF EMPLOYER, NAME OF APARTMENT COMPLEX, NAME OF RELATIVE, STATE OF RESIDENCE, INCARCERATED, ETC.)	NO OTHER INFORMATION OFFERED .....96   	NO OTHER INFORMATION OFFERED .....96   	NO OTHER INFORMATION OFFERED .....96   
1e. Who is the head of the household at MEMBER's new address?	  FIRST MIDDLE LAST REFUSED .....7 DON'T KNOW .....8	  FIRST MIDDLE LAST REFUSED .....7 DON'T KNOW .....8	  FIRST MIDDLE LAST REFUSED .....7 DON'T KNOW .....8
1f. What is MEMBER's relationship to the head of that household?	BIRTH CHILD .....01 ADOPTED CHILD .....02 GRANDCHILD .....03 FOSTER CHILD .....04 SPOUSE .....05 OTHER RELATIVE .....06 NON-RELATIVE .....07 OTHER CHILD .....08 MEMBER IS HEAD OF HOUSEHOLD .....09 REFUSED .....97 DON'T KNOW .....98	BIRTH CHILD .....01 ADOPTED CHILD .....02 GRANDCHILD .....03 FOSTER CHILD .....04 SPOUSE .....05 OTHER RELATIVE .....06 NON-RELATIVE .....07 OTHER CHILD .....08 REFUSED .....97 DON'T KNOW .....98	BIRTH CHILD .....01 ADOPTED CHILD .....02 GRANDCHILD .....03 FOSTER CHILD .....04 SPOUSE .....05 OTHER RELATIVE .....06 NON-RELATIVE .....07 OTHER CHILD .....08 REFUSED .....97 DON'T KNOW .....98
1g. Do you have a phone number for MEMBER?  1g1. Please tell me the MEMBER'S new telephone number beginning with area code.	YES: ( ) - .1 NO .....2 REFUSED .....7 DON'T KNOW .....8 ( ) -	YES: ( ) - .1 NO .....2 REFUSED .....7 DON'T KNOW .....8 ( ) -	YES: ( ) - .1 NO .....2 REFUSED .....7 DON'T KNOW .....8 ( ) -
1h. FOR DECEASED MEMBERS ONLY: I'm sorry for your loss. For our records, could you tell us when MEMBER passed away?	 REFUSED .....7 DON'T KNOW .....8  <b>SKIP TO Q1A FOR NEXT MEMBER</b>	 REFUSED .....7 DON'T KNOW .....8  <b>SKIP TO Q1A FOR NEXT MEMBER</b>	 REFUSED .....7 DON'T KNOW .....8  <b>SKIP TO Q1A FOR NEXT MEMBER</b>
1i. IF RACE AND ETHNICITY UNKNOWN: What is [NAME'S] race?	White <input type="checkbox"/> 1 African American <input type="checkbox"/> 2 Asian-Pacific Islander <input type="checkbox"/> 3 American Indian/ Alaskan Native <input type="checkbox"/> 4 Other <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	White <input type="checkbox"/> 1 African American <input type="checkbox"/> 2 Asian-Pacific Islander <input type="checkbox"/> 3 American Indian/ Alaskan Native <input type="checkbox"/> 4 Other <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	White <input type="checkbox"/> 1 African American <input type="checkbox"/> 2 Asian-Pacific Islander <input type="checkbox"/> 3 American Indian/ Alaskan Native <input type="checkbox"/> 4 Other <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
1j. Is [NAME] Hispanic or non-Hispanic?	Hispanic <input type="checkbox"/> 1 Non-Hispanic <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	Hispanic <input type="checkbox"/> 1 Non-Hispanic <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	Hispanic <input type="checkbox"/> 1 Non-Hispanic <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8

1k. INTERVIEWER: CHECK BIRTH YEAR OF MEMBER.	BORN 1900-1985 (ASK Q.2a)..... 1 BORN 1986-2002 (SKIP TO Q2d) ..... 2	BORN 1900-1985 (ASK Q.2a)..... 1 BORN 1986-2002 (SKIP TO Q2d) ..... 2	BORN 1900-1985 (ASK Q.2a)..... 1 BORN 1986-2002 (SKIP TO Q2d)..... 2
1l. What is [NAME'S] marital status?	Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Divorced <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4	Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Divorced <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4	Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Divorced <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4
2a. Is (MEMBER) working?	YES..... 1 NO ..... 2 REFUSED ..... 7 DON'T KNOW ..... 8	YES..... 1 NO ..... 2 REFUSED ..... 7 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 REFUSED ..... 7 DON'T KNOW ..... 8
2b. How much did NAME earn from all jobs before taxes and deductions during the past 12 months?	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998
2c. During the past 12 months, how much did NAME receive from any business he/she has, from work on the side he/she has done, or from dividends, interest, or rental property he/she owns? (Census modified)	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998
2d. How much did NAME receive altogether in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that in the past 12 months? (Census modified)	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998
2e. How much did NAME receive from all other sources, such as alimony or child support, pensions, help from family or friends, or anything else during the past 12 months? (Census modified)	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998

COMPLETE SUPPLEMENTAL FORMS AS NEEDED.

3. Are there any other people living in your household, whom we have not already discussed?

YES (ASK Q.3a-m FOR EACH OTHER HOUSEHOLD MEMBER) ☐ 1

NO (SKIP TO next section) ☐ 2

	OTHER MEMBER #1	OTHER MEMBER #2	OTHER MEMBER #3
3a1. What is the (FIRST/SECOND/THIRD) other member's first name?	FIRST:_____	FIRST:_____	FIRST:_____
3a2. What is his/her middle name?	MIDDLE:_____	MIDDLE:_____	MIDDLE:_____
3a3. What is his/her last name?	LAST:_____	LAST:_____	LAST:_____
3a4. Does his/her name have a suffix? (MTO-CANVASS)	SUFFIX:_____	SUFFIX:_____	SUFFIX:_____
3b. What is (OTHER MEMBER'S) date of birth? (MTO-CANVASS)	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
3c. What is (OTHER MEMBER'S) relationship to you? (MTO CANVASS)	BIRTH CHILD .....01 ADOPTED CHILD .....02 GRANDCHILD .....03 FOSTER CHILD .....04 SPOUSE .....05 OTHER RELATIVE .....06 NON-RELATIVE .....07 OTHER CHILD .....08 REFUSED .....97 DON'T KNOW .....98	BIRTH CHILD .....01 ADOPTED CHILD .....02 GRANDCHILD .....03 FOSTER CHILD .....04 SPOUSE .....05 OTHER RELATIVE .....06 NON-RELATIVE .....07 OTHER CHILD .....08 REFUSED .....97 DON'T KNOW .....98	BIRTH CHILD .....01 ADOPTED CHILD .....02 GRANDCHILD .....03 FOSTER CHILD .....04 SPOUSE .....05 OTHER RELATIVE .....06 NON-RELATIVE .....07 OTHER CHILD .....08 REFUSED .....97 DON'T KNOW .....98
3d. INTERVIEWER: IF GENDER KNOWN, RECORD; OTHERWISE ASK: Is (OTHER MEMBER) (a boy or girl/male or female)? (MTO-CANVASS)	MALE .....1 FEMALE .....2 REFUSED .....7 DON'T KNOW .....8	MALE .....1 FEMALE .....2 REFUSED .....7 DON'T KNOW .....8	MALE .....1 FEMALE .....2 REFUSED .....7 DON'T KNOW .....8
3e. Is (OTHER MEMBER) in school? (MTO-CANVASS)	YES (ASK Q3f) .....1 NO (SKIP TO Q3g) .....2 REFUSED (SKIP TO Q3g)7 DK (SKIP TO Q3g) 8	YES (ASK Q3f) .....1 NO (SKIP TO Q3g) .....2 REFUSED (SKIP TO Q3g)7 DK (SKIP TO Q.23g) 8	YES (ASK Q3f) .....1 NO (SKIP TO Q3g) .....2 REFUSED (SKIP TO Q3g)7 DK (SKIP TO Q3g) 8
3f. What grade or year? (INTERVIEWER: CODE 1-4 YEARS OF COLLEGE AS GRADES 13-16.) (MTO-CANVASS)	GRADE ..... GRADUATE SCHOOL ...17 GED .....18 OTHER UNGRADED .....19 PRESCHOOL .....95 KINDERGARTEN .....96 REFUSED .....97 DON'T KNOW .....98	GRADE ..... GRADUATE SCHOOL ...17 GED .....18 OTHER UNGRADED .....19 PRESCHOOL .....95 KINDERGARTEN .....96 REFUSED .....97 DON'T KNOW .....98	GRADE ..... GRADUATE SCHOOL ...17 GED .....18 OTHER UNGRADED .....19 PRESCHOOL .....95 KINDERGARTEN .....96 REFUSED .....97 DON'T KNOW .....98

	OTHER MEMBER #1	OTHER MEMBER #2	OTHER MEMBER #3
3g. IF RACE AND ETHNICITY UNKNOWN: What is [NAME'S] race?	White <input type="checkbox"/> 1 African American <input type="checkbox"/> 2 Asian-Pacific Islander <input type="checkbox"/> 3 American Indian/ Alaskan Native <input type="checkbox"/> 4 Other <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	White <input type="checkbox"/> 1 African American <input type="checkbox"/> 2 Asian-Pacific Islander <input type="checkbox"/> 3 American Indian/ Alaskan Native <input type="checkbox"/> 4 Other <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	White <input type="checkbox"/> 1 African American <input type="checkbox"/> 2 Asian-Pacific Islander <input type="checkbox"/> 3 American Indian/ Alaskan Native <input type="checkbox"/> 4 Other <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
3h. Is [NAME] Hispanic or non-Hispanic?	Hispanic <input type="checkbox"/> 1 Non-Hispanic <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	Hispanic <input type="checkbox"/> 1 Non-Hispanic <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	Hispanic <input type="checkbox"/> 1 Non-Hispanic <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
3i. What is [NAME'S] Social Security Number?	____-____-____ REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	____-____-____ REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	____-____-____ REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
3j. INTERVIEWER: CHECK BIRTH YEAR OF MEMBER. (MTO-CANVASS)	BORN 1900-1985 (ASK)... 1 BORN 1986-2002 (SKIP TO 4C) ..... 2	BORN 1900-1985 (ASK)... 1 BORN 1986-2002 (SKIP TO 4C)..... 2	BORN 1900-1985 (ASK \) 1 BORN 1986-2002 (SKIP TO 4C) ..... 2
3k. What is [NAME'S] marital status?	Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Divorced <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Divorced <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	Single <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Divorced <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
4. Is (OTHER member) working? (MTO-CANVASS)	YES..... 1 NO ..... 2	YES..... 1 NO..... 2	YES ..... 1 NO..... 2
4a. How much did <u>NAME</u> earn from all employers before taxes and deductions during the past 12 months?	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998
4b. During the past 12 months, how much did <u>NAME</u> receive from any business he/she has, from work on the side he/she has done, or from dividends, interest, or rental property he/she owns? (MTO-CANVASS)	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998
4c. How much did <u>NAME</u> receive altogether in the form of TANF, supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that in the past 12 months? (MTO-CANVASS)	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998
4d. How much did NAME	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998

	OTHER MEMBER #1	OTHER MEMBER #2	OTHER MEMBER #3
receive from all other sources, such as alimony or child support, pensions, help from family or friends, or anything else during the past 12 months? (MTO-CANVASS)	REFUSED.....99997 DON'T KNOW.....99998	REFUSED.....99997 DON'T KNOW.....99998	REFUSED.....99997 DON'T KNOW.....99998
4e. Are there any other other members in your household? (MTO-CANVASS)	YES ( <b>REPEAT Q3a-4e</b> ) ... 1 NO ( <b>SKIP TO SEC. 8</b> ) ..... 2	YES ( <b>REPEAT Q3a-4e</b> ) ... 1 NO ( <b>SKIP TO SEC. 8</b> ) ..... 2	YES ( <b>REPEAT Q3a-4e</b> )... 1 NO ( <b>SKIP TO SEC. 8</b> ) ..... 2

COMPLETE SUPPLEMENTAL FORMS AS NEEDED

<b>SECTION 8: SECONDARY CONTACTS</b>
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*In order to continue to help the government learn how to improve housing programs, it is very important that we talk to people periodically to see how things are going. Since people often move, we would like to ask you for the names of friends or relatives who usually keep in touch with you. We would contact these people only if we were unable to reach you at your current phone number. We would be asking them for your address and telephone information nothing else.*

1. Could you tell us the name of a person who does not live with you and will always know how to contact you?

YES ☐ 1

NO (SKIP TO SECTION 9) ☐ 2

REFUSED (SKIP TO SECTION 9) ☐ 7

DON'T KNOW (SKIP TO SECTION 9) ☐ 8

**(OBTAIN INFORMATION FOR THREE RELIABLE CONTACTS.)**

CONTACT #1:

2. What is his/her first name? \_\_\_\_\_

2a. What is his/her middle name? \_\_\_\_\_

2b. What is his/her last name? \_\_\_\_\_

2c. Does his/her name have a suffix? \_\_\_\_\_

3. What is (his/her) street address? \_\_\_\_\_

3a. Is there a complex/building name? \_\_\_\_\_

3b. Is there an apartment number? \_\_\_\_\_

3c. In what city? \_\_\_\_\_

3d. In what state? \_\_\_\_\_

3e. What is the zip code? \_\_\_\_\_

4. What's the best phone number to reach (him/her) at starting with the area code?

TELEPHONE # WITH AREA CODE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- 4a. Is she/he a friend or a relative, or what is (his/her) relationship to you?

FRIEND ☐ 1

RELATIVE ☐ 2

OTHER (SPECIFY): \_\_\_\_\_ ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8



## CONTACT #2:

5. Could you tell us the name of a second person who does not live with you and will always know how to contact you?

YES ☐ 1

NO (SKIP TO SECTION 9) ☐ 2

REFUSED (SKIP TO SECTION 9) ☐ 7

DON'T KNOW (SKIP TO SECTION 9) ☐ 8

- 5a. What is the name of someone else who keeps in contact with you?

5a1. What is his/her first name? \_\_\_\_\_

5a2. What is his/her middle name? \_\_\_\_\_

5a3. What is his/her last name? \_\_\_\_\_

5a4. Does his/her name have a suffix? \_\_\_\_\_

6. What is (his/her) street address? \_\_\_\_\_

6a1. Is there a complex/building name? \_\_\_\_\_

6a2. Is there an apartment number? \_\_\_\_\_

6a3. In what city? \_\_\_\_\_

6a4. In what state? \_\_\_\_\_

6a5. What is the zip code? \_\_\_\_\_

7. What's the best phone number to reach (him/her) at starting with the area code?

TELEPHONE # WITH AREA CODE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- 7a. Is she/he a friend or a relative, or what is (his/her) relationship to you?

FRIEND ☐ 1

RELATIVE ☐ 2

OTHER (SPECIFY): \_\_\_\_\_ ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

## CONTACT #3:

8. Could you tell us the name of a third person who does not live with you and will always know how to contact you?

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

- 8a. Could you tell us the name of a third person who keeps in contact with you?

8a1. What is his/her first name? \_\_\_\_\_

8a2. What is his/her middle name? \_\_\_\_\_

8a3. What is his/her last name? \_\_\_\_\_

8a4. Does his/her name have a suffix? \_\_\_\_\_

9. What is (his/her) street address? \_\_\_\_\_

9a1. Is there a complex/building name? \_\_\_\_\_

9a2. Is there an apartment number? \_\_\_\_\_

9a3. In what city? \_\_\_\_\_

9a4. In what state? \_\_\_\_\_

9a5. What is the zip code? \_\_\_\_\_

10. What's the best phone number to reach (him/her) at starting with the area code?

TELEPHONE # WITH AREA CODE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- 10a. Is she/he a friend or a relative, or what is (his/her) relationship to you?

FRIEND ☐ 1

RELATIVE ☐ 2

OTHER (SPECIFY): \_\_\_\_\_ ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

<b>SECTION 9: PARENT-ON-YOUTH</b>
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**[INTERVIEWER: CHECK AGES OF SAMPLED CHILDREN IN THIS HOUSEHOLD. GO TO PARENT-ON-YOUTH MODULE IF ONE SAMPLED CHILD WAS AGES 12-19 ON JUNE 1, 2001. OTHERWISE GO TO SECTION 10.]**

<b>SECTION 10: PARENT-ON-CHILD</b>
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**[INTERVIEWER: CHECK AGES OF SAMPLED CHILDREN IN THIS HOUSEHOLD. GO TO PARENT-ON-CHILD MODULE IF ONE SAMPLED CHILD WAS AGES 5-11 ON JUNE 1, 2001. OTHERWISE GO TO SECTION 11.]**

## SECTION 11: MTO EXPERIENCES

Now we'd like to give you a chance to tell us how the MTO program has affected your life. We are interested in knowing what you liked or disliked about the program. We also want to know if you would participate in a program like this again, and why or why not. Please feel free to answer honestly, since your answers will remain confidential. HUD is interested in your opinions about what made the program good and what you would change about it, but your name will not be reported with your opinions. Nothing you say can be used against you, nor will it affect your housing subsidy.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

*Thank you very much for your help in answering all these questions. Your cooperation is important to this study. We would like to pay you for your time as we promised.*

**[INTERVIEWER: PROVIDE INCENTIVES, OBTAIN SIGNED RECEIPTS.]**

## MOVING TO OPPORTUNITY INTERIM EVALUATION REVISED PARENT-ON-YOUTH MODULE FOR HUD SUBMISSION

*Now I'd like to talk to you about your child [YOUTH]. As you know, we are also doing some educational testing and asking (him/her) some questions directly. However, there are a number of things we'd like to ask you directly, starting with some questions about schooling.*

### SECTION 1: EDUCATION

*I'd like to start by discussing NAME'S educational progress.*

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

1. What is the highest grade or year of school [YOUTH] has ever completed? (LAFANS; modified)

\_\_\_\_\_ Highest Grade Completed (1-12)

(13)= ONE YEAR OF COLLEGE

(14)= TWO YEARS OF COLLEGE

(15) = THREE YEARS OF COLLEGE

(16) = FOUR YEARS OF COLLEGE

#### [IF 11 OR LESS SKIP TO Q4]:

2. Has (he/she) received a regular high school diploma? Do not include a GED. (Original; similar to NLSY97)

Yes (SKIP TO Q3a)

☐ 1

No

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

3. Has (he/she) received a GED? (original; similar to NLSY97)

Yes

☐ 1

No (SKIP TO Q7)

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

- 3a. Is [YOUTH] currently enrolled in college? (Original)

Yes

☐ 1

No

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

[SKIP TO Q7.]

## 4. Is [YOUTH] in school now? (MTO-Baseline.)

Yes (**SKIP TO Q9**)☐ 1

No

☐ 2

IF VOLUNTEERED: HOME-SCHOOLED

☐ 3

REFUSED

☐ 7

DON'T KNOW

☐ 8

## 5. Why doesn't [YOUTH] attend school? (LAFANS)

Health Problems

☐ 1

Dropped out of school because of financial problems/Had to work

☐ 2

Dropped out of school because didn't like school

☐ 3

Expelled or suspended

☐ 4

Parental Decision

☐ 5

Pregnancy/Childbirth

☐ 6

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

☐ 95

REFUSED

☐ 97

DON'T KNOW

☐ 98

## 6. Has (he/she) received a GED? (Original)

Yes

☐ 1

No

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

The next questions are about the high school experiences of [YOUTH]. (Original; similar to NLSY97)

Enter date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

7. When was [YOUTH] last enrolled in high school?

Refused ☐ 7Don't Know ☐ 8**(SKIP TO Q9)**

8. When was [YOUTH] last enrolled in school?

Enter date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

Refused ☐ 7Don't Know ☐ 8

	<b>SCHOOL 1</b> (Current or last attended)		Now I am going to ask you about what other schools [YOUTH] may have attended, even for a short time, going back to [RANDOM ASSIGNMENT YEAR]			
			<b>SCHOOL 2</b>		<b>SCHOOL 3</b>	
9. What is the name of the school [YOUTH] is attending (most recently attended)? (Original). MATCH SCHOOL TO LIST THEN SKIP TO Q11.  IF SCHOOL CAN NOT BE MATCHED, ASK Q9.	_____		_____		_____	
10. Is/was this school a...	Regular Public School <input type="checkbox"/> 1 Magnet Program or School <input type="checkbox"/> 2 A Charter School <input type="checkbox"/> 3 A Private School <input type="checkbox"/> 4 A Religious School <input type="checkbox"/> 5 An Alternative School <input type="checkbox"/> 6 Other Special Program or School (Specify) <input type="checkbox"/> 7 _____		Regular Public School <input type="checkbox"/> 1 Magnet Program or School <input type="checkbox"/> 2 A Charter School <input type="checkbox"/> 3 A Private School <input type="checkbox"/> 4 A Religious School <input type="checkbox"/> 5 An Alternative School <input type="checkbox"/> 6 Other Special Program or School (Specify) <input type="checkbox"/> 7 _____		Regular Public School <input type="checkbox"/> 1 Magnet Program or School <input type="checkbox"/> 2 A Charter School <input type="checkbox"/> 3 A Private School <input type="checkbox"/> 4 A Religious School <input type="checkbox"/> 5 An Alternative School <input type="checkbox"/> 6 Other Special Program or School (Specify) <input type="checkbox"/> 7 _____	
11. Where is this school located? (LAFANS)	On _____ Street <input type="checkbox"/> 1 Near the corner of _____ cross-street <input type="checkbox"/> 2 _____ City ____ State <input type="checkbox"/> 3		On _____ Street <input type="checkbox"/> 1 Near the corner of _____ cross-street <input type="checkbox"/> 2 _____ City ____ State <input type="checkbox"/> 3		On _____ Street <input type="checkbox"/> 1 Near the corner of _____ cross-street <input type="checkbox"/> 2 _____ City ____ State <input type="checkbox"/> 3	
12. For which grade(s) did [YOUTH] attend this school? CHECK ALL THAT APPLY	K <input type="checkbox"/> 1 1 <input type="checkbox"/> 2 2 <input type="checkbox"/> 3 3 <input type="checkbox"/> 4 4 <input type="checkbox"/> 5 5 <input type="checkbox"/> 6 6 <input type="checkbox"/> 7	7 <input type="checkbox"/> 8 8 <input type="checkbox"/> 9 9 <input type="checkbox"/> 10 10 <input type="checkbox"/> 11 11 <input type="checkbox"/> 12 12 <input type="checkbox"/> 13 College <input type="checkbox"/> 14	K <input type="checkbox"/> 1 1 <input type="checkbox"/> 2 2 <input type="checkbox"/> 3 3 <input type="checkbox"/> 4 4 <input type="checkbox"/> 5 5 <input type="checkbox"/> 6 6 <input type="checkbox"/> 7	7 <input type="checkbox"/> 8 8 <input type="checkbox"/> 9 9 <input type="checkbox"/> 10 10 <input type="checkbox"/> 11 11 <input type="checkbox"/> 12 12 <input type="checkbox"/> 13 College <input type="checkbox"/> 14	K <input type="checkbox"/> 1 1 <input type="checkbox"/> 2 2 <input type="checkbox"/> 3 3 <input type="checkbox"/> 4 4 <input type="checkbox"/> 5 5 <input type="checkbox"/> 6 6 <input type="checkbox"/> 7	7 <input type="checkbox"/> 8 8 <input type="checkbox"/> 9 9 <input type="checkbox"/> 10 10 <input type="checkbox"/> 11 11 <input type="checkbox"/> 12 12 <input type="checkbox"/> 13 College <input type="checkbox"/> 14
	From: _____/_____ Month Year To: _____/_____ Month Year IF STILL ENROLLED, SKIP TO Q14		From: _____/_____ Month Year To: _____/_____ Month Year		From: _____/_____ Month Year To: _____/_____ Month Year	



13. Why did [YOUTH] leave this school? (CIRCLE ONE)	1 = Moved to different place 2 = Graduated from school 3 = Dropped out 4 = Expelled 5 = Moved by school district to special school 6 = Changed schools to get better education, attend special program 7 = Redistricting 8 = Moved to get special services at another school 9 = Changed schools due to conflict with teachers and/or other students 10 = Other. _____		1 = Moved to different place 2 = Graduated from school 3 = Dropped out 4 = Expelled 5 = Moved by school district to special school 6 = Changed schools to get better education, attend special program 7 = Redistricting 8 = Moved to get special services at another school 9 = Changed schools due to conflict with teachers and/or other students 10 = Other. _____		1 = Moved to different place 2 = Graduated from school 3 = Dropped out 4 = Expelled 5 = Moved by school district to special school 6 = Changed schools to get better education, attend special program 7 = Redistricting 8 = Moved to get special services at another school 9 = Changed schools due to conflict with teachers and/or other students 10 = Other. _____	
14. Has [YOUTH] ever repeated a grade? (LAFANS PARENT 15 LAPANS 10-11)	Yes No <b>SKIP TO Q16</b>		<input type="checkbox"/> 1 <input type="checkbox"/> 2			
		Yes      No		15a. IF YES: Did [YOUTH] repeat [GRADE] in same school? Yes      No		
15. Which grade(s) did [YOUTH] repeat? (LAFANS)	K	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	1	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	5	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	8	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	10	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	11	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
	12	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IF YES →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
16. Has [YOUTH] ever been suspended or expelled? (PSID)	Yes <input type="checkbox"/> 1 No <b>(SKIP TO Q18)</b> <input type="checkbox"/> 2		16a. IF YES →	Did this happen in the last 12 months? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2		
17. REPEAT Q's 9-13 FOR EACH ADDITIONAL SCHOOL	Yes, other schools <input type="checkbox"/> 1 No, no other schools <input type="checkbox"/> 2 <b>(SKIP TO Q19)</b>					

**(106) DISCIPLINARY SANCTIONS****[IF AGE 12-17]:**

18. During the past two years, has anyone from [YOUTH'S] school asked someone to come in and talk about problems [YOUTH] was having with schoolwork or behavior? (MTO-Baseline)

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

**(111) ACADEMIC TRACK**

19. During the past 2 years, has [YOUTH] gone to a special class for gifted students or done advanced work in any subjects? (MTO Baseline)

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

**(112) SPECIAL EDUCATION**

20. During the past 2 years, has [YOUTH] gone to a special class or school or gotten special help in school for... (MTO Baseline)

	Yes	No	Refused	Don't Know
20a. Learning problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
20b. Behavioral or emotional problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

## SECTION 2: HEALTH

**(400) GENERAL HEALTH STATUS**

1. Would you say [YOUTH]'s health in general is excellent, very good, good, fair, or poor? (NHIS97)

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

**(505) MEDICAID PARTICIPATION**

2. What kind of health insurance or health care coverage does [YOUTH] have? (NHIS99 FHI.070)

Private health insurance plan from employer or workplace	<input type="checkbox"/> 1
Private health insurance plan purchased directly	<input type="checkbox"/> 2
Private health insurance plan through a State or local government or community program	<input type="checkbox"/> 3
Medicaid or STATE NAME OF MEDICAID	<input type="checkbox"/> 4
Military health care/VA or CHAMPUS/TRICARE/CHAMP-VA	<input type="checkbox"/> 5
Single Service plan (e.g. dental, vision, prescriptions)	<input type="checkbox"/> 6
No Coverage of any type	<input type="checkbox"/> 7
Other (SPECIFY) _____	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

**(401) ASTHMA**

3. Have you ever been told by a doctor or other health professional that [YOUTH] had asthma? (NHIS99, modified)

Yes	<input type="checkbox"/> 1
No ( <b>SKIP TO Q7</b> )	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

4. During the past 12 months, has [YOUTH] had an episode of asthma or an asthma attack? (NHIS99)

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

5. During the past 12 months, did [YOUTH] have to visit an emergency room or urgent care center because of asthma? (NHIS99)

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

6. During the past 12 months, has [YOUTH] had a wheezing or whistling sound in (his/her) chest? (NHIS99)

Yes ☐ 1  
No (**SKIP TO Q9**) ☐ 2  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

7. How many attacks of wheezing or whistling has [YOUTH] had in (his/her) chest during the past 12 months? (NHIS99)

Number of attacks \_\_\_\_\_  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

**(409) ACCIDENTS/INJURIES**

8. In the past 12 months, has [YOUTH] had any accidents or injuries that required medical attention? (NLSY79)

Yes ☐ 1  
No (**SKIP TO SECTION 3**) ☐ 2  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

9. How many such accidents or injuries requiring medical attention has [YOUTH] had in the past 12 months? (NLSY79)

\_\_\_\_\_ Number of accidents/injuries  
REFUSED ☐ 7  
DON'T KNOW ☐ 8

## SECTION 3: BEHAVIOR

**(421) BEHAVIOR PROBLEMS**

*Now I am going to read some statements that describe behavior problems that many children have. Please tell me whether each statement has been often true, sometimes true, or not true of [YOUTH] during the past three months. [Source: NLSY79-98 Mother Supplement, Behavior Problems Index]*

	Often True	Sometimes True	Not True
1. has difficulty concentrating, cannot pay attention for long. [Q.7]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. cheats or tells lies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. is rather high strung, tense, and nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. bullies or is cruel or mean to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. is disobedient at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. has trouble getting along with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. feels worthless or inferior	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. is restless or overly active, cannot sit still	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. has a very strong temper and loses it easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. is unhappy, sad or depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. withdrawn, does not get involved with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. hangs around with kids who get into trouble	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13. worries too much	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. is disobedient at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. has trouble getting along with teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

## MOVING TO OPPORTUNITY INTERIM EVALUATION FINAL PARENT-ON-CHILD MODULE FOR HUD SUBMISSION

*Now I'd like to talk to you about your child [CHILD]. As you know, we're also doing some educational testing with [CHILD], [and if CHILD is 8-11 asking her/him a few questions directly]. But we'd like to ask you a number of things about him/her, starting with some questions about schooling.*

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

### (104) ATTENDANCE/TIME IN SCHOOL

1. Did [CHILD] ever participate in any early intervention program, such as Head Start, Even Start, or Fair Start? (PSID-CDS)

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

2. Is this child in school now? (MTO-Baseline)

Yes ( <b>SKIP TO Q5</b> )	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Home schooled ( <b>SKIP TO SECTION 2</b> )	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

3. Why not? (Original)

HEALTH PROBLEMS	<input type="checkbox"/> 1
EXPELLED OR SUSPENDED	<input type="checkbox"/> 2
PARENTAL DECISION	<input type="checkbox"/> 3
NOT IN SCHOOL YET	<input type="checkbox"/> 4
OTHER (SPECIFY): _____	<input type="checkbox"/> 5
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

4. When was [CHILD] last enrolled in school? ?		Enter date: ____/____/____ Month/Year	
Never Enrolled ( <b>SKIP TO SECTION 2</b> )		<input type="checkbox"/> 1	
REFUSED		<input type="checkbox"/> 7	
DON'T KNOW		<input type="checkbox"/> 8	
	<b>SCHOOL 1</b> (Current or last attended)	5a. Now I am going to ask you about what other schools [CHILD] may have attended, even for a short time, going back to [RAYER]	
		<b>SCHOOL 2</b>	<b>SCHOOL 3</b>
5. What is the name of the school [CHILD] is attending (last attended)? (Original) MATCH SCHOOL TO LIST, THEN SKIP TO Q8.  IF SCHOOL CANNOT BE MATCHED, ASK Q6.	_____	_____	_____
6. Is/was this school a...	Regular Public School <input type="checkbox"/> 1 Magnet Program or School <input type="checkbox"/> 2 A Charter School <input type="checkbox"/> 3 A Private School <input type="checkbox"/> 4 A Religious School <input type="checkbox"/> 5 An Alternative School <input type="checkbox"/> 6 Other Special Program or School (Specify): <input type="checkbox"/> 7 _____	Regular Public School <input type="checkbox"/> 1 Magnet Program or School <input type="checkbox"/> 2 A Charter School <input type="checkbox"/> 3 A Private School <input type="checkbox"/> 4 A Religious School <input type="checkbox"/> 5 An Alternative School <input type="checkbox"/> 6 Other Special Program or School (Specify): <input type="checkbox"/> 7 _____	Regular Public School <input type="checkbox"/> 1 Magnet Program or School <input type="checkbox"/> 2 A Charter School <input type="checkbox"/> 3 A Private School <input type="checkbox"/> 4 A Religious School <input type="checkbox"/> 5 An Alternative School <input type="checkbox"/> 6 Other Special Program or School (Specify): <input type="checkbox"/> 7 _____
7. Where is this school located? (LAFANS)	On _____ Street <input type="checkbox"/> 1 Near the corner of _____ cross-street <input type="checkbox"/> 2 _____ City _____ State <input type="checkbox"/> 3	On _____ Street <input type="checkbox"/> 1 Near the corner of _____ cross-street <input type="checkbox"/> 2 _____ City _____ State <input type="checkbox"/> 3	On _____ Street <input type="checkbox"/> 1 Near the corner of _____ cross-street <input type="checkbox"/> 2 _____ City _____ State <input type="checkbox"/> 3
8. For which grade(s) did [CHILD] attend this school? CHECK ALL THAT APPLY	K <input type="checkbox"/> 01    7 <input type="checkbox"/> 08 1 <input type="checkbox"/> 02    8 <input type="checkbox"/> 09 2 <input type="checkbox"/> 03    9 <input type="checkbox"/> 10 3 <input type="checkbox"/> 04    10 <input type="checkbox"/> 11 4 <input type="checkbox"/> 05    11 <input type="checkbox"/> 12 5 <input type="checkbox"/> 06    12 <input type="checkbox"/> 13 6 <input type="checkbox"/> 07	K <input type="checkbox"/> 01    7 <input type="checkbox"/> 08 1 <input type="checkbox"/> 02    8 <input type="checkbox"/> 09 2 <input type="checkbox"/> 03    9 <input type="checkbox"/> 10 3 <input type="checkbox"/> 04    10 <input type="checkbox"/> 11 4 <input type="checkbox"/> 05    11 <input type="checkbox"/> 12 5 <input type="checkbox"/> 06    12 <input type="checkbox"/> 13 6 <input type="checkbox"/> 07	K <input type="checkbox"/> 01    7 <input type="checkbox"/> 08 1 <input type="checkbox"/> 02    8 <input type="checkbox"/> 09 2 <input type="checkbox"/> 03    9 <input type="checkbox"/> 10 3 <input type="checkbox"/> 04    10 <input type="checkbox"/> 11 4 <input type="checkbox"/> 05    11 <input type="checkbox"/> 12 5 <input type="checkbox"/> 06    12 <input type="checkbox"/> 13 6 <input type="checkbox"/> 07

	<b>SCHOOL 1</b> (Current or last attended)		<b>SCHOOL 2</b>	<b>SCHOOL 3</b>	
9. Reasons for leaving this school. (CIRCLE ONE) (PSID-CDS)	1 = Moved to different place 2 = Graduated from school 3 = Dropped out 4 = Expelled 5 = Moved by school district to special school 6 = Changed schools to get better education, attend special program 7 = Redistricting 8 = Moved to get special services at another school 9 = Changed schools due to conflict with teachers and/or other students 10 = Other. _____		1 = Moved to different place 2 = Graduated from school 3 = Dropped out 4 = Expelled 5 = Moved by school district to special school 6 = Changed schools to get better education, attend special program 7 = Redistricting 8 = Moved to get special services at another school 9 = Changed schools due to conflict with teachers and/or other students 10 = Other. _____	1 = Moved to different place 2 = Graduated from school 3 = Dropped out 4 = Expelled 5 = Moved by school district to special school 6 = Changed schools to get better education, attend special program 7 = Redistricting 8 = Moved to get special services at another school 9 = Changed schools due to conflict with teachers and/or other students 10 = Other. _____	
10. Has [CHILD] ever repeated a grade? (LAFANS)	Yes <input type="checkbox"/> 1 No <b>SKIP TO Q14</b> <input type="checkbox"/> 2				
	Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2		11a. IF YES: Did [YOUTH] repeat [GRADE] in same school? Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2		
11. Which grade(s) did [CHILD] repeat? (LAFANS)	K <input type="checkbox"/> 1 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 1 3 <input type="checkbox"/> 1 4 <input type="checkbox"/> 1 5 <input type="checkbox"/> 1 6 <input type="checkbox"/> 1 7 <input type="checkbox"/> 1 8 <input type="checkbox"/> 1 9 <input type="checkbox"/> 1 10 <input type="checkbox"/> 1 11 <input type="checkbox"/> 1 12 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	IF YES → IF YES → IF YES → IF YES → IF YES → IF YES → IF YES → IF YES → IF YES → IF YES → IF YES → IF YES →	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
12. Has [CHILD] ever been suspended or expelled? (PSID)	Yes <input type="checkbox"/> 1 → No ( <b>SKIP TO Q14</b> ) <input type="checkbox"/> 2		12a. Did this happen in the last 12 months? Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2		
13. REPEAT Q's 5-9 FOR EACH ADDITIONAL SCHOOL	Yes, other schools <input type="checkbox"/> 1 No, no other schools <input type="checkbox"/> 2 ( <b>SKIP TO Q15</b> )				



**(106) DISCIPLINARY SANCTIONS**

14. During the past two years, has anyone from [CHILD'S] school asked someone to come in and talk about problems this child was having with schoolwork or behavior? (MTO-Baseline)

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

**(111) ACADEMIC TRACK**

15. During the past 2 years, has [CHILD] gone to a special class for gifted students or done advanced work in any subjects? (MTO Baseline)

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

**(112) SPECIAL EDUCATION**

16. During the past two years, has [CHILD] gone to a special class or school or gotten special help in school for...

	Yes	No	REFUSED	DON'T KNOW
16a. Learning problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16b. Behavioral or emotional problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

## SECTION 2: HEALTH

**(400) GENERAL HEALTH STATUS**

1. Would you say [CHILD]'s health in general is excellent, very good, good, fair, or poor? (NHIS97)

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

**(505) MEDICAID PARTICIPATION**

2. What kind of health insurance or health care coverage does [CHILD] have? (ACCEPT MORE THAN 1 ANSWER) (NHIS99)

	Yes	No	Refused	Don't Know
Private health insurance plan from employer or workplace	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Private health insurance plan purchased directly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Private health insurance plan through a State or local government or community program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Medicaid or STATE NAME OF MEDICAID	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Military health care/VA or CHAMPUS/TRICARE/CHAMP-VA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Single Service plan (e.g. dental, vision, prescriptions)	<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
No Coverage of any type	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(422) HEALTH CARE ACCESS**

3. During the past 12 months, did [CHILD] receive a physical examination or well-child check-up? (NHIS99)

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

**(409) ACCIDENTS/ INJURIES**

4. In the past 12 months, has [CHILD] had any accidents or injuries that required medical attention? (NLSY79)

Yes	<input type="checkbox"/> 1
No ( <b>SKIP TO Q7</b> )	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

5. How many such accidents or injuries requiring medical attention has [CHILD] had in the past 12 months? (NLSY79)

\_\_\_\_\_ Number of accidents or injuries

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

## 6. What was the cause of (that/the first/the second/etc.) accident or injury? (NLSY79)

	First	Second	Third	Fourth
MOTOR VEHICLE ACCIDENT AS OCCUPANT	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
MOTOR VEHICLE ACCIDENT AS PEDESTRIAN	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
CYCLING	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
FALL UNRELATED TO ATHLETICS OR SPORTS ACTIVITY	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
FALL/CONTACT RELATED TO ATHLETICS/SPORTS ACTIVITY	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
FIRE OR SMOKE	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
HOT LIQUID	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
TOY OR ITEM INTENDED FOR A CHILD	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
EQUIPMENT OR DEVICE NOT INTENDED FOR A CHILD	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
POISONING	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
SMASHED BODY PART: CAR/DOOR/WINDOW BRUISE/CONTUSION	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
ADULT INJURED CHILD ACCIDENTALLY (PULL/LIFT INQUIRY)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
INTENTIONAL VIOLENT INQUIRY	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
“ROUGH HOUSING,”/IMPACT INJURY: WRESTLING, ETC.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
FIGHTING: BROKE BONE/NOSE, HIT IN FACE, SHOT, STABBED, ETC.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
STRUCK BY OBJECT FROM OTHER PERSON (INTENT UNKONWN)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
INSECT STING OR BIT	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
STEPPED ON SHARP OBJECT, I.E., KNIFE/GLASS/TOOL	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
BURN, I.E., FROM HEATER/CIGARETTE/OVEN/STOVE	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
JUMP/FALL ACCIDENT, I.E., OFF FURNITURE/OTHER OBJECT	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
“TEMPER” INJURIES, I.E., FELL, KICKED FURNITURE, ETC.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
OTHER (SPECIFY) _____	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
REFUSED	<input type="checkbox"/> 97			
DON'T KNOW	<input type="checkbox"/> 98			

**(401) ASTHMA**

7. Have you ever been told by a doctor or other health professional that [CHILD] had asthma? (NHIS99)
- |                           |                            |
|---------------------------|----------------------------|
| YES                       | <input type="checkbox"/> 1 |
| NO ( <b>SKIP TO Q10</b> ) | <input type="checkbox"/> 2 |
| REFUSED                   | <input type="checkbox"/> 7 |
| DON'T KNOW                | <input type="checkbox"/> 8 |
8. During the past 12 months, has [CHILD] had an episode of asthma or an asthma attack? (NHIS99)
- |                           |                            |
|---------------------------|----------------------------|
| YES                       | <input type="checkbox"/> 1 |
| NO ( <b>SKIP TO Q10</b> ) | <input type="checkbox"/> 2 |
| REFUSED                   | <input type="checkbox"/> 7 |
| DON'T KNOW                | <input type="checkbox"/> 8 |
9. During the past 12 months, did [CHILD] have to visit an emergency room or urgent care center because of asthma? (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, has [CHILD] had a wheezing or whistling sound in (his/her) chest? (NHIS99)
- |                                 |                            |
|---------------------------------|----------------------------|
| YES                             | <input type="checkbox"/> 1 |
| NO ( <b>SKIP TO SECTION 3</b> ) | <input type="checkbox"/> 2 |
| REFUSED                         | <input type="checkbox"/> 7 |
| DON'T KNOW                      | <input type="checkbox"/> 8 |
11. How many attacks of wheezing or whistling has [CHILD] had in (his/her) chest during the past 12 months? (NHIS99)
- Number of attacks: \_\_\_\_\_
- |            |                            |
|------------|----------------------------|
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

12. During the past 12 months, has [CHILD]'s sleep been disturbed due to wheezing or whistling? (NHIS99)

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

13. During the past 12 months, how often on average, has [CHILD]'s sleep been disturbed due to wheezing or whistling? (NHIS99)

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

14. During past 12 months, has [CHILD]'s 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

15. During the past 12 months, has [CHILD]'s wheezing ever been severe enough to limit (his/her) 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

16. During the past 12 months, how many times has [CHILD] 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"/> 7
DON'T KNOW	<input type="checkbox"/> 8

## SECTION 3: BEHAVIOR

**(421) BEHAVIOR PROBLEMS**

Now I am going to read some statements that describe behavior problems that many children have.

Please tell me whether each statement has been often true, sometimes true, or not true of [CHILD] during the past three months. *[source: NLSY79-98 Mother Supplement, Behavior Problems Index]*

	Often True	Sometimes True	Not True	Re- fused	Don't Know
1. has difficulty concentrating, cannot pay attention for long.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
2. cheats or tells lies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
3. is rather high strung, tense, and nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
4. bullies or is cruel or mean to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
5. is disobedient at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
6. has trouble getting along with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
7. feels worthless or inferior	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
8. is restless or overly active, cannot sit still	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
9. has a very strong temper and loses it easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
10. is unhappy, sad or depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
11. withdrawn, does not get involved with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
12. demands a lot of attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
13. is too dependent on others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
14. hangs around with kids who get into trouble	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
15. worries too much	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
16. is disobedient at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
17. has 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

## SECTION 4: TIME USE

*Now I'd like to talk about activities [CHILD] does 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 DAY AFTER.**

1. What did your child do the *hour after school* on \_\_\_\_\_? Please just tell us about [CHILD'S] *main* activity.

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

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

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

REFUSED ☐ 7

DON'T KNOW ☐ 8

- 1a. Where was [CHILD] while he/she was doing this activity?

Home ☐ 1

School ☐ 2

Childcare Center ☐ 3

Family Daycare ☐ 4

Recreation Center ☐ 5

Other (Specify): \_\_\_\_\_ ☐ 95

REFUSED ☐ 97

DON'T KNOW ☐ 98

- 1b. Were you present during this activity?

Yes ☐ 1

No ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 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 children present during this activity?

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

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

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

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

REFUSED ☐ 7

DON'T KNOW ☐ 8

2a. Where was child while he/she was doing this activity?

- Home ☐ 1  
School ☐ 2  
Childcare Center ☐ 3  
Family Daycare ☐ 4  
Recreation Center ☐ 5  
Other (Specify): \_\_\_\_\_ ☐ 95  
REFUSED ☐ 97  
DON'T KNOW ☐ 98

2b. Were you 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 children 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>95 Other</i>	