

MOVING TO OPPORTUNITY INTERIM EVALUATION

YOUTH SURVEY (11/7/2002)

FOR YOUTH AGES 12-19 YEARS OLD

Table of Contents

SECTION S: EDUCATION.....	2
SECTION T: EMPLOYMENT AND EARNINGS	13
SECTION U: RISKY BEHAVIOR	26
SECTION V: HEALTH	34
SECTION W: NEIGHBORHOOD AND SOCIAL NETWORKS	41
SECTION X: EMOTIONS.....	50
SECTION Y: TIME USE.....	61
SECTION Z: FUTURE PLANS	72
INTERVIEWER OBSERVATIONS	73

SECTION S: EDUCATION

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

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

- (104) ATTENDANCE/TIME IN SCHOOL**
- (115) SCHOOL DROPOUT**
- (116) HIGH SCHOOL GRADUATION**

The first set of questions are about your educational experiences.

- S1. <NSCHL> Are you currently attending or enrolled in regular school?
[INTERVIEWER: REGULAR SCHOOL IS ONE THAT OFFERS AN ACADEMIC DIPLOMA OR DEGREE; E.G., ELEMENTARY SCHOOL, HIGH SCHOOL, COLLEGE, GRADUATE SCHOOL, LAW SCHOOL, OR NURSING PROGRAM LEADING TO AN RN DEGREE. NOT INCLUDED AS REGULAR SCHOOL ARE: TRAINING AT A TECHNICAL INSTITUTE, LICENSE TRADE PROGRAMS, ETC, UNLESS THE CREDITS OBTAINED ARE TRANSFERABLE TO A REGULAR SCHOOL AND COULD COUNT TOWARD AN ACADEMIC DIPLOMA OR DEGREE.]
- YES 1
 - NO (SKIP TO S3) 2
 - ON SUMMER VACATION 3
 - REFUSED (SKIP TO S3) 7
 - DON'T KNOW (SKIP TO S3) 8
- S2. <SCHKTME> Are you attending school full-time or part-time?
- FULL-TIME 1
 - PART-TIME 2
 - REFUSED 7
 - DON'T KNOW 8

S2a. <GRDNOW> What grade or year of school are you currently attending?

Grade: _____

[IF GRADE 12 OR LESS, SKIP TO S5. IF ABOVE 12TH GRADE, CODE AS FOLLOWS]:

- | | | |
|----------------------------------|--------------------------|----|
| FIRST YEAR OF COLLEGE | <input type="checkbox"/> | 13 |
| SECOND YEAR OF COLLEGE | <input type="checkbox"/> | 14 |
| THIRD YEAR OF COLLEGE | <input type="checkbox"/> | 15 |
| FOURTH YEAR OF COLLEGE | <input type="checkbox"/> | 16 |
| VOCATIONAL/TRADE SCHOOL | <input type="checkbox"/> | 17 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> | 95 |
| REFUSED (SKIP TO S5) | <input type="checkbox"/> | 97 |
| DON'T KNOW (SKIP TO S5) | <input type="checkbox"/> | 98 |

POST CODES:

- | | | |
|--------------------------------|--------------------------|----|
| OTHER: GED SCHOOL | <input type="checkbox"/> | 18 |
| OTHER: ALTERNATIVE SCHOOL | <input type="checkbox"/> | 19 |
| OTHER: GRADE 1 | <input type="checkbox"/> | 61 |
| OTHER: GRADE 2 | <input type="checkbox"/> | 62 |
| OTHER: GRADE 3 | <input type="checkbox"/> | 63 |
| OTHER: GRADE 4 | <input type="checkbox"/> | 64 |
| OTHER: GRADE 5 | <input type="checkbox"/> | 65 |
| OTHER: GRADE 6 | <input type="checkbox"/> | 66 |
| OTHER: GRADE 7 | <input type="checkbox"/> | 67 |
| OTHER: GRADE 8 | <input type="checkbox"/> | 68 |
| OTHER: GRADE 9 | <input type="checkbox"/> | 69 |
| OTHER: GRADE 10 | <input type="checkbox"/> | 70 |
| OTHER: GRADE 11 | <input type="checkbox"/> | 71 |
| OTHER: GRADE 12 | <input type="checkbox"/> | 72 |
| OTHER: FIRST YEAR OF COLLEGE | <input type="checkbox"/> | 73 |
| OTHER: SECOND YEAR OF COLLEGE | <input type="checkbox"/> | 74 |
| OTHER: THIRD YEAR OF COLLEGE | <input type="checkbox"/> | 75 |
| OTHER: FOURTH YEAR OF COLLEGE | <input type="checkbox"/> | 76 |
| OTHER: VOCATIONAL/TRADE SCHOOL | <input type="checkbox"/> | 77 |

S2b. <UNIVTYP> Are you attending a two-year college, a four-year college, or a trade or business school?

- TWO-YEAR PROGRAM 1
- FOUR-YEAR PROGRAM 2
- TRADE SCHOOL 3
- BUSINESS SCHOOL 4
- OTHER (SPECIFY): _____ 95
- REFUSED 97
- DON'T KNOW 98

POST CODES:

- OTHER: GED SCHOOL 5
- OTHER: ALTERNATIVE SCHOOL 6
- OTHER: TWO-YEAR PROGRAM 61
- OTHER: FOUR-YEAR PROGRAM 62
- OTHER: TRADE SCHOOL 63
- OTHER: BUSINESS SCHOOL 64

(SKIP TO S4a)

S3. <SCHLMO> <SCHLYR> When were you last enrolled in regular school—what was the month and year?

_____/_____
Month (MM) Year (YYYY)

- DON'T KNOW -1
- REFUSED -2
- NEVER ENROLLED **(SKIP TO S15)** -3

S4. <WHYLEFT> What is the main reason you left at that time?

- RECEIVED DEGREE, COMPLETED COURSE WORK 1
- EXPELLED/SUSPENDED 2
- GOT MARRIED 3
- PREGNANT 4
- SCHOOL WAS TOO DANGEROUS 5
- POOR GRADES 6
- DID NOT LIKE SCHOOL/TIRED OF SCHOOL 7
- OFFERED JOB 8
- ENTERED MILITARY 9
- FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO GO 10
- CHILD CARE RESPONSIBILITIES 11
- HOME RESPONSIBILITIES 12

- MOVED AWAY FROM SCHOOL 13
- DIDN'T GET ALONG WITH OTHER STUDENTS 14
- MY FRIENDS HAD DROPPED OUT OF SCHOOL 15
- HAD A PROBLEM WITH DRUGS OR ALCOHOL 16
- BECAME THE FATHER/MOTHER OF A BABY 17
- HAD A HEALTH PROBLEM 18
- OTHER (SPECIFY) _____ 95
- REFUSED 97
- DON'T KNOW 98

POST-CODES:

- OTHER: INCARCERATED/WENT TO JAIL/DETAINED 19
- OTHER: POOR ATTENDANCE/TOO MANY ABSENCES 20
- OTHER: TRANSFERRED TO ALTERNATIVE SCHOOLING
(INCLUDES CONTINUATION SCHOOL, ADULT SCHOOL,
NIGHT SCHOOL, HOME-SCHOOL) 21
- OTHER: JOB CORPS 22
- OTHER: PURSUING A GED 23
- OTHER: HAD A MENTAL HEALTH PROBLEM 24
- OTHER: NO TRANSPORTATION 25
- OTHER: TOO OLD/BECAUSE OF MY AGE 26
- OTHER: RECEIVED DEGREE, COMPLETED COURSE WORK 61
- OTHER: EXPELLED/SUSPENDED 62
- OTHER: GOT MARRIED 63
- OTHER: PREGNANT 64
- OTHER: SCHOOL WAS TOO DANGEROUS 65
- OTHER: POOR GRADES (INCLUDES NOT KEEPING UP
ACADEMICALLY) 66
- OTHER: DID NOT LIKE SCHOOL/TIRED OF SCHOOL 67
- OTHER: OFFERED JOB 68
- OTHER: ENTERED MILITARY 69
- OTHER: FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO
GO 70
- OTHER: CHILD CARE RESPONSIBILITIES 71
- OTHER: HOME RESPONSIBILITIES (INCLUDES FAMILY
RESPONSIBILITIES/PROBLEMS) 72
- OTHER: MOVED AWAY FROM SCHOOL 73
- OTHER: DIDN'T GET ALONG WITH OTHER STUDENTS 74
- OTHER: MY FRIENDS HAD DROPPED OUT OF SCHOOL 75
- OTHER: HAD A PROBLEM WITH DRUGS OR ALCOHOL 76

- OTHER: BECAME THE FATHER/MOTHER OF A BABY 77
- OTHER: HAD A HEALTH PROBLEM (PHYSICAL HEALTH PROBLEM) 78

S4a. **[INTERVIEWER: IF AGE 15-19, FILL IN (high) IN S4a AND (were) IN S5]**

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

- S5. <TARDY> During the school year, how often [have you been/were] you late for school?
- Never (LESS THAN ONCE A MONTH) 1
- Once a month 2
- Once every two weeks (2-3 TIMES A MONTH) 3
- Once a week (4-5 TIMES A MONTH) 4
- Several times a week (2-4 TIMES A WEEK) 5
- Everyday (5 TIMES A WEEK) 6
- REFUSED 7
- DON'T KNOW 8

- S6. <ABSENT> During the school year, how many days were you absent from school?
- NUMBER OF DAYS ABSENT _____
- DON'T KNOW -1
- REFUSED -2

(111) ACADEMIC TRACK

- S7. <MATH> [Have you ever taken/Did you ever take] any classes in algebra, geometry, or other advanced math?
- YES 1
- NO (SKIP TO S8) 2
- REFUSED (SKIP TO S8) 7
- DON'T KNOW (SKIP TO S8) 8

S7a. <TRIGS01- TRIGS08> What subjects are you taking or have you completed in math?
[INTERVIEWER: HAND RESPONDENT CARD. CHECK ALL THAT APPLY]

- ALGEBRA I 1
- GEOMETRY 2
- ALGEBRA II 3
- TRIGONOMETRY 4
- PRE-CALCULUS OR ADVANCED ALGEBRA 5
- CALCULUS 6

- OTHER (SPECIFY): _____ 95
- REFUSED 97
- DON'T KNOW 98
- NO OTHER MENTIONS 0

POST CODES:

- OTHER: PRE-ALGEBRA 7
- OTHER: ADVANCED MATH 8
- OTHER: STATISTICS 9
- OTHER: SAT MATH 10
- OTHER: INTEGRATED MATH 11
- OTHER: ALGEBRA I 61
- OTHER: GEOMETRY 62
- OTHER: ALGEBRA II 63
- OTHER: TRIGONOMETRY 64
- OTHER: PRE-CALCULUS OR ADVANCED ALGEBRA 65
- OTHER: CALCULUS 66

(113) ACADEMIC HONORS/AWARDS

S8. <GPA> Overall, what grades did you receive [last year/the last full year of school you completed]?
[INTERVIEWER: HAND RESPONDENT CARD]

- MOSTLY A'S (90-100) 1
- ABOUT HALF A'S AND HALF B'S (85-89) 2
- MOSTLY B'S (80-84) 3
- ABOUT HALF B'S AND HALF C'S (75-79) 4
- MOSTLY C'S (70-74) 5
- ABOUT HALF C'S AND HALF D'S (65-69) 6
- MOSTLY D'S (60-64) 7
- MOSTLY BELOW D (BELOW 60) 8
- OTHER (SPECIFY) _____ 95
- REFUSED 97
- DON'T KNOW 98

POST CODES:

- OTHER: DO/DID NOT RECEIVE TRADITIONAL GRADES 9
- OTHER: WAS NOT IN SCHOOL LAST YEAR 10
- OTHER: A LITTLE OF EVERYTHING 11

- OTHER: MOSTLY A'S (90-100) 61
- OTHER: ABOUT HALF A'S AND HALF B'S (85-89) 62
- OTHER: MOSTLY B'S (80-84) 63
- OTHER: ABOUT HALF BS AND HALF C'S (75-79) 64
- OTHER: MOSTLY C'S 65
- OTHER: ABOUT HALF C'S AND HALF D'S (65-69) 66
- OTHER: MOSTLY D'S (60-64) 67
- OTHER: MOSTLY BELOW D (BELOW 60) 68

[IF AGE 18-19, SKIP TO S12]

(103) ATTITUDES TOWARDS OWN SCHOOL

S9. Thinking about [your school/when you were last in school], in general, how much do you agree with each of the following statements about your school and teachers?

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	RF	DK
S9a. <ATT1> The teachers [are/were] interested in students. Do you strongly agree, agree, disagree, or strongly disagree?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
S9b. <ATT2> Disruptions by other students [get/got] in the way of my learning.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
S9c. <ATT3> There [is/was] a lot of cheating on tests and assignments.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
S9d. <ATT4> Discipline [is/was] fair.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
S9e. <ATT5> I [feel/felt] safe at this school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(105) ENGAGEMENT/PARTICIPATION IN SCHOOL

S10. Next, I'd like to ask some more questions about school. In general, how true are each of the following statements.

	NOT AT ALL TRUE	NOT VERY TRUE	SORT OF TRUE	VERY TRUE	REFUSED	DON'T KNOW
S10a. <SWRK1> I [work/worked] very hard on my schoolwork. Is this not at all true, not very true, sort of true, or very true of you during the last school year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
S10b. <SWRK2> I [pay/paid] attention in class. Is this not at all true, not very true, sort of true, or very true for you during the last school year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

S11. <HOMWRK> About how much time [do/did] you spend each week on homework outside of school?

NUMBER OF HOURS PER WEEK: _____ (SKIP TO S11b)

DON'T KNOW -1

REFUSED -2

S11a. <HWRKAV> Which of these is closest to the amount of time you usually [spend/spent] on homework outside of school each week? 1-4 hours, 5-9 hours, 10-14 hours, 15-19 hours, or 20 or more hours per week?

1-4 HOURS PER WEEK 1

5-9 HOURS PER WEEK 2

10-14 HOURS PER WEEK 3

15-19 HOURS PER WEEK 4

20 OR MORE HOURS PER WEEK 5

REFUSED 7

DON'T KNOW 8

S11b. <CPLASSG> About how much of your assigned homework [do/did] you usually complete, either during school hours or outside of school—all, three quarters, half, one quarter, or almost none?

ALL 1

THREE QUARTERS 2

HALF 3

ONE QUARTER 4

ALMOST NONE 5

REFUSED 7

DON'T KNOW 8

S12. <ADDREAD> How much additional reading [do/did] you do each week on your own outside of school—not in connection with schoolwork? Do not count any assigned reading.

NUMBER OF HOURS: _____ (SKIP TO S13)

DON'T KNOW -1

REFUSED -2

S12a. <AVGREAD> Which of these is closest to the amount of time you usually [spend/spent] reading on your own outside of school or work each week? 1-4 hours, 5-9 hours, 10-14 hours, 15-19 hours, 20 or more hours per week?

- 1-4 HOURS PER WEEK 1
- 5-9 HOURS PER WEEK 2
- 10-14 HOURS PER WEEK 3
- 15-19 HOURS PER WEEK 4
- 20 OR MORE HOURS PER WEEK 5
- REFUSED 7
- DON'T KNOW 8

(117) COLLEGE/POST-GRADUATION PLANS

S13. <APEXAM> **[IF AGE IS LESS THAN 15, SKIP TO T1]**
(Did you take/Have you taken) any of the Advanced Placement — or AP — exams?
[INTERVIEWER: AP EXAMS ARE USED BY COLLEGES TO GRANT CREDIT AND PLACEMENT, AND ARE ADMINISTERED BY THE COLLEGE BOARD WITH THE EDUCATIONAL TESTING SERVICE]

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

S14. <SATS> Have you ever taken the SAT or ACT test?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

(211) JOB TRAINING HISTORY

[ASK ONLY OF 17-19 YEAR OLDS; IF AGE 12-16, SKIP TO T1]:

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

S15. <TRNPGM> [Other than your regular school, which we've already talked about], since September 2000, have you participated in any training program that lasted at least two weeks, that was designed to help you find a job, improve your job skills, or learn a new job?

- YES 1
- NO (SKIP TO T1) 2
- REFUSED (SKIP TO T1) 7
- DON'T KNOW (SKIP TO T1) 8

S16. <WHTPGMS1 – WHTPGMS5> What kind of training was that? (RECORD VERBATIM)

- COMPUTER TRAINING 1
- GENERAL EQUIVALENCY DIPLOMA (GED) 2
- ENGLISH AS A SECOND LANGUAGE 3
- WORK STUDY PROGRAM 4
- OTHER [SPECIFY] _____ 95
- REFUSED 97
- DON'T KNOW 98
- NO OTHER MENTIONS 0

POST-CODES:

- OTHER: CERTIFICATION FOR NURSE'S AID/ASSISTANT/
MEDICAL TECH/ASSISTANT/PARAMEDIC/HOME HEALTH
AID/HEALTH SERVICES/NUTRITION/CPR/PHARMACY 6
- OTHER: TRAINING TO BE A TEACHER'S ASSISTANT/WORK
IN CHILD CARE/DAYCARE/FOSTER CARE/SOCIAL
SERVICES/HEAD START/BUS ESCORT 7
- OTHER: CONSTRUCTION TRADE SCHOOL/CERTIFICATION/
APPRENTICESHIP/CULINARY ARTS/COSMETOLOGY/
BARBER SCHOOL/MECHANIC OR OTHER INDUSTRY
TRADE LICENSE OR CERTIFICATE 8
- OTHER: TRAINING FOR A SPECIFIC SERVICE JOB
(ADMINISTRATIVE ASSISTANT/AID/TELLER/CLERK/
BOOKKEEPER/MEDICAL BILLING/OFFICE WORK/
CUSTODIAN/WAREHOUSE/SECURITY/MEDICAL
TERMINOLOGY/MINISTRY) 9
- OTHER: GENERAL EDUCATION COURSES (E.G., READING,
MATH, HEALTH)/ADULT EDUCATION 10
- OTHER: MANAGEMENT/BUSINESS/SMALL BUSINESS/
ENTREPRENEURSHIP TRAINING/REAL ESTATE/
INSURANCE AGENT/ACCOUNTING 11
- OTHER: GAIN PROGRAM/WORK/EMPLOYMENT/JOB
READINESS PROGRAM/JOB SEARCH/INTERVIEW SKILLS
TRAINING/RESUME WRITING/JOB TRAINING/JOB CORPS –
GENERAL 12
- OTHER: PARENTING TRAINING/MOM SKILLS 13
- OTHER: EARLY CHILD DEVELOPMENT/CHILD
DEVELOPMENT 14
- OTHER: SELF-SUFFICIENCY/EMPOWERMENT PROGRAM 15
- OTHER: REGULAR SCHOOLING (WOULD INCLUDE
UNIVERSITY (FOUR AND TWO YEAR INSTITUTIONS)/FULL
NURSING SCHOOL OR DEGREE PROGRAM) 61
- OTHER: GENERAL EQUIVALENCY DIPLOMA (GED) 62

- OTHER: ENGLISH AS A SECOND LANGUAGE 63
- OTHER: COMPUTER TRAINING 64
- OTHER: WORK STUDY PROGRAM 65

S17. <TRNWKS> How many weeks in total did you participate in training during the period since September 2000?

- NUMBER OF WEEKS SINCE SEPTEMBER 2000: _____
- DON'T KNOW -1
- REFUSED -2

S18. <TRNHRS> During the weeks you participated in training, how many hours a week did you usually spend in training?

- NUMBER OF HOURS: _____
- DON'T KNOW -1
- REFUSED -2

S18a. <TRNNOW> Are you currently participating in training?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

SECTION T: EMPLOYMENT AND EARNINGS

[THIS SECTION ASKED OF YOUTH 14-19 ONLY; IF AGES 12-13, SKIP TO U1]

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

(201) HOURS WORKED PER WEEK

- T1. <LWKJOB> Last week, did you do any work for pay?
- YES (**SKIP TO T3**) 1
 - NO 2
 - IF VOLUNTEERED, DISABLED (**SKIP TO T13**) 4
 - IF VOLUNTEERED, UNABLE TO WORK (**SKIP TO T13**) 5
 - REFUSED (**SKIP TO T13**) 7
 - DON'T KNOW (**SKIP TO T13**) 8

***** THE QUESTIONS IN SECTION T ARE ONLY ASKED OF YOUTH AGES 14-19, THEREFORE AGE=14-19 IS A PART OF THE BASE IN ALL OF SECTION T.**

- T2. <YNOJOB> What is the main reason that you did not work for pay last week?
- DISABLED 1
 - UNABLE TO WORK 2
 - HAS JOB BUT TEMPORARILY ABSENT (**SKIP TO T3**) 3
 - COULDN'T FIND ANY WORK 4
 - CHILD CARE PROBLEMS 5
 - FAMILY RESPONSIBILITIES 6
 - IN SCHOOL OR OTHER TRAINING 7
 - WAITING FOR A NEW JOB TO BEGIN 8
 - OTHER (SPECIFY): _____ 95
 - REFUSED 97
 - DON'T KNOW 98
- POST-CODES:**
- OTHER: UNEMPLOYED/LAID OFF(EMPLOYER CLOSED DOWN OPERATIONS) 10
 - OTHER: PREGNANT 11
 - OTHER: CARING FOR SICK/DISABLED CHILD/HUSBAND 12
 - OTHER: LACKS NECESSARY EDUCATION/TRAINING/SKILLS 13
 - OTHER: DOING VOLUNTEER/CHARITY WORK 14
 - OTHER: DON'T HAVE A JOB 15
 - OTHER: TOO YOUNG TO WORK 16

- OTHER: CITIZENSHIP ISSUES/NO WORK PERMIT 17
 - OTHER: SEASONAL EMPLOYMENT 18
 - OTHER: TRANSPORTATION ISSUES 19
 - OTHER: FIRED/TERMINATED 20
 - OTHER: LOOKING FOR HOUSING/PROCESS OF MOVING 21
 - OTHER: IN JAIL 22
 - OTHER: DON'T WANT TO LOOK/DON'T WANT TO WORK 23
 - OTHER: QUIT 24
 - OTHER: NO ID 25
 - OTHER: HAS A BABY 26
 - OTHER: RETIRED (FROM HOUSEHOLD) 61
 - OTHER: DISABLED 62
 - OTHER: UNABLE TO WORK (WOULD INCLUDE MEDICAL PROBLEM/HAD SURGERY/SICK) 63
 - OTHER: HAS JOB BUT TEMPORARILY ABSENT (WOULD INCLUDE SICK LEAVE, VACATION, HOLIDAY, MATERNITY LEAVE) 64
 - OTHER: COULDN'T FIND ANY WORK 65
 - OTHER: CHILD CARE PROBLEMS 66
 - OTHER: FAMILY RESPONSIBILITIES (INCLUDES CARING FOR SICK RELATIVE, NOT CHILD OR SPOUSE) 67
 - OTHER: IN SCHOOL, OR OTHER TRAINING 68
 - OTHER: WAITING FOR A NEW JOB TO BEGIN 69
- (SKIP TO T13)**

- T3. <GTONE> Last week, did you have more than one job, including part-time and weekend work?
- YES 1
 - NO 2
 - REFUSED 7
 - DON'T KNOW 8

T4. <JOBHRS> How many hours per week do you usually work at your (main) job? (By main job, we mean the one at which you usually work the most hours.) [INTERVIEWER: IF "REFUSED" OR "DON'T KNOW" IN T3 OR IF MULTIPLE JOBS, FILL IN "MAIN"]

- HOURS EACH WEEK _____ (SKIP TO T5)
- DON'T KNOW -1
- REFUSED -2
- HOURS VARY EACH WEEK -3

T4a. <OVR35> Do you usually work 35 hours or more per week at your main job?

- YES 1
- NO 2
- HOURS VARY 3
- REFUSED 7
- DON'T KNOW 8

(207) JOB TENURE

T5. <JOBMO> <JOBYR> When did you first start working (at your main job)?

Enter Date: Month/Year ___/___/____
MM YYYY

- DON'T KNOW -1
- REFUSED -2

(202) AVERAGE HOURLY EARNINGS

T6. <JOBPER> 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?

- HOURLY 1
- DAILY 2
- WEEKLY 3
- BIWEEKLY (every 2 weeks) 4
- TWICE MONTHLY 5
- MONTHLY 6
- ANNUALLY 7
- PER UNIT (SPECIFY UNIT TYPE)_____ 8
- OTHER: (SPECIFY)_____ 95
- REFUSED (SKIP TO T12) 97
- DON'T KNOW (SKIP TO T12) 98

POST-CODES:

- OTHER: UNIT: COMMISSION PER CLIENT/SALE 9
- OTHER: UNIT: PER RUN/DELIVERY 10
- OTHER: SALARIED 11
- OTHER: HOURLY 61
- OTHER: DAILY 62
- OTHER: WEEKLY 63
- OTHER: BIWEEKLY (EVERY 2 WEEKS) 64
- OTHER: TWICE MONTHLY 65
- OTHER: MONTHLY 66
- OTHER: ANNUALLY 67

- T7. <OVRTME> Do you usually receive overtime pay, tips, or commissions (at your main job)?
- YES 1
 - NO 2
 - REFUSED (SKIP TO T12) 7
 - DON'T KNOW (SKIP TO T12) 8

[INTERVIEWER: IF RATE OF PAY IS HOURLY, SKIP TO T10; IF RATE OF PAY IS PER UNIT, SKIP TO T9b]

- T8. <JOBPAY> (Including overtime pay, tips, and commissions), what are your usual (daily/weekly/biweekly/ monthly/bimonthly/annual) earnings on (this) job, before taxes or other deductions?

Enter dollar amount \$ _____

- DON'T KNOW -1
- REFUSED -2

- T8a. <DYWEEK> (IF RATE OF PAY IS DAILY): How many days a week do you usually work?
- NUMBER OF DAYS _____
- DON'T KNOW -1
 - REFUSED -2

[IF RATE OF PAY IN T6 IS NOT ANNUAL SKIP TO T12]

- T9. <YRWEK> How many weeks a year do you get paid for?
- NUMBER OF WEEKS _____
- DON'T KNOW -1
 - REFUSED -2
- (SKIP TO T12)**

[INTERVIEWER: DEFINE [UNIT] AS UNIT TYPE FROM T6.

T9b. <UNTPAY> (Excluding overtime pay, tips, and commissions) What is your rate of pay per [UNIT] (on this job)?

\$ _____

DON'T KNOW

-1

REFUSED

-2

T9c. <UNTNUM> For how many [UNIT]s are you usually paid per week (on this job/at this rate)?

NUMBER OF UNITS _____

DON'T KNOW

-1

REFUSED

-2

(IF NOT PAID OVERTIME SKIP TO T12)

**T9d, T9e, AND T9f HAVE BEEN INTENTIONALLY OMITTED

T9g. <OTPAY> (At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

\$ _____

DON'T KNOW

-1

REFUSED

-2

T9h. <OTPER> Is that...

Per hour

1

Per day

2

Per week

3

Per month

4

Per year

5

Per [UNIT]

6

OTHER: (SPECIFY) _____

95

REFUSED

97

DON'T KNOW

98

T9i. **[INTERVIEWER: IF OVERTIME RATE OF PAY IS HOUR, WEEK, MONTH, YEAR, OTHER, OR UNKNOWN (T9h=1,3-5,7-98), SKIP TO T9k. If RATE OF PAY IS DAY (T9h=2), THEN UNIT=DAY]**

T9j. <OUNIT> For how many [UNIT]s are you usually paid per week at this rate?
NUMBER OF UNITS _____
DON'T KNOW -.1
REFUSED -.2

T9k. **[INTERVIEWER: IF OVERTIME RATE OF PAY IS DAY, WEEK, MONTH, YEAR, UNIT, OTHER, OR UNKNOWN (T9h=2-98), SKIP TO T12]**
<OTHR>How many hours do you usually work per week at this rate?
_____ HOURS PER WEEK
DON'T KNOW -.1
REFUSED -.2
(SKIP TO T12)

T10. **[INTERVIEWER: IF HOURLY AND OVERTIME, PAY, TIPS, AND COMMISSIONS, SKIP TO T11a.]**

T10a. <HRPAY> What is your hourly rate of pay (on this job)?
\$ _____
DON'T KNOW -.1
REFUSED -.2
(SKIP TO T12)

NOTE: T10a and T11a ARE ONE VARIABLE IN THE DATA CALLED <HRPAY>.

T11a. <HRPAY> (QUESTION IF PAID PER HOUR + OVERTIME — IS A DYNAMIC TEXT SUBSTITUTION IN CAPI) Excluding overtime pay, tips and commissions what is your hourly rate of pay (on this job)?
\$ _____
DON'T KNOW -.1
REFUSED -.2

T11b. <RGHRS> How many hours do you usually work per week at this rate?
_____ HOURS PER WEEK
DON'T KNOW -.1
REFUSED -.2

T11c. <OTHRPY> (At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?
\$ _____
DON'T KNOW **(SKIP TO T12)** -.1
REFUSED **(SKIP TO T12)** -.2

T11d. <OTHRPER> Is that...

- PER HOUR 1
- PER DAY 2
- PER WEEK 3
- PER MONTH 4
- PER YEAR 5
- PER [UNIT] 6
- OTHER: (SPECIFY)_____ 95
- REFUSED 97
- DON'T KNOW 98

POST-CODES:

- OTHER: PER UNIT (SPECIFY) 6
- OTHER: BIWEEKLY 7
- OTHER: TWICE MONTHLY 8
- OTHER: PER HOUR 61
- OTHER: PER DAY 62
- OTHER: PER WEEK 63
- OTHER: PER MONTH 64
- OTHER: PER YEAR 65
- OTHER 95
- REFUSED 97
- DON'T KNOW 98

T11dl. <OTHR2> [INTERVIEWER: IF OVERTIME RATE OF PAY IS WEEK, MONTH, YEAR, OTHER OR UNKNOWN SKIP TO T12. IF RATE OF PAY IS DAY (OTHRPER=2) THEN UNIT=DAY.}]

For how many [UNIT/DAY/HOUR]s are you usually paid per week at this rate?

- NUMBER OF UNITS/DAYS/HOURS:_____
- DON'T KNOW -1
- REFUSED -2

(208) SOCIAL NETWORKS & JOBS

[ASKED ABOUT MAIN CURRENT JOB]

T12. <FOUNJB> 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? CHECK ONE

- A FRIEND, RELATIVE, OR ACQUAINTANCE 1
- THE NEWSPAPER 2
- A SCHOOL EMPLOYMENT SERVICE 3
- A GOVERNMENT EMPLOYMENT AGENCY 4
- A PRIVATE EMPLOYMENT AGENCY 5
- CHECKING DIRECTLY WITH EMPLOYER 6
- A REFERRAL FROM A JOB TRAINING PROGRAM 7
- A COMPUTER SEARCH 8
- OTHER (SPECIFY) _____ 95
- REFUSED 97
- DON'T KNOW 98

POST-CODES:

- OTHER: SOCIAL SERVICES/WELFARE/WELFARE TO WORK (WITHOUT EXPLICIT MENTION OF GAIN PROGRAM)/SECTION 8 PROGRAM/HOUSING 11
- OTHER: REFERRAL FROM ANOTHER JOB/PREVIOUS EMPLOYER 12
- OTHER: PREVIOUS CONTACT AS VOLUNTEER/TEMP/INTERNSHIP 13
- OTHER: PROFESSIONAL PUBLICATION OR REGISTRY 14
- OTHER: SELF-EMPLOYED 15
- OTHER: JOB FAIR 16
- OTHER: FROM A FLYER/BULLETIN BOARD 17
- OTHER: FRIEND, RELATIVE OR ACQUAINTANCE 61
- OTHER: A GOVERNMENT EMPLOYMENT AGENCY 62
- OTHER: A PRIVATE EMPLOYMENT AGENCY 63
- OTHER: CHECKING DIRECTLY WITH MY EMPLOYER (WOULD INCLUDE WALKED IN AND APPLIED/JUST WALKED IN) 64
- OTHER: REFERRAL FROM A JOB TRAINING PROGRAM (WOULD INCLUDE GAIN PROGRAM) 65
- OTHER: THE NEWS PAPER 66
- OTHER: A SCHOOL EMPLOYMENT SERVICE 67
- OTHER: A COMPUTER SEARCH 68

- OTHER: CHURCH 69
- OTHER: COMMUNITY CENTER 70
- (SKIP TO T17)**

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

T13. <LUK4WK> [IF AGE 14-16, SKIP TO T17]

Have you been doing anything to find work during the past four weeks?

- YES 1
- NO (SKIP TO T15) 2
- DISABLED (SKIP TO T15) 3
- UNABLE TO WORK (SKIP TO T15) 4
- REFUSED (SKIP TO T15) 7
- DON'T KNOW (SKIP TO T15) 8

T14. <FINWKS01-FINWKS10> What are all the things you have done to find work during the past four weeks? [CHECK ALL THAT APPLY]

- CONTACTED EMPLOYER(S) 1
- CONTACTED PUBLIC EMPLOYMENT AGENCY PROGRAMS/COURSES 2
- CONTACTED PRIVATE EMPLOYMENT AGENCY 3
- CONTACTED FRIENDS OR RELATIVES 4
- INTERVIEWED FOR A JOB 5
- CONTACTED SCHOOL/UNIVERSITY EMPLOYER CENTER 6
- SENT OUT RESUMES/FILLED OUT APPLICATIONS 7
- CHECKED UNION/PROFESSIONAL REGISTERS 8
- PLACED OR ANSWERED ADS 9
- LOOKED AT ADS 10
- ATTENDED JOB TRAINING 11
- NOTHING 94
- OTHER (SPECIFY) _____ 95
- REFUSED 97
- DON'T KNOW 98

POST-CODES:

- OTHER: LOOKED ON INTERNET/WENT ON-LINE 12
- OTHER: JOB FAIR 13
- OTHER: CONTACTED EMPLOYER(S) 61

- OTHER: CONTACTED PUBLIC EMPLOYMENT AGENCY PROGRAMS/COURSES 62
- OTHER: CONTACTED PRIVATE EMPLOYMENT AGENCY 63
- OTHER: CONTACTED FRIENDS OR RELATIVES 64
- OTHER: INTERVIEWED FOR A JOB 65
- OTHER: CONTACTED SCHOOL/UNIVERSITY EMPLOYER CENTER 66
- OTHER: SENT OUT RESUMES/FILLED OUT APPLICATIONS 67
- OTHER: CHECKED UNION/PROFESSIONAL REGISTERS 68
- OTHER: PLACED OR ANSWERED ADS 69
- OTHER: LOOKED AT ADS 70
- OTHER: ATTENDED JOB TRAINING 71
- NOTHING 94
- T15. <KUDBGN> Last week, could you have started a job if one had been offered?
- YES (**SKIP TO T17**) 1
- NO 2
- REFUSED (**SKIP TO T17**) 7
- DON'T KNOW (**SKIP TO T17**) 8
- T16. <YNOSTR> Why is that?
- WAITING FOR NEW JOB TO BEGIN 1
- OWN TEMPORARY ILLNESS 2
- GOING TO SCHOOL 3
- OTHER (SPECIFY)_____ 95
- REFUSED 97
- POST CODES:**
- OTHER: CHILDCARE RESPONSIBILITIES 4
- OTHER: FAMILY RESPONSIBILITIES/CARING FOR SICK CHILD/RELATIVE 5
- OTHER: DISABLED 6
- OTHER: TRANSPORTATION ISSUES 7
- OTHER: LOOKING FOR/NEEDS HOUSING/PROCESS OF MOVING 8
- OTHER: PREGNANT/HAVING A BABY 9
- OTHER: WAITING FOR NEW JOB TO BEGIN 61
- OTHER: TEMPORARY ILLNESS 62
- OTHER: GOING TO SCHOOL 63

(210) EMPLOYMENT HISTORY

[ASK OF ALL YOUTH AGES 14-19]

T17. <SPTWRK> Now I am going to ask you about any other paid employment you have had since September 2000 (other than the job we just discussed). This should include any paid employment you have now. Please tell me about any work you have had as an employee, that is, work you had in an ongoing relationship with a particular employer. For example, working in a supermarket or restaurant would be work as an employee.

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

- YES 1
- NO (SKIP TO T19) 2
- REFUSED (SKIP TO T19) 7
- DON'T KNOW (SKIP TO T19) 8

For each employer you have had since September 2000, please tell us...

T18a. <EMP01-EMP08> What kind of work did you usually do for this employer? **[INTERVIEWER: RECORD TYPE OF WORK AND EMPLOYER NAME FOR EACH JOB. IF RESPONDENT WORKS FOR A TEMPORARY AGENCY, REFER TO THAT AS 1 JOB. DO NOT COLLECT INFORMATION ABOUT EACH ASSIGNMENT]** Any more work as an employee since September 2000?

- | | RF | DK | UNRETRIEVABLE |
|---------------------|-----------------------------|-----------------------------|-----------------------------|
| TYPE OF WORK: _____ | <input type="checkbox"/> 97 | <input type="checkbox"/> 98 | <input type="checkbox"/> 99 |
| TYPE OF WORK: _____ | <input type="checkbox"/> 97 | <input type="checkbox"/> 98 | <input type="checkbox"/> 99 |
| TYPE OF WORK: _____ | <input type="checkbox"/> 97 | <input type="checkbox"/> 98 | <input type="checkbox"/> 99 |

<JNAM01-JNAM08> What is your employer's name?

- | | RF | DK | UNRETRIEVABLE |
|-------------------|-----------------------------|-----------------------------|-----------------------------|
| EMPLOYER 1: _____ | <input type="checkbox"/> 97 | <input type="checkbox"/> 98 | <input type="checkbox"/> 99 |
| EMPLOYER 2: _____ | <input type="checkbox"/> 97 | <input type="checkbox"/> 98 | <input type="checkbox"/> 99 |
| EMPLOYER 3: _____ | <input type="checkbox"/> 97 | <input type="checkbox"/> 98 | <input type="checkbox"/> 99 |

<MOJB01-MOJB08> Any more work as an employee since September 2000?

- YES (SKIP TO T18a) 1
 NO (SKIP TO T18b) 2
 REFUSED (SKIP TO T18b) 7
 DON'T KNOW (SKIP TO T18b) 8

[INTERVIEWER: REPEAT T18b-f FOR EACH EMPLOYER IN T18a. USE SUPPLEMENTAL GRIDS AS NECESSARY]

	EMPLOYER #1	EMPLOYER #2	EMPLOYER #3
T18b. <BGMO01-07> <BGYR01-07> Let's talk about [EMPLOYER – TYPE OF WORK] When did you first start working for this employer?	_____ / _____ MNTH YEAR DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2	_____ / _____ MNTH YEAR DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2	_____ / _____ MNTH YEAR DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2
T18c. <STIL01-07> Are you currently working for this employer?	<input type="checkbox"/> 1 YES (SKIP TO T18e) <input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES (SKIP TO T18e) <input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 YES (SKIP TO T18e) <input type="checkbox"/> 2 NO
T18d. <GOMO01-07> <GOYO01-07> When did you last stop working for this employer?	_____ / _____ MNTH YEAR DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2	_____ / _____ MNTH YEAR DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2	_____ / _____ MNTH YEAR DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2
T18e. <WKPY 01-07> How much (do/did) you usually earn per week from this employer?	\$ _____ PER WEEK DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2	\$ _____ PER WEEK DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2	\$ _____ PER WEEK DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2
T18f. <HORA01-07> How many hours per week (do/did) you usually work for this employer?	_____ HOURS PER WEEK DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2	_____ HOURS PER WEEK DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2	_____ HOURS PER WEEK DON'T KNOW <input type="checkbox"/> -1 REFUSED <input type="checkbox"/> -2

T19. <FRELANZ> During the past month have you worked as a freelancer — doing things like babysitting or mowing lawns — or worked by yourself, for example, running your own business?

- YES 1
 NO (SKIP TO U1) 2
 REFUSED (SKIP TO U1) 7
 DON'T KNOW (SKIP TO U1) 8

T19a. <HRLANZ> In the last month, how many hours did you do this type of work?

NUMBER OF HOURS PER MONTH: _____

- DON'T KNOW -1
 REFUSED -2

T19b. <PYLANZ> In the past month, approximately how much did you earn doing this type of work?

AMOUNT EARNED IN THE PAST MONTH \$ _____

DON'T KNOW

.1

REFUSED

.2

SECTION U: RISKY BEHAVIOR

This next set of questions asks about things that some people do. Remember, all of your answers will be confidential, which means that no one who knows you will find out your answers. No one except our research staff will ever see your answers. Your answers can never be seen by the police, the courts, your family, or anyone else. If you would be more comfortable reading and answering these questions yourself, please let me know.

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

- U1. <CIGS> First I would like to ask you about smoking habits. Have you ever smoked a cigarette?
- YES 1
- NO (SKIP TO U4) 2
- REFUSED (SKIP TO U4) 7
- DON'T KNOW (SKIP TO U4) 8
- U2. <CIG30> During the past 30 days, on how many days did you smoke a cigarette?
- NUMBER OF DAYS SMOKED CIGARETTES _____ (IF 0, SKIP TO U4)
- DON'T KNOW (SKIP TO U4) -1
- REFUSED (SKIP TO U4) -2
- U3. <CIGDAY> When you smoked a cigarette during the past 30 days, how many cigarettes did you usually smoke each day? (A PACK CONTAINS 20 CIGARETTES)
- NUMBER OF CIGARETTES EACH DAY _____
- DON'T KNOW -1
- REFUSED -2
- U4. <LIQR> Next I would like to ask you some questions about drinking alcoholic beverages, including beer, wine, or liquor. Have you ever had a drink of alcoholic beverage? By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of liquor. Do not include childhood sips that you might have had from an older person's drink.
- YES 1
- NO (SKIP TO U9) 2
- REFUSED (SKIP TO U9) 7
- DON'T KNOW (SKIP TO U9) 8
- U5. <LIQR30> During the past 30 days, on how many days did you have one or more drinks of an alcoholic beverage?
- NUMBER OF DAYS DRANK ALCOHOL _____ (IF 0, SKIP TO U9)
- DON'T KNOW (SKIP TO U9) -1
- REFUSED (SKIP TO U9) -2

- U6. <LIQRDY> In the last 30 days, on the days that you drank alcohol, about how many drinks did you usually have?
 NUMBER OF ALCOHOLIC BEVERAGES PER DAY _____
 DON'T KNOW -.1
 REFUSED -.2
- U7. <LIQR5X> On how many days did you have 5 or more drinks on the same occasion during the past 30 days? By occasion, we mean at the same time or within hours of each other.
 NUMBER OF DAYS HAD 5+ ALCOHOLIC BEVERAGES _____
 DON'T KNOW -.1
 REFUSED -.2
- U8. <LIQRB4> In the last 30 days, how many days have you had something alcoholic to drink, such as beer, wine or hard liquor right before or during school or work hours?
 NUMBER OF DAYS DRANK BEFORE OR DURING SCHOOL/WORK _____
 DON'T KNOW -.1
 REFUSED -.2

(302) CURRENT USE OF MARIJUANA OR OTHER DRUGS

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

- U9. <POTUSE> Have you ever used marijuana — that is grass or pot — in your lifetime?
 YES 1
 NO (SKIP TO U12) 2
 REFUSED (SKIP TO U12) 7
 DON'T KNOW (SKIP TO U12) 8
- U10. <POT30> On how many days have you used marijuana in the last 30 days?
 NUMBER OF DAYS USED MARIJUANA _____ (IF 0, SKIP TO U12)
 DON'T KNOW (SKIP TO U12) -.1
 REFUSED (SKIP TO U12) -.2
- U11. <POTB4> In the last 30 days, how many times have you used marijuana right before or during school or work hours?
 NUMBER OF DAYS USED MARIJUANA BEFORE OR DURING SCHOOL/WORK _____
 DON'T KNOW -.1
 REFUSED -.2

- U12. <ODRUG> Excluding marijuana and alcohol, have you ever used any other drugs like cocaine or crack or heroin, or any other substance not prescribed for you by a doctor, in order to get high or to achieve an altered state?
- YES 1
- NO (SKIP TO U14) 2
- REFUSED (SKIP TO U14) 7
- DON'T KNOW (SKIP TO U14) 8
- U13. <DRUG12> During the past 12 months, how many times have you used any of these drugs or other substances?
- NUMBER OF TIMES TOOK DRUGS (EXCLUDING MARIJUANA AND ALCOHOL) _____
- DON'T KNOW -1
- REFUSED -2
- U14. <SOLDIT> Have you ever sold or helped sell marijuana, hashish or other drugs such as heroin, cocaine, or LSD?
- YES 1
- NO (SKIP TO U16) 2
- REFUSED (SKIP TO U16) 7
- DON'T KNOW (SKIP TO U16) 8
- U15. <SOLD12> During the past 12 months, how many times have you sold or helped sell marijuana, hashish, or other hard drugs?
- NUMBER OF TIMES SOLD DRUGS _____
- DON'T KNOW -1
- REFUSED -2

(303) FIGHTING/VIOLENCE IN THE PAST 12 MONTHS
(304) CARRY A GUN OR KNIFE IN THE PAST 12 MONTHS
(306) DAMAGE OR DESTROY PROPERTY IN THE PAST 12 MONTHS
(307) STOLEN SOMETHING IN THE PAST 12 MONTHS
(308) ARRESTS IN THE PAST 12 MONTHS
(1001) LEVEL OF CRIME AND VIOLENCE

U16. The next few questions are about fighting, violence, and gangs. Again, remember all your responses are confidential.

	YES	NO	RF	DK		How many times has this happened in the past 12 months?
U16a. <DSTRY> <DSTRYX> Have you ever purposefully damaged or destroyed property that did not belong to you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes ^	_____
U16b. <STOLE> <STOLEX> Have you ever stolen something from a store or something that didn't belong to you worth less than \$50?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes ^	_____
U16c. <THFT> <THFTX> Have you ever stolen something from a store, person, or house, or something that did not belong to you worth \$50 or more, including stealing a car?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes ^	_____
U16d. <FNZN> <FNZNX> Have you ever committed other property crimes such as fencing, receiving, possessing or selling stolen property, or cheated someone by selling them something that was worthless or worth much less than what you said it was?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes ^	_____
U16e. <ATAK> <ATAKX> Have you ever attacked someone with the idea of seriously hurting them, or have had a situation end up in a serious fight or assault of some kind?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes ^	_____
U16f. <ARST> <ARSTX> Have you ever been arrested by the police or taken into custody for an illegal or delinquent offense? Do not include minor traffic violations.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes ^	_____

U17. <GUN> Have you ever carried a hand gun? When we say hand gun, we mean any firearm other than a rifle or shotgun.

YES	<input type="checkbox"/> 1
NO (SKIP TO U19)	<input type="checkbox"/> 2
REFUSED (SKIP TO U19)	<input type="checkbox"/> 7
DON'T KNOW (SKIP TO U19)	<input type="checkbox"/> 8

- U18. <GUNX> How many times have you carried a hand gun in the past 12 months?
 NUMBER OF TIMES: _____ (SKIP TO U19)
 DON'T KNOW .1
 REFUSED (SKIP TO U19) .2
- U18a. <CARRY> Which category best describes the number of times you've carried a hand gun in the last 12 months?
 Never 1
 Once 2
 2 or 3 times 3
 4 to 10 times 4
 More than 10 times 5
 REFUSED 7
 DON'T KNOW 8

(305) GANG PARTICIPATION

- U19. <GANGS> Are there any gangs in your neighborhood or where you go to school? **[IF NEEDED: BY GANGS, WE MEAN A GROUP THAT HANGS OUT TOGETHER, WEARS GANG COLORS OR CLOTHES, HAS SET CLEAR BOUNDARIES OF ITS TERRITORY OR TURF, PROTECTS ITS MEMBERS AND TURF AGAINST OTHER RIVAL GANGS THROUGH FIGHTING OR THREATS]**
 YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8
- U20. <SBLGNG> Do any of your brothers, sisters, cousins, or friends belong to a gang?
 YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8
- U21. <NGANG> Have you ever belonged to a gang?
 YES 1
 NO (SKIP TO U22) 2
 REFUSED (SKIP TO U22) 7
 DON'T KNOW (SKIP TO U22) 8

- U21a. <GANG12> In the past 12 months, have you been a member of a gang?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

(309) EVER/FIRST/CURRENT SEXUAL ACTIVITY

The next few questions are about sexual activity. Please remember that your answers will remain confidential and will ONLY be seen by our research staff.

- U22. <HDSEX> Have you ever had sexual intercourse, that is, made love, had sex, or gone all the way?
- YES 1
- NO (SKIP TO V1) 2
- REFUSED (SKIP TO V1) 7
- DON'T KNOW (SKIP TO V1) 8

- U23. <LOSTIT> How old were you when you had sexual intercourse for the first time?
- AGE: _____ YEARS
- DON'T KNOW -1
- REFUSED -2

- U24. <MATE12> How many partners have you had sexual intercourse with in the past 12 months — that is since this time last year?
- NUMBER OF PARTNERS PAST YEAR _____
- DON'T KNOW -1
- REFUSED -2

- U25. <HAT> The last time you had sexual intercourse, did you or your partner use a condom?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

- U26. <DPILL> The last time you had sexual intercourse, did you or your partner use any other method to prevent pregnancy?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

[FEMALES ONLY, ALL MALES SKIP TO U31]:

U27. <PRGNT> Have you ever been pregnant? Consider all pregnancies, even if no child was born.

- YES 1
- NO (SKIP TO V1) 2
- REFUSED (SKIP TO V1) 7
- DON'T KNOW (SKIP TO V1) 8

U28. <WBABY> Are you pregnant now?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

U29. <PRGNTX> (Not counting a current pregnancy) How many times have you been pregnant? Please include pregnancies that did not result in live births.

- NUMBER OF TIMES _____
- DON'T KNOW -1
- REFUSED -2

U30. <BRTH> Now we would like to ask about the outcomes of your previous pregnancies. How many of your pregnancies have resulted in children born alive to you?

- NUMBER OF PREGNANCIES WITH LIVE BIRTHS _____
- (IF 0 SKIP TO V1, OTHERWISE SKIP TO U34)
- DON'T KNOW (SKIP TO V1) -1
- REFUSED (SKIP TO V1) -2

[IF MALE, CONTINUE]:

U31. <FTHRD> Have you ever gotten someone pregnant?

- YES 1
- NO (SKIP TO V1) 2
- REFUSED (SKIP TO V1) 7
- DON'T KNOW (SKIP TO V1) 8

U31a. <FTHR> How many times have you gotten someone pregnant?

- NUMBER OF TIMES _____ (IF 0, SKIP TO V1)
- DON'T KNOW -1
- REFUSED -2

- U32. <DADNOW> Is someone pregnant with your child now?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8
- U33. <KIDX> How many children have you ever fathered? Please only count live births and do not count current pregnancy.
- NUMBER OF CHILDREN _____
- DON'T KNOW -1
- REFUSED -2
- U34. <WELFRE> 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 will use the word "welfare." Are you or your (child/children) regularly receiving welfare benefits now?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

SECTION V: HEALTH

(205) GENERAL HEALTH STATUS

- V1. <HLTH> Now I'd like to ask you some questions about your health. In general, how is your health: excellent, very good, good, fair, or poor?
- | | | |
|------------|--------------------------|---|
| EXCELLENT | <input type="checkbox"/> | 1 |
| VERY GOOD | <input type="checkbox"/> | 2 |
| GOOD | <input type="checkbox"/> | 3 |
| FAIR | <input type="checkbox"/> | 4 |
| POOR | <input type="checkbox"/> | 5 |
| REFUSED | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |

(205) ASTHMA

- V2. <ASMA> Have you ever been told by a doctor or other health professional that you had asthma?
- | | | |
|-------------------------|--------------------------|---|
| YES | <input type="checkbox"/> | 1 |
| NO (SKIP TO V4) | <input type="checkbox"/> | 2 |
| REFUSED (SKIP TO V4) | <input type="checkbox"/> | 7 |
| DON'T KNOW (SKIP TO V4) | <input type="checkbox"/> | 8 |

- V3. <ASMA12> During the past 12 months, have you had an episode of asthma or an asthma attack?
- | | | |
|------------|--------------------------|---|
| YES | <input type="checkbox"/> | 1 |
| NO | <input type="checkbox"/> | 2 |
| REFUSED | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |

- V3a. <NHALR> During the past three months, have you used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.
- | | | |
|------------|--------------------------|---|
| YES | <input type="checkbox"/> | 1 |
| NO | <input type="checkbox"/> | 2 |
| REFUSED | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |

- V4. <WHZ12> During the past 12 months, have you had a wheezing or whistling sound in your chest?
- | | | |
|--------------------------|--------------------------|---|
| YES | <input type="checkbox"/> | 1 |
| NO (SKIP TO V13) | <input type="checkbox"/> | 2 |
| REFUSED (SKIP TO V13) | <input type="checkbox"/> | 7 |
| DON'T KNOW (SKIP TO V13) | <input type="checkbox"/> | 8 |

- V5. <WHZX> How many attacks of wheezing or whistling have you had in your chest during the past 12 months?
 NUMBER OF ATTACKS _____
- DON'T KNOW -1
- REFUSED -2
- V6. <UPWHZN> During the past 12 months, has your sleep been disturbed due to wheezing or whistling?
- YES 1
- NO (SKIP TO V8) 2
- REFUSED (SKIP TO V8) 7
- DON'T KNOW (SKIP TO V8) 8
- V7. <AVGWHZ> During the past 12 months, how often on average has your sleep been disturbed due to wheezing or whistling?
- Less than once per week 1
- Once per week 2
- More than once per week 3
- REFUSED 7
- DON'T KNOW 8
- V8. <CHESTED> During the past 12 months, has your chest sounded wheezy during or after exercise or physical activity?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8
- V9. <LIMSPK> During the past 12 months, has the wheezing ever been severe enough to limit your speech to only 1 or 2 words at a time between breaths?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8
- V10. <WHZDR> During the past 12 months, how many times have you gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?
 NUMBER OF TIMES _____
- DON'T KNOW -1
- REFUSED -2

- V11. <LMTACT> During the past 12 months, how much did you limit your usual activities due to wheezing or whistling? Would you say...
- | | | |
|-------------------|--------------------------|---|
| Not at all | <input type="checkbox"/> | 1 |
| A little | <input type="checkbox"/> | 2 |
| A fair amount | <input type="checkbox"/> | 3 |
| A moderate amount | <input type="checkbox"/> | 4 |
| A lot | <input type="checkbox"/> | 5 |
| REFUSED | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |

- V12. <MIZDY> During the past 12 months, how many days of work and school did you miss due to wheezing or whistling?
- NUMBER OF DAYS MISSED SCHOOL/WORK _____ (SKIP TO V13)
- | | | |
|-----------------------|--------------------------|----|
| DON'T KNOW | <input type="checkbox"/> | -1 |
| REFUSED (SKIP TO V13) | <input type="checkbox"/> | -2 |

- V12a. <MIZAVG> [INTERVIEWER: PROBE] Is that ...
- | | | |
|-----------------|--------------------------|---|
| Zero days | <input type="checkbox"/> | 1 |
| 1-7 days | <input type="checkbox"/> | 2 |
| 8-30 days | <input type="checkbox"/> | 3 |
| 31 days or more | <input type="checkbox"/> | 4 |
| REFUSED | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |

(406) HEIGHT/WEIGHT

- V13. <FEET><INCHS> What is your height in feet and inches?
- _____ feet _____ inches
- | | | |
|------------|--------------------------|----|
| DON'T KNOW | <input type="checkbox"/> | -1 |
| REFUSED | <input type="checkbox"/> | -2 |

- V14. <WEIGH> What is your weight?
- _____ pounds
- | | | |
|------------|--------------------------|----|
| DON'T KNOW | <input type="checkbox"/> | -1 |
| REFUSED | <input type="checkbox"/> | -2 |

- V15. <MEDATT> In the past 12 months, have you had any accidents or injuries that required medical attention?
- YES 1
- NO (SKIP TO V18) 2
- REFUSED (SKIP TO V18) 7
- DON'T KNOW (SKIP TO V18) 8

- V16. <INJRX> How many such accidents or injuries requiring medical attention have you had in the past 12 months?
- NUMBER OF ACCIDENTS/INJURIES: _____
- DON'T KNOW (SKIP TO V18) -1
- REFUSED (SKIP TO V18) -2

[ASK V17 FOR EACH OF UP TO 4 ACCIDENTS/INJURIES]

[INTERVIEWER: IF ONLY ONE ACCIDENT FILL IN "THAT" IN QUESTION V17.]

- V17. <INJUR1 – INJUR4> What was the cause of [that/the first/the second/etc.] accident or injury requiring medical attention? [INTERVIEWER: REPEAT FOR UP TO 4 INJURIES. IF NECESSARY, PROBE] How did it happen?

	1 st Accident/ Injury	2 nd Accident/ Injury	3 rd Accident/ Injury	4 th Accident/ Injury
CYCLING OR SKATING	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
OTHER SPORTS-RELATED (E.G. BASKETBALL, FOOTBALL, VOLLEYBALL, CHEERLEADING)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
OTHER KIDS INCLUDING FIGHTS	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
OTHER FALLS	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
EXTERNAL FACTOR (BROKEN GLASS, NEEDLE, NAIL, CAR)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
OTHER (SPECIFY) _____	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98

POST-CODES:

- OTHER: PRE-EXISTING MEDICAL CONDITION (ASTHMA, METABOLIC DISORDER, SEIZURES, ETC.) 6
- OTHER: AN INTENDED ACT (E.G., PLACE ERASER OR BEAD IN EAR, PUNCHED WALL) 7
- OTHER: OTHER KIDS INCLUDING MORE SERIOUS FIGHTING, LIKE ATTACKING AND FIGHTING WITH WEAPONS, IE GUNS, KNIVES, BATS, ETC. 8
- OTHER: CYCLING OR SKATING 61
- OTHER: OTHER SPORTS-RELATED (E.G., BASKETBALL, FOOTBALL, VOLLEYBALL, CHEERLEADING, WEIGHTLIFTING INJURIES) 62

OTHER: OTHER KIDS INCLUDING FIGHTS (WOULD INCLUDE ANY GENERAL MENTION OF PLAYING [WITH] CHILDREN AND REGULAR FIGHTS AMONG KIDS THAT DO NOT INVOLVE ANY WEAPONS) 63

OTHER: OTHER FALLS (WOULD INCLUDE WALKING/RUNNING INTO WALL OR OBJECT) 64

OTHER: EXTERNAL FACTOR (BROKEN GLASS, NEEDLE, NAIL, CAR, ELEVATOR, DOOR, HAIR DRYER, DOG) 65

(409) ACCIDENTS/ INJURIES

V18. <NOATT> (Other than [that/those] already mentioned) have you had any serious accident or injury during the past 12 months which limited your usual activities but did not require medical attention?

- YES 1
- NO (SKIP TO V21) 2
- REFUSED (SKIP TO V21) 7
- DON'T KNOW (SKIP TO V21) 8

V19. <NODRX> How many of these accidents or injuries did you have during the past 12 months? Remember, these are ones that did not require medical attention but did limit your usual activities.

NUMBER OF ACCIDENTS/INJURIES _____

- DON'T KNOW (SKIP TO V21) .1
- REFUSED (SKIP TO V21) .2

[ASK V20 FOR EACH OF UP TO 4 ACCIDENTS/INJURIES IN V19]

[INTERVIEWER: IF ONLY ONE ACCIDENT FILL IN "THAT" IN QUESTION V20]

V20. <HIT1 – HIT4> What was the cause of [that/the first/the second/etc.] accident or injury not requiring medical attention? **[INTERVIEWER: REPEAT FOR UP TO 4 INJURIES. IF NECESSARY, PROBE]** How did it happen?

	1 st Accident/ Injury	2 nd Accident/ Injury	3 rd Accident/ Injury	4 th Accident/ Injury
CYCLING OR SKATING	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
OTHER SPORTS-RELATED (E.G. BASKETBALL, FOOTBALL, VOLLEYBALL, CHEERLEADING)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
OTHER KIDS INCLUDING FIGHTS	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
OTHER FALLS	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
EXTERNAL FACTOR (BROKEN GLASS, NEEDLE, NAIL, CAR)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
OTHER (SPECIFY)	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
<hr/>				
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98

POST-CODES:

OTHER: PRE-EXISTING MEDICAL CONDITION (ASTHMA, METABOLIC DISORDER, SEIZURES, ETC.)	<input type="checkbox"/> 6
OTHER: AN INTENDED ACT (E.G., PLACE ERASER OR BEAD IN EAR, PUNCHED WALL)	<input type="checkbox"/> 7
OTHER: OTHER KIDS INCLUDING MORE SERIOUS FIGHTING, LIKE ATTACKING AND FIGHTING WITH WEAPONS, IE GUNS, KNIVES, BATS, ETC.	<input type="checkbox"/> 8
OTHER: CYCLING OR SKATING	<input type="checkbox"/> 61
OTHER: OTHER SPORTS-RELATED (E.G., BASKETBALL, FOOTBALL, VOLLEYBALL, CHEERLEADING, WEIGHTLIFTING INJURIES)	<input type="checkbox"/> 62
OTHER: OTHER KIDS INCLUDING FIGHTS (WOULD INCLUDE ANY GENERAL MENTION OF PLAYING [WITH] CHILDREN AND REGULAR FIGHTS AMONG KIDS THAT DO NOT INVOLVE ANY WEAPONS)	<input type="checkbox"/> 63
OTHER: OTHER FALLS (WOULD INCLUDE WALKING/RUNNING INTO WALL OR OBJECT)	<input type="checkbox"/> 64
OTHER: EXTERNAL FACTOR (BROKEN GLASS, NEEDLE, NAIL, CAR, ELEVATOR, DOOR, HAIR DRYER, DOG)	<input type="checkbox"/> 65

(420) EXERCISE

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

V21. <AROBIC> On how many of the past seven days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming, fast bicycling, fast dancing, or similar aerobic activities.

NUMBER OF DAYS: _____

DON'T KNOW

-1

REFUSED

-2

V22. <NOSWET> On how many of the past seven days did you participate in physical activity for at least 30 minutes that did not make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

NUMBER OF DAYS: _____

DON'T KNOW

-1

REFUSED

-2

NUTRITION

V23. <VEGIE> In a typical week, how many days do you eat at least some green vegetables or fruit?

NUMBER OF DAYS PER WEEK: _____

DON'T KNOW

-1

REFUSED

-2

SECTION W: NEIGHBORHOOD AND SOCIAL NETWORKS

W0. <LIVHH> [INTERVIEWER: DOES YOUTH LIVE IN A HOUSEHOLD, GROUP SHELTER, DORM OR BARRACKS, OR HOSPITAL?]

- YES 1
- NO (SKIP TO W2) 2
- REFUSED (SKIP TO W2) 7
- DON'T KNOW (SKIP TO W2) 8

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

(703) CURRENT NEIGHBORHOOD SATISFACTION

W1. <HUDSAT> Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are... [IF NEEDED: BY NEIGHBORHOOD, WE MEAN THIS PLACE AND THE AREA AROUND IT]

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

W2. Now I have a few questions about discrimination. Can you think of one or more occasions in the past 6 months when you felt you were treated unfairly because of your race or ethnicity in the following places?

	YES	NO	REFUSED	DON'T KNOW
W2a. <DSCSKL> Your school or work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W2b. <DSCHUD> At a neighborhood playground or recreation program?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W2c. <DSCSHP> In a store where you were shopping or a restaurant where you wanted to eat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W2d. <DSCCOP> In dealings with police, such as traffic accidents?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(IF WO=2, SKIP TO W5)

W3. <HUDDRG> During the past 30 days, have you seen people using or selling illegal drugs in your neighborhood? **[IF NEEDED: BY NEIGHBORHOOD, WE MEAN THIS PLACE AND THE AREA AROUND IT]**

- YES 1
- NO (SKIP TO W4) 2
- REFUSED (SKIP TO W4) 7
- DON'T KNOW (SKIP TO W4) 8

W3a. <HDDRGX> How often have you seen people using or selling illegal drugs in your neighborhood—almost every day, once a week, or once or twice in the past 30 days?

- ALMOST EVERY DAY (INCLUDES 4-7 TIMES PER WEEK) 1
- ONCE A WEEK (INCLUDES 1-3 TIMES PER WEEK) 2
- ONCE OR TWICE IN THE PAST 30 DAYS
(INCLUDES 1-3 TIMES IN 30 DAYS) 3
- REFUSED 7
- DON'T KNOW 8

W4. <HUDGUN> During the past 30 days, have you heard gunshots in your neighborhood?

- YES 1
- NO (SKIP TO W5) 2
- REFUSED (SKIP TO W5) 7
- DON'T KNOW (SKIP TO W5) 8

W4a. <HDGUNX> How often have you heard gunshots in your neighborhood—almost every day, once a week, or once or twice in the past 30 days?

- ALMOST EVERY DAY (INCLUDES 4-7 TIMES PER WEEK) 1
- ONCE A WEEK (INCLUDES 1-3 TIMES PER WEEK) 2
- ONCE OR TWICE IN THE PAST 30 DAYS (INCLUDES 1-3
TIMES IN 30 DAYS) 3
- REFUSED 7
- DON'T KNOW 8

W5. <FIGHT> In the past 12 months, how often did you get into a serious physical fight?

NUMBER OF TIMES _____

(ENTER 0 FOR NEVER. AND SKIP TO W6. IF ONE OR MORE TIMES, SKIP TO W5b.)

- DON'T KNOW .1
- REFUSED .2

W5a. <FGHTX> Which of these is the closest to the number of times you got into a serious physical fight in the past 12 months?

- Never (in past 12 months) **(SKIP TO W6)** 1
- 1 or 2 times 2
- 3 or 4 times 3
- 5 or more times 4
- REFUSED 7
- DON'T KNOW 8

W5b. <WHRFGT> The last time you were in a physical fight, where did it occur?

- At school 1
- In your neighborhood 2
- At work 3
- At home 4
- Someplace else 5
- REFUSED 7
- DON'T KNOW 8

W6. During the past 12 months, how often did each of the following things happen—never, once, or more than once?

	NEVER	ONCE	MORE THAN ONCE	RF	DK
W6a. <SAWSHT> You saw someone shoot or stab another person. Would you say never, once, or more than once?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W6b. <GUNU> Someone pulled a knife or gun on you. (IF NEVER SKIP TO W6e)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W6c. <SHOTU> Someone shot you.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W6d. <CUTU> Someone cut or stabbed you.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W6e. <JUMPD> You were jumped.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(1103-1104) FRIENDSHIPS

W7. <PALS> About how many friends do you have who you either hang out with, talk to on the phone, or get together with socially?

NUMBER OF FRIENDS _____ (IF 0, SKIP TO W9)

DON'T KNOW (SKIP TO W9) -1

REFUSED (SKIP TO W9) -2

W8. <HNGOUT> During the hours when you are not at school, how often do you either talk on the phone, hang out, or get together with this [friend/these friends]—most every day, a few times a week, a few times a month, about once a month, or less than once a month?

MOST EVERY DAY (INCLUDES 5-7 TIMES PER WEEK) 1

A FEW TIMES A WEEK (INCLUDES 2-4 TIMES PER WEEK) 2

A FEW TIMES A MONTH (INCLUDES 2-4 TIMES PER MONTH/1 TIME PER WEEK) 3

ABOUT ONCE A MONTH 4

LESS THAN ONCE A MONTH 5

NEVER (IF VOLUNTEERED) 6

REFUSED 7

DON'T KNOW 8

[IF 2+ FRIENDS, SKIP TO W8d]:

Which of the following things does your friend ever do?

	YES	NO	REFUSED	DON'T KNOW
W8a. <SKLCLB> Get involved in school activities like school clubs, teams, or projects?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W8b. <UZEPOD> Use marijuana or other drugs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W8c. <PACKHT> Carry a knife, gun, or weapon? (SKIP TO W9)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

	NUMBER	DON'T KNOW	REFUSED
W8d. <SKLTMS> Out of the friends you just told me about, how many ever do each of the following things. How many get involved in school activities like school clubs, teams, or projects?	_____	<input type="checkbox"/> -1	<input type="checkbox"/> -2
W8e. <POTDRG> How many use marijuana or other drugs?	_____	<input type="checkbox"/> -1	<input type="checkbox"/> -2
W8f. <HVGUN> How many carry a gun, knife, or weapon?	_____	<input type="checkbox"/> -1	<input type="checkbox"/> -2

W9. <MOVED> Your family told us a few years ago that you were living at [NUMBER STREET]. Are you still living there?

- YES (SKIP TO W13) 1
- NO 2
- NEVER LIVED THERE (SKIP TO W13) 3
- REFUSED 7
- DON'T KNOW 8
- UNRETRIEVABLE (SKIP TO W13) 9

[IF NO MOVES SINCE BASELINE, GO TO W13]

W10. <DIFHUD> Thinking about your neighborhood now, are you living in the same neighborhood as when you lived at [NUMBER STREET] or living in a different neighborhood?

- SAME (SKIP TO W13) 1
- DIFFERENT 2
- OLD NEIGHBORHOOD DEMOLISHED (SKIP TO W13) 3
- REFUSED (SKIP TO W13) 7
- DON'T KNOW (SKIP TO W13) 8

W11. <OLDPAL> Do you still have friends in your old neighborhood, when you lived at [BASELINE ADDRESS]?

- YES 1
- NO (GO TO W13) 2
- REFUSED (GO TO W13) 7
- DON'T KNOW (GOTO W13) 8

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

	Most every day	A few times a week	A few times a month	About once a month	Less than once a month	Never	REFUSED	DON'T KNOW
W12a. <GONBAK> During the past year, how often have you gone back to visit friends in your old neighborhood?	<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
W12b. <CMEVIZ> During the past year, how often have they come to visit you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(1311) RELIGIOUS ATTENDANCE

W13. <BBLCLS> Many churches, synagogues, and other places of worship have special activities for teenagers—such as youth groups, Bible classes, or choir. In the past 12 months, how often did you attend such youth activities?

- ONCE A WEEK OR MORE 1
- ONCE A MONTH OR MORE (BUT LESS THAN ONCE A WEEK) 2
- LESS THAN ONCE A MONTH 3
- NEVER 4
- REFUSED 7
- DON'T KNOW 8

(901) CONNECTEDNESS WITH ADULTS

W14. <CONFID> How many adults do you have in your life who you feel comfortable talking to about personal problems?

- NUMBER OF ADULTS _____
- DON'T KNOW -1
- REFUSED -2

W15. <HLP> How many adults do you have in your life who care a lot about how you turn out and who will help you if you get into trouble?

- NUMBER OF ADULTS _____
- DON'T KNOW -1
- REFUSED -2

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

W16. <ATMOM> Do you live with your mother?

- YES (**SKIP TO W18**) 1
- NO 2
- MOTHER DECEASED 3
- REFUSED 7
- DON'T KNOW 8

W17. <ADLTWU> Who is the adult who lives with you and knows the most about your activities?

- FATHER (**SKIP TO W20**) 1
- GRANDMOTHER 2
- AUNT 3
- SISTER 4

FOSTER MOTHER	<input type="checkbox"/> 5
STEP MOTHER	<input type="checkbox"/> 6
COUSIN	<input type="checkbox"/> 7
FRIEND	<input type="checkbox"/> 8
SPOUSE/(BOY)/GIRLFRIEND	<input type="checkbox"/> 9
NO ADULT LIVES WITH YOUTH (SKIP TO W20)	<input type="checkbox"/> 10
OTHER (SPECIFY): _____	<input type="checkbox"/> 95
REFUSED (SKIP TO W20)	<input type="checkbox"/> 97
DON'T KNOW (SKIP TO W20)	<input type="checkbox"/> 98
 POST-CODES:	
OTHER: NON-RELATIVE GUARDIAN- WOULD INCLUDE CASE WORKER, GUARDIAN, GODMOTHER/FATHER, TEACHER	<input type="checkbox"/> 11
OTHER: UNCLE	<input type="checkbox"/> 12
OTHER: BROTHER	<input type="checkbox"/> 13
OTHER: GRANDFATHER	<input type="checkbox"/> 14
OTHER: STEPFATHER	<input type="checkbox"/> 15
OTHER: FATHER	<input type="checkbox"/> 61
OTHER: GRANDMOTHER	<input type="checkbox"/> 62
OTHER: AUNT	<input type="checkbox"/> 63
OTHER: SISTER	<input type="checkbox"/> 64
OTHER: FOSTER MOTHER/FOSTER CARE	<input type="checkbox"/> 65
OTHER: STEP MOTHER	<input type="checkbox"/> 66
OTHER: COUSIN	<input type="checkbox"/> 67
OTHER: FRIEND	<input type="checkbox"/> 68
OTHER: SPOUSE/BOY/GIRLFRIEND (INCLUDES FIANCE)	<input type="checkbox"/> 69
OTHER: NO ADULT LIVES WITH YOUTH	<input type="checkbox"/> 70

[INTERVIEWER: FOR THE NEXT FEW QUESTIONS “CAREGIVER” IS MOTHER IF CHILD LIVES WITH MOTHER, OR PERSON MENTIONED IN W17.]

- W18. <CARE2U> When you think about how your [CAREGIVER] acts toward you, in general, would you say your [CAREGIVER] is very supportive, somewhat supportive, or not very supportive?
- VERY SUPPORTIVE 1
- SOMEWHAT SUPPORTIVE 2
- NOT VERY SUPPORTIVE 3
- REFUSED 7
- DON'T KNOW 8

(1110) MOTHER’S MONITORING [OR PRIMARY CAREGIVER]

- W19. How much does your [CAREGIVER] know... **[INTERVIEWER: SHOW RESPONDENT CARD WITH RESPONSE CATEGORIES]**

- | | NOTHING | JUST A LITTLE | SOME THINGS | MOST THINGS | EVERY -THING | RF | DK |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| W19a. <KNWFRN> About your close friends, that is, who they are? Do you think she/he knows nothing, just a little, some things, most things or everything? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W19b. <KNWWHR> About who you are with when you are not at home? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

[IF AGE 18-19 SKIP TO W20]

- | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| W19c. <KNWTCH> About who your teachers are and what you are doing in school? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

(1112) CONTACT WITH FATHER

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

- W20. <DADSUP> When you were growing up, in general, was he very supportive, somewhat supportive, or not very supportive of you?
- VERY SUPPORTIVE 1
- SOMEWHAT SUPPORTIVE 2
- NOT VERY SUPPORTIVE 3
- DOESN'T SEE FATHER (SKIP TO X1) 4
- FATHER DECEASED (SKIP TO X1) 5
- REFUSED 7
- DON'T KNOW 8

[IF FATHER IS PRIMARY CAREGIVER, SKIP TO W21]

- W20a. <SEEDAD> In the past 12 months, how often have you seen your father?
- Never in the past 12 months 1
 - A few times 2
 - Once a month 3
 - Once a week 4
 - Almost every day 5
 - LIVED IN SAME HOUSEHOLD 6
 - REFUSED 7
 - DON'T KNOW 8

[SKIP TO X1]

W21. <DADKNW> How much does your father know... **[INTERVIEWER: SHOW RESPONDENT CARD WITH RESPONSE CATEGORIES]**

- | | KNOWS
NOTHING | KNOWS
JUST A
LITTLE | KNOWS
SOME
THINGS | KNOWS
MOST
THINGS | KNOWS
EVERY-
THING | RF | DK |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| W21a. <DADFRN> About your close friends, that is, who they are? Do you think he knows nothing, knows just a little, knows some things, knows most things, or knows everything? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W21b. <DADWHR> About who you are with when you are not at home? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W21c. <DADTCH> [IF AGE 18-19 SKIP TO X1]:
About who your teachers are and what you are doing in school? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

SECTION X: EMOTIONS

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

(410) DEPRESSION

X1. In the past 30 days, how often have you had the following experiences? **[INTERVIEWER: HAND RESPONDENT CARD WITH RESPONSE CATEGORIES]**

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	RF	DK
X1a. <NRV30> How often did you feel nervous—all of the time, most of the time, some of the time, a little of the time, or none of the time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X1b. <HOPLS30> How often did you feel hopeless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X1c. <FIDGT30> How often did you feel restless or fidgety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X1d. <DPRS30> How often did you feel so depressed nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X1e. <EFRT30> How often did you feel everything was an effort?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X1f. <WRTHL30> How often did you feel worthless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

X2. <DPRSLNG> Have you ever in your life had a time lasting a few days or longer when most of the day you felt sad, empty or depressed?

- YES 1
- NO (SKIP TO X4) 2
- REFUSED (SKIP TO X4) 7
- DON'T KNOW (SKIP TO X4) 8

X3. <DISCRG> During times of this sort, did you ever feel discouraged about how things were going in your life?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

- X3a. <RELBRD> During the times of being sad, empty, or depressed, did you ever lose interest and become really bored with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies, sports, playing computer games, or going out with friends?
- YES (SKIP TO X6 IF X3=1, SKIP TO X8 IF X3 ≠ 1) 1
- NO (SKIP TO X7 IF X3=1, SKIP TO X9 IF X3 ≠ 1) 2
- REFUSED (SKIP TO X7 IF X3=1, SKIP TO X9 IF X3 ≠ 1) 7
- DON'T KNOW (SKIP TO X7 IF X3=1, SKIP TO X9 IF X3 ≠ 1) 8
- X4. <HOPLNG> Have you ever had any time lasting a few days or longer when most of the day you felt very discouraged or hopeless about how things were going in your life?
- YES 1
- NO (SKIP TO X12) 2
- REFUSED (SKIP TO X12) 7
- DON'T KNOW (SKIP TO X12) 8
- X5. <HOPBRD> During times like this, did you ever lose interest and become really bored with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies, or sports, playing computer games, or going out with friends?
- YES (SKIP TO X10) 1
- NO (SKIP TO X11) 2
- REFUSED (SKIP TO X11) 7
- DON'T KNOW (SKIP TO X11) 8

**QUESTIONS X6-X11 DETERMINE THE DYNAMIC TEXT SUBSTITUTION FOR THE REST OF SECTION X AND THEREFORE DO NOT HAVE DATA VALUES.

- X6. [INTERVIEWER: LET [BAD-A]= "SAD, DISCOURAGED, OR REALLY BORED"
LET [BAD-N]= "SADNESS, DISCOURAGEMENT, OR BOREDOM"]
(SKIP TO X16)
- X7. [INTERVIEWER: LET [BAD-A]= "SAD OR DISCOURAGED"
LET [BAD-N]= "SADNESS OR DISCOURAGEMENT"]
(SKIP TO X16)
- X8. [INTERVIEWER: LET [BAD-A]= "SAD OR REALLY BORED"
LET [BAD-N]= "SADNESS OR BOREDOM"]
(SKIP TO X16)
- X9. [INTERVIEWER: LET [BAD-A]= "SAD"
LET [BAD-N]= "SADNESS"]
(SKIP TO X16)
- X10. [INTERVIEWER: LET [BAD-A]= "DISCOURAGED OR REALLY BORED"
LET [BAD-N]= "DISCOURAGEMENT OR BOREDOM"]
(SKIP TO X16)

- X11. **[INTERVIEWER: LET [BAD-A]= “DISCOURAGED”
LET [BAD-N]= “DISCOURAGEMENT”
(SKIP TO X16)**
- X12. <BRDLNG> Have you ever had a time lasting a few days or longer when you lost interest and became bored with most things you usually enjoy like work, hobbies, and personal relationships?
- YES (SKIP TO X13) 1
- NO (SKIP TO X28) 2
- REFUSED (SKIP TO X28) 7
- DON'T KNOW (SKIP TO X28) 8
- X13. <BRD2WK> Was there ever a time when you felt this way most of the day almost every day for two weeks or longer?
- YES (SKIP TO X15) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8
- X13a. <TMEBRD> What is the longest period of time you ever had when you became really bored with most things you usually enjoy? **[INTERVIEWER: IF “DON'T KNOW”, PROBE]**
Was it three days or longer?
- _____ DAYS (SKIP TO X15)
- [INTERVIEWER: “LESS THAN ONE DAY” CODE 0]**
- DON'T KNOW -1
- REFUSED -2
- X13a1. <DKBRD> Was it 3 days or longer?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8
- X13b. **[INTERVIEWER: LET [BAD-A]= “REALLY BORED” LET [BAD-N] “BOREDOM”]**
- X14. **[INTERVIEWER CHECKPOINT: SEE X13a]**
- DURATION OF 3 DAYS OR LONGER (SKIP TO X18) 1
- ALL OTHERS (SKIP TO X28) 2
- X15. **[INTERVIEWER: LET [BAD-A] =“REALLY BORED”
LET [BAD-N] = “BOREDOM”]
(SKIP TO X19)**

- X16. <BAD2WK> Did you ever have a period of time when you felt ([BAD-A] sad/or/discouraged/or/bored) that lasted most of the day, almost every day, for two weeks or longer?
- YES (SKIP TO X19) 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

- X16a. <BADTME> How long was the longest period of time you ever had when you were ([BAD-A] sad/ or/ discouraged/ or/ bored) most of the day?

_____ DAYS

**[INTERVIEWER: IF LESS THAN ONE DAY, ENTER 00
IF MORE THAN 13 GO TO PREVIOUS QUESTION]**

- DON'T KNOW (SKIP TO X28) -1
- REFUSED (SKIP TO X28) -2

- X17. **[INTERVIEWER CHECKPOINT: IF DURATION TWO DAYS OR LESS OR REFUSED OR DON'T KNOW, SKIP TO X28]**

- X18. <BADYR> Did you ever have a year or more in your life when just about every month you had a time lasting several days or longer when you felt ([BAD-A] sad/or/discouraged/or/bored)?

- YES 1
- NO (SKIP TO X28) 2
- REFUSED (SKIP TO X28) 7
- DON'T KNOW (SKIP TO X28) 8

- X19. <BADMUD> Think of times lasting (two weeks/several days) or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness, discouragement, boredom) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?

- Less than 1 hour (SKIP TO X28) 1
- Between 1 and 3 hours (SKIP TO X28) 2
- Between 3 and 5 hours 3
- More than 5 hours 4
- REFUSED 7
- DON'T KNOW 8

[IF MORE THAN 3 HOURS, REFUSED, OR DON'T KNOW USE PHRASE "SEVERAL DAYS OR LONGER" FOR X21-X27.]

***X20 HAS INTENTIONALLY BEEN DELETED.

- X21. <BADFEEL> How strong were your bad feelings during those times – mild, moderate, severe, or very severe?
- | | | |
|-------------|--------------------------|---|
| MILD | <input type="checkbox"/> | 1 |
| MODERATE | <input type="checkbox"/> | 2 |
| SEVERE | <input type="checkbox"/> | 3 |
| VERY SEVERE | <input type="checkbox"/> | 4 |
| REFUSED | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |
- X22. <NOCHEER> How often, during those times, did you feel so bad that nothing could cheer you up—often, sometimes, not very often, or never?
- | | | |
|----------------|--------------------------|---|
| OFTEN | <input type="checkbox"/> | 1 |
| SOMETIMES | <input type="checkbox"/> | 2 |
| NOT VERY OFTEN | <input type="checkbox"/> | 3 |
| NEVER | <input type="checkbox"/> | 4 |
| REFUSED | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |
- X23. <NODAILY> How often, during those times, did you feel so bad that you could not carry out your daily activities—often, sometimes, not very often, or never?
- | | | |
|----------------|--------------------------|---|
| OFTEN | <input type="checkbox"/> | 1 |
| SOMETIMES | <input type="checkbox"/> | 2 |
| NOT VERY OFTEN | <input type="checkbox"/> | 3 |
| NEVER | <input type="checkbox"/> | 4 |
| REFUSED | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |
- X24. **[INTERVIEWER CHECKPOINT: SEE X21, X22, X23:] IF “MILD FEELINGS”, “NEVER SO BAD”, AND “NEVER INTERFERES” → SKIP TO X28 (X21 EQUALS “1” AND X22 EQUALS “4” AND X23 EQUALS “4”)**
- X25. <SLPPRB> People who have times of feeling ([BAD-A] sad/or/discouraged/or/bored) often have other problems at the same time. These include things like changes in sleep, eating, energy, the ability to keep their mind on things, feeling badly about themselves, and other problems. Did you ever have any of these problems during a time when you were ([BAD-A] sad/ or/ discouraged/or/bored)?
- | | | |
|--------------------------|--------------------------|---|
| YES | <input type="checkbox"/> | 1 |
| NO (SKIP TO X28) | <input type="checkbox"/> | 2 |
| REFUSED (SKIP TO X28) | <input type="checkbox"/> | 7 |
| DON'T KNOW (SKIP TO X28) | <input type="checkbox"/> | 8 |

- X26. <TIMSLP> Did you have a time of being ([BAD-A]sad/or/discouraged/or/bored) with some of the other problems lasting ([PERIOD:] several days or longer/ two weeks or longer) in the past 12 months?
- YES 1
- NO (SKIP TO X28) 2
- REFUSED (SKIP TO X28) 7
- DON'T KNOW (SKIP TO X28) 8

X27. In answering the next questions, think about the time ([PERIOD]several days/ two weeks) or longer during that episode when your ([BAD-N] sadness/or/discouragement/or/boredom) and other problems were worst. During that time, which of the following problems did you have most of the day almost every day.

- | | YES | NO | RF | DK |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| X27a. <FLEMP> Did you feel sad, empty, or depressed for most of the day? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| X27b. <FLDSCG> During that time, did you feel discouraged about how things were going in your life? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| X27c. <MOSLP> Did you sleep a lot more than usual? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| X27d. <NOENRG> On most days, did you feel that you didn't have much energy? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| X27e. <SPAZ> On most days, did you have a lot more trouble keeping your mind on things than is normal for you? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| X27f. <NOCONF> Did you lose your self-confidence? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

X27g. [INTERVIEWER: IF 0 OR 1 SYMPTOM(S) IN X27a-f:] SKIP TO X28

- X27h. <MOPRB> Did you have a time of being ([BAD-A] sad/or/discouraged/or/bored) with some of the other problems lasting ([PERIOD] several days/ two weeks) or longer in the past 12 months?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

GENERALIZED ANXIETY DISORDER

- X28. <WORIER> Did you ever have a time in your life when you were "a worrier"—that is, when you worried a lot more about things than other people with the same problems as you?
- YES 1
- NO (SKIP TO X28b) 2
- REFUSED (SKIP TO X28b) 7
- DON'T KNOW (SKIP TO X28b) 8

X28a. [INTERVIEWER: LET [WORRY-A]= “WORRIED, NERVOUS OR ANXIOUS”
LET [WORRY-N]= “WORRY, NERVOUSNESS, OR ANXIETY”]
(SKIP TO X29)

X28b. <ANXIOS> Did you ever have a time in your life when you were much more nervous or
anxious than most people with the same problems as you?

- YES 1
- NO (SKIP TO X28d) 2
- REFUSED (SKIP TO X28d) 7
- DON'T KNOW (SKIP TO X28d) 8

X28c. [INTERVIEWER: LET [WORRY-A]= “NERVOUS OR ANXIOUS”
LET [WORRY-N]= “NERVOUSNESS OR ANXIETY”]
(SKIP TO X29)

X28d. <LNGANX> Did you ever have a period lasting one month or longer when you were anxious or
worried most days?

- YES 1
- NO (SKIP TO X36) 2
- REFUSED (SKIP TO X36) 7
- DON'T KNOW (SKIP TO X36) 8

X28e. [INTERVIEWER: LET [WORRY-A]= “ANXIOUS OR WORRIED”
LET [WORRY-N]= “ANXIETY OR WORRY”]
(SKIP TO X29)

X29. <ANXPRBS1-ANXPRBS3> The next questions are about that time. What kinds of things were you worried or nervous or anxious about during that time? **[INTERVIEWER: HAND CARD TO RESPONDENT]**
[PROBE FOR UP TO TWO EXAMPLES] Anything else [that made you ([worry-a] worried or anxious/nervous or anxious/anxious or worried)?

	FIRST	SECOND	THIRD
DIFFUSE WORRIES: (WORRIES ABOUT EVERYTHING OR NOTHING IN PARTICULAR)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
PERSONAL PROBLEMS: (SUCH AS FINANCES, LOVE LIFE, RELATIONSHIPS WITH FAMILY, HEALTH)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS: (SOCIAL PHOBIAS, AGORAPHOBIA, OBSESSIONS, AND COMPULSIONS)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
NETWORK PROBLEMS: (BEING AWAY FROM FAMILY/FRIENDS)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
SOCIETAL PROBLEMS: (CRIME AND VIOLENCE, ECONOMY, ENVIRONMENT, WAR)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
OTHER	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98
NO OTHER MENTIONS	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
POST-CODES:			
OTHER: DIFFUSE WORRIES: (WORRIES ABOUT EVERYTHING OR NOTHING IN PARTICULAR) (INCLUDES LIFE, FAILURE, THE FUTURE)	<input type="checkbox"/> 61	<input type="checkbox"/> 61	<input type="checkbox"/> 61
OTHER: PERSONAL PROBLEMS: (FINANCES, LOVE LIFE, RELATIONSHIPS WITH FAMILY/FRIENDS, HEALTH) (INCLUDES SCHOOL AND SCHOOLWORK, FAMILY DEATH, PERSONAL SAFETY)	<input type="checkbox"/> 62	<input type="checkbox"/> 62	<input type="checkbox"/> 62
OTHER: PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS: (SOCIAL PHOBIAS, AGORAPHOBIA, OBSESSIONS, AND COMPULSIONS)	<input type="checkbox"/> 63	<input type="checkbox"/> 63	<input type="checkbox"/> 63
OTHER: NETWORK PROBLEMS (BEING AWAY FROM FAMILY)	<input type="checkbox"/> 64	<input type="checkbox"/> 64	<input type="checkbox"/> 64
OTHER: SOCIETAL PROBLEMS: (CRIME, VIOLENCE, ECONOMY, ENVIRONMENT, WAR)	<input type="checkbox"/> 65	<input type="checkbox"/> 65	<input type="checkbox"/> 65

X30. **[INTERVIEWER CHECKPOINT: IF WORRIED ABOUT NOTHING IN PARTICULAR; OR WORRIED ABOUT EVERYTHING; OR WORRIED ABOUT MORE THAN ONE SPECIFIC THING, CONTINUE WITH ITEM X31. OTHERWISE, SKIP TO X36]**

X31. <BIGANX> Do you think your ([WORRY-N] worry or anxiety/nervousness or anxiety/anxiety or worry) was ever a lot stronger than it should have been?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

X32. <STPANX> How often did you find it hard to stop your ([WORRY-N] worry or anxiety/nervous or anxiety/anxiety or worry) — often, sometimes, not very often, or never?

- OFTEN 1
- SOMETIMES 2
- NOT VERY OFTEN 3
- NEVER 4
- REFUSED 7
- DON'T KNOW 8

X32a. <TOOWORY> How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried—often, sometimes, not very often, or never?

- OFTEN 1
- SOMETIMES 2
- NOT VERY OFTEN 3
- NEVER 4
- REFUSED 7
- DON'T KNOW 8

X32b. **[INTERVIEWER CHECKPOINT: SEE X32, X32a. IF “HARD TO STOP” AND “COULD NOT THINK OF ANYTHING ELSE” AND “NOT VERY OFTEN” OR LESS (X32>=3 OR X32a>=3)] (SKIP TO X36)**

X33. <LNGSTAX> <LNGSTPR> What is the longest number of months or years in a row you ever had when you were ([WORRY-A] worried or anxious/nervous or anxious/anxious or worried) most days? **[INTERVIEWER: IF “DON'T KNOW”, PROBE]**

- | | WEEKS | MONTHS | YEARS | REF | DK |
|--|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| _____ NUMBER | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| DON'T KNOW | <input type="checkbox"/> .1 | | | | |
| REFUSED (SKIP TO X36) | <input type="checkbox"/> .2 | | | | |
| [INTERVIEWER: IF “WHOLE LIFE” OR “AS LONG AS I CAN REMEMBER,” ENTER -3] | <input type="checkbox"/> .3 | | | | |

<WORRY6> Did you ever have a time that lasted six months or longer?
 YES (SKIP TO X34a) 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

<WORRYMO> Did you ever have a time that lasted one month or longer?
 YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

X33a. [INTERVIEWER: IF AT LEAST 6 MONTHS (X33>6) THEN LET [MONTHS]= "SIX MONTHS"; OTHERWISE LET [MONTHS]= "ONE MONTH"]

X34. Think of the time lasting ([MONTHS]one month/six months) or longer when your ([WORRY-N] worry or anxiety/nervousness/ anxiety or worry) was the worst. During that time, did you often have any of the following experiences:

	YES	NO	RF	DK
X34a. <EDGY> Did you often feel restless or on the edge?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X34b. <EZTRD> Did you often get tired very easily?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X34c. <GROUCH> Were you often more irritable or grouchy than usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X34d. <MNDLSS> Did you often have trouble concentrating or keeping your mind on what you were doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X34e. <SORE> Did your muscles often feel tense or sore?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X34f. <ZLPPRB> Did you often have trouble falling or staying asleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

X35. <ANXY12> Did you have an episode of being ([WORRY-A] worried or anxious/nervous or anxious/ anxious or worried), lasting at least one month or longer, in the past 12 months?
 YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

(421) BEHAVIOR PROBLEMS

X36. I am going to read a list of items that describe feelings or thoughts people sometimes have. For each item that describes you now or in the past six months, please tell me if it is often true, sometimes true, or not true of you?

	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE	REFUSED	DON'T KNOW
X36a. <PYATTN> I have trouble concentrating or paying attention. Is this very true or often true, somewhat or sometimes true, or not true of you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36b. <CHEAT> I lie or cheat.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36c. <TEASE> I tease others a lot.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36d. <MLCRIA> I disobey my parents.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36e. <STYSTL> I have trouble sitting still.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36f. <TEMPER> I have a hot temper.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36g. <LONER> I would rather be alone than with others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36h. <HNGTRB> I hang 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
X36i. <DISOBY> I disobey at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36j. <ALNGKD> I don't get along with other kids.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36k. <ALNGTCH> I have trouble getting along with teachers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

SECTION Y: TIME USE

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

[INTERVIEWER: ASK Y1-19 FOR [RANDOM DAY OF THE WEEK]. IF THE RESPONDENT REPLIES WITH A "DON'T KNOW" OR "REFUSED," PROBE THEM FOR THE WEEKDAY AFTER.]

Y1. <QRTR4> We are interested in how you spend time in the late afternoon. The next few questions will be about this past [WEEKDAY], starting at 3:45 pm. Can you tell me where you were at 3:45 on [WEEKDAY]?

- WORK (SKIP TO Y7) 1
- CHILD CARE (IF RESPONDENT IS AGE 12-17, ASK Y2, IF AGE 18-19 SKIP TO Y7) 2
- SCHOOL (SKIP TO Y3) 3
- SCHOOL BUS (SKIP TO Y7) 4
- CHURCH/CLUB/COMMUNITY CENTER (SKIP TO Y4) 5
- HOME (SKIP TO Y5) 6
- AT A RELATIVES HOUSE (IF RESPONDENT IS AGE 12-17, SKIP TO Y5, IF AGE 18-19, SKIP TO Y7) 7
- SOMEWHERE ELSE (SPECIFY): _____ 95
(SKIP TO Y5)
- REFUSED (SKIP TO Y5) 97
- DON'T KNOW (SKIP TO Y5) 98

POST CODES:

- OTHER: SPORTS TEAM PRACTICE/GAME/CHEERLEADING/
KARATE CLASS/P.A.L. (POLICE ATHLETIC LEAGUE)/
OTHER [ORGANIZED] ATHLETICS 8
- OTHER: PLAYING UNORGANIZED SPORTS/PICK-UP
GAMES/GENERAL MENTION OF SPORTS/GYM 9
- OTHER: FRIEND'S HOUSE/NEIGHBOR'S HOUSE 10
- OTHER: PLAYING OUTSIDE/OUTSIDE IN
NEIGHBORHOOD/STREET/PARK/PLAYGROUND 11
- OTHER: LIBRARY 12
- OTHER: TUTORING 13
- OTHER: DANCE CLASS/BALLET 14
- OTHER: PIANO LESSON 15
- OTHER: WITH PARENT AT WORK/PARENT'S SCHOOL 16
- OTHER: WALKING HOME FROM SCHOOL/BEING DRIVEN
HOME/HEADING HOME ON PUBLIC
TRANSPORTATION/DRIVING/HEADING/IN ROUTE HOME
(GENERAL-UNSPECIFIED) 17

OTHER: SHOPPING/RUNNING ERRAND (SUPERMARKET, STORE, BARBERSHOP ETC.)	<input type="checkbox"/> 18
OTHER: EATING IN RESTAURANT/OUT TO EAT	<input type="checkbox"/> 19
OTHER: AT HEALTH PROFESSIONAL'S OFFICE (DENTIST, DOCTOR, COUNSELOR)	<input type="checkbox"/> 20
OTHER: AT HOSPITAL	<input type="checkbox"/> 21
OTHER: GENERAL MENTION OF WITH PARENT/OUT WITH FAMILY/BEING PICKED UP/IN CAR WITH PARENT -- ALL WITHOUT SPECIFIC MENTION OF LOCATION OR DESTINATION	<input type="checkbox"/> 22
OTHER: ON VACATION/OUT OF TOWN, STATE, COUNTRY/AT CAMP	<input type="checkbox"/> 23
OTHER: HANGING OUT/OUT/DRIVING AROUND WITH FRIENDS	<input type="checkbox"/> 24
OTHER: AT MALL/MOVIES/ARCADE/CARNIVAL	<input type="checkbox"/> 25
OTHER: AT BOYFRIEND/GIRLFRIEND/FIANCE'S HOUSE/WITH BOYFRIEND/GIRLFRIEND/FIANCE	<input type="checkbox"/> 26
OTHER: JOB HUNTING/JOB TRAINING/JOB CORPS	<input type="checkbox"/> 27
OTHER: ON PUBLIC TRANSPORTATION (GENERAL)	<input type="checkbox"/> 28
OTHER: RESIDENTIAL SCHOOL/BOARDING SCHOOL/DORMITORY/GROUP HOME	<input type="checkbox"/> 29
OTHER: PICKING UP OWN CHILD/ACTIVITY WITH/CONCERNING CHILD/AT HOME OF CHILD'S MOTHER OR FATHER	<input type="checkbox"/> 30
OTHER: INCARCERATED/IN JAIL/DETENTION CENTER	<input type="checkbox"/> 31
OTHER: DECEASED (FROM HOUSEHOLD)	<input type="checkbox"/> 32
OTHER: CHILD CARE	<input type="checkbox"/> 61
OTHER: SCHOOL (WOULD INCLUDE AFTER SCHOOL PROGRAM)	<input type="checkbox"/> 62
OTHER: SCHOOL BUS	<input type="checkbox"/> 63
OTHER: CHURCH/CLUB/COMMUNITY CENTER	<input type="checkbox"/> 64
OTHER: HOME	<input type="checkbox"/> 65
OTHER: AT A RELATIVE'S HOUSE (INCLUDES NON-CUSTODIAL PARENT)	<input type="checkbox"/> 66
OTHER: WORK	<input type="checkbox"/> 67

- Y2. <DAYCARE> Is this provider paid to take care of you?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8
- (SKIP TO Y7)**
- Y3. <ATSCHL> Were you playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?
- PLAYING ON A SPORTS TEAM 1
- PARTICIPATING IN A CLUB 2
- IN CLASS/TUTORING 3
- SERVING DETENTION 4
- DOING SOMETHING ELSE (SPECIFY): 95
-
- REFUSED 97
- DON'T KNOW 98
- POST-CODES:**
- OTHER: AFTER SCHOOL PROGRAM (GENERAL-UNSPECIFIED) 5
- OTHER: OTHER ORGANIZED PHYSICAL ACTIVITY (E.G., DANCE, BALLET, STEP) 6
- OTHER: AFTERCARE PROGRAM 7
- OTHER: DOING HOMEWORK 8
- OTHER: CHOIR 9
- OTHER: LEAVING SCHOOL 10
- OTHER: SPORTS 61
- OTHER: CLUB 62
- OTHER: DETENTION 63
- OTHER: IN CLASS OR TUTORING (WOULD INCLUDE OTHER [ORGANIZED] ACADEMIC ACTIVITY) 64
- (SKIP TO Y5)**

Y4. <ATCLUB> Were you playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? [INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY.]

- SPORTS 1
- ORGANIZED ACTIVITY 2
- CLASS/TUTORING 3
- CLUB 4
- DOING SOMETHING ELSE (SPECIFY): 95

- REFUSED 97
- DON'T KNOW 98

- POST CODES:**
- OTHER: SPORTS 61
- OTHER: ORGANIZED ACTIVITY 62
- OTHER: CLASS/TUTORING 63
- OTHER: CLUB 64

(IF AGE 18-19, SKIP TO Y7)

Y5. <WADLT> At 3:45, was there an adult present, who could see or hear you?

- YES 1
- NO (SKIP TO Y7) 2
- MOTHER PRESENT (SKIP TO Y7) 3
- REFUSED 7
- DON'T KNOW 8

Y6. <WMOM> At 3:45, was your mother present where she could see or hear you?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

Y7. <FIVE30> Now let's talk about 5:30pm. Where were you at 5:30 on [WEEKDAY]?

- WORK (SKIP TO Y14) 1
- CHILD CARE (IF RESPONDENT IS AGE 12-17, ASK Y8, IF AGE 18-19 SKIP TO Y11) 2
- SCHOOL (SKIP TO Y9) 3
- SCHOOL BUS (SKIP TO Y14) 4

- CHURCH CLUB/COMMUNITY CENTER 5
(SKIP TO Y10)
- HOME (SKIP TO Y11) 6
- AT A RELATIVES HOUSE (SKIP TO Y11) 7
- SOMEWHERE ELSE (SPECIFY): _____ 95
(SKIP TO Y11)
- REFUSED (SKIP TO Y11) 97
- DON'T KNOW (SKIP TO Y11) 98

POST CODES:

- OTHER: SPORTS TEAM PRACTICE/GAME/CHEERLEADING/
KARATE CLASS/P.A.L. (POLICE ATHLETIC LEAGUE)/
OTHER [ORGANIZED] ATHLETICS 8
- OTHER: PLAYING UNORGANIZED SPORTS/PICK-UP
GAMES/GENERAL MENTION OF SPORTS/GYM 9
- OTHER: FRIEND'S HOUSE/NEIGHBOR'S HOUSE 10
- OTHER: PLAYING OUTSIDE/OUTSIDE IN
NEIGHBORHOOD/STREET/PARK/PLAYGROUND 11
- OTHER: LIBRARY 12
- OTHER: TUTORING 13
- OTHER: DANCE CLASS/BALLET 14
- OTHER: PIANO LESSON 15
- OTHER: WITH PARENT AT WORK/PARENT'S SCHOOL 16
- OTHER: WALKING HOME FROM SCHOOL/BEING DRIVEN
HOME/HEADING HOME ON PUBLIC
TRANSPORTATION/DRIVING/HEADING/IN ROUTE HOME
(GENERAL-UNSPECIFIED) 17
- OTHER: SHOPPING/RUNNING ERRAND (SUPERMARKET,
STORE, BARBERSHOP ETC.) 18
- OTHER: EATING IN RESTAURANT/OUT TO EAT 19
- OTHER: AT HEALTH PROFESSIONAL'S OFFICE (DENTIST,
DOCTOR, COUNSELOR) 20
- OTHER: AT HOSPITAL 21
- OTHER: GENERAL MENTION OF WITH PARENT/OUT WITH
FAMILY/BEING PICKED UP/IN CAR WITH PARENT -- ALL
WITHOUT SPECIFIC MENTION OF LOCATION OR
DESTINATION 22
- OTHER: ON VACATION/OUT OF TOWN, STATE,
COUNTRY/AT CAMP 23
- OTHER: HANGING OUT/OUT/DRIVING AROUND WITH
FRIENDS 24
- OTHER: AT MALL/MOVIES/ARCADE/CARNIVAL 25

- OTHER: AT BOYFRIEND/GIRLFRIEND/FIANCE'S HOUSE/WITH BOYFRIEND/GIRLFRIEND/FIANCE 26
- OTHER: JOB HUNTING/JOB TRAINING/JOB CORPS 27
- OTHER: ON PUBLIC TRANSPORTATION (GENERAL) 28
- OTHER: RESIDENTIAL SCHOOL/BOARDING SCHOOL/DORMITORY/GROUP HOME 29
- OTHER: PICKING UP OWN CHILD/ACTIVITY WITH/CONCERNING CHILD/AT HOME OF CHILD'S MOTHER OR FATHER 30
- OTHER: INCARCERATED/IN JAIL/DETENTION CENTER 31
- OTHER: DECEASED (FROM HOUSEHOLD) 32
- OTHER: CHILD CARE 61
- OTHER: SCHOOL (WOULD INCLUDE AFTER SCHOOL PROGRAM) 62
- OTHER: SCHOOL BUS 63
- OTHER: CHURCH/CLUB/COMMUNITY CENTER 64
- OTHER: HOME 65
- OTHER: AT A RELATIVE'S HOUSE (INCLUDES NON-CUSTODIAL PARENT) 66
- OTHER: WORK 67

Y8. <PDCARE> Is this provider paid to take care of you?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

(SKIP TO Y11)

Y9. <ATTEAM> Were you playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?

- PLAYING ON A SPORTS TEAM 1
- PARTICIPATING IN A CLUB 2
- IN CLASS/TUTORING 3
- SERVING DETENTION 4
- DOING SOMETHING ELSE (SPECIFY): 95

-
- REFUSED 97
 - DON'T KNOW 98

POST-CODES:

- OTHER: AFTER SCHOOL PROGRAM (GENERAL-UNSPECIFIED) 5
- OTHER: OTHER ORGANIZED PHYSICAL ACTIVITY (E.G., DANCE, BALLET, STEP) 6

- OTHER: AFTERCARE PROGRAM 7
- OTHER: DOING HOMEWORK 8
- OTHER: CHOIR 9
- OTHER: LEAVING SCHOOL 10
- OTHER: SPORTS 61
- OTHER: CLUB 62
- OTHER: DETENTION 63
- OTHER: IN CLASS OR TUTORING (WOULD INCLUDE OTHER [ORGANIZED] ACADEMIC ACTIVITY) 64

(SKIP TO Y11)

Y10. <ORGACTV> Were you playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? **[INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY]**

- SPORTS 1
- ORGANIZED ACTIVITY 2
- CLASS/TUTORING 3
- CLUB 4
- OTHER (SPECIFY): 95

- REFUSED 97
- DON'T KNOW 98

POST CODES:

- OTHER: SPORTS 61
- OTHER: ORGANIZED ACTIVITY 62
- OTHER: CLASS/TUTORING 63
- OTHER: CLUB 64

Y11. <OTHYTH> Were there other youth at [PLACE] with you at 5:30?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

Y12. <OTHADL> [INTERVIEWER: IF AGES 18-19, SKIP TO Y14] At 5:30, was there an adult present, who could see or hear you?

- YES 1
- NO (SKIP TO Y14) 2
- MOTHER PRESENT (SKIP TO Y14) 3
- REFUSED 7
- DON'T KNOW 8

Y13. <MOM530> At 5:30, was your mother present where she could see or hear you?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

Y14. <SEVN30> Now let's talk about 7:30pm. Where were you at 7:30 on [WEEKDAY]?

- WORK (SKIP TO Z1) 1
- CHILD CARE (IF AGE 18-19, SKIP TO Z1, IF 12-17, ASK Y15) 2
- SCHOOL (SKIP TO Y16) 3
- SCHOOL BUS (SKIP TO Z1) 4
- CHURCH CLUB/COMMUNITY CENTER (SKIP TO Y17) 5
- HOME (SKIP TO Y18) 6
- AT RELATIVES HOUSE (SKIP TO Y18) 7
- SOMEWHERE ELSE (SPECIFY): _____ 95
- (SKIP TO Y18)
- REFUSED (SKIP TO Y18) 97
- DON'T KNOW (SKIP TO Y18) 98

POST CODES:

- OTHER: SPORTS TEAM PRACTICE/GAME/CHEERLEADING/
KARATE CLASS/P.A.L. (POLICE ATHLETIC LEAGUE)/
OTHER [ORGANIZED] ATHLETICS 8
- OTHER: PLAYING UNORGANIZED SPORTS/PICK-UP
GAMES/GENERAL MENTION OF SPORTS/GYM 9
- OTHER: FRIEND'S HOUSE/NEIGHBOR'S HOUSE 10
- OTHER: PLAYING OUTSIDE/OUTSIDE IN
NEIGHBORHOOD/STREET/PARK/PLAYGROUND 11
- OTHER: LIBRARY 12
- OTHER: TUTORING 13
- OTHER: DANCE CLASS/BALLET 14
- OTHER: PIANO LESSON 15

- OTHER: WITH PARENT AT WORK/PARENT'S SCHOOL 16
- OTHER: WALKING HOME FROM SCHOOL/BEING DRIVEN HOME/HEADING HOME ON PUBLIC TRANSPORTATION/DRIVING/HEADING/IN ROUTE HOME (GENERAL-UNSPECIFIED) 17
- OTHER: SHOPPING/RUNNING ERRAND (SUPERMARKET, STORE, BARBERSHOP ETC.) 18
- OTHER: EATING IN RESTAURANT/OUT TO EAT 19
- OTHER: AT HEALTH PROFESSIONAL'S OFFICE (DENTIST, DOCTOR, COUNSELOR) 20
- OTHER: AT HOSPITAL 21
- OTHER: GENERAL MENTION OF WITH PARENT/OUT WITH FAMILY/BEING PICKED UP/IN CAR WITH PARENT -- ALL WITHOUT SPECIFIC MENTION OF LOCATION OR DESTINATION 22
- OTHER: ON VACATION/OUT OF TOWN, STATE, COUNTRY/AT CAMP 23
- OTHER: HANGING OUT/OUT/DRIVING AROUND WITH FRIENDS 24
- OTHER: AT MALL/MOVIES/ARCADE/CARNIVAL 25
- OTHER: AT BOYFRIEND/GIRLFRIEND/FIANCE'S HOUSE/WITH BOYFRIEND/GIRLFRIEND/FIANCE 26
- OTHER: JOB HUNTING/JOB TRAINING/JOB CORPS 27
- OTHER: ON PUBLIC TRANSPORTATION (GENERAL) 28
- OTHER: RESIDENTIAL SCHOOL/BOARDING SCHOOL/DORMITORY/GROUP HOME 29
- OTHER: PICKING UP OWN CHILD/ACTIVITY WITH/CONCERNING CHILD/AT HOME OF CHILD'S MOTHER OR FATHER 30
- OTHER: INCARCERATED/IN JAIL/DETENTION CENTER 31
- OTHER: DECEASED (FROM HOUSEHOLD) 32
- OTHER: CHILD CARE 61
- OTHER: SCHOOL (WOULD INCLUDE AFTER SCHOOL PROGRAM) 62
- OTHER: SCHOOL BUS 63
- OTHER: CHURCH/CLUB/COMMUNITY CENTER 64
- OTHER: HOME 65
- OTHER: AT A RELATIVE'S HOUSE (INCLUDES NON-CUSTODIAL PARENT) 66
- OTHER: WORK 67

- Y15. <CAREPD> Is this provider paid to take care of you?
- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8
- (SKIP TO Z1)**
- Y16. <CLB730> Were you playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?
- PLAYING ON A SPORTS TEAM 1
- PARTICIPATING IN A CLUB 2
- IN CLASS/TUTORING 3
- SERVING DETENTION 4
- DOING SOMETHING ELSE (SPECIFY): 95
-
- REFUSED 97
- DON'T KNOW 98
- POST-CODES:**
- OTHER: AFTER SCHOOL PROGRAM (GENERAL-UNSPECIFIED) 5
- OTHER: OTHER ORGANIZED PHYSICAL ACTIVITY (E.G., DANCE, BALLET, STEP) 6
- OTHER: AFTERCARE PROGRAM 7
- OTHER: DOING HOMEWORK 8
- OTHER: CHOIR 9
- OTHER: LEAVING SCHOOL 10
- OTHER: SPORTS 61
- OTHER: CLUB 62
- OTHER: DETENTION 63
- OTHER: IN CLASS OR TUTORING (WOULD INCLUDE OTHER [ORGANIZED] ACADEMIC ACTIVITY) 64
- DOING SOMETHING ELSE 95
- REFUSED 97
- DON'T KNOW 98
- (SKIP TO Y18)**

Y17. <SPORTN> Were you playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? **[INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY]**

- SPORTS 1
- ORGANIZED ACTIVITY 2
- CLASS/TUTORING 3
- CLUB 4
- DOING SOMETHING ELSE (SPECIFY): 95

- REFUSED 97
- DON'T KNOW 98

POST CODES:

- OTHER: SPORTS 61
- OTHER: ORGANIZED ACTIVITY 62
- OTHER: CLASS/TUTORING 63
- OTHER: CLUB 64

Y18. <ADL730> **[INTERVIEWER: IF AGES 18-19 YEARS, SKIP TO Z1]** At 7:30, was there an adult present, who could see or hear you?

- YES 1
- NO (**SKIP TO Z1**) 2
- MOTHER PRESENT (**SKIP TO Z1**) 3
- REFUSED 7
- DON'T KNOW 8

Y19. <MOM730> At 7:30, was your mother present where she could see or hear you?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

[INTERVIEWER: SKIP TO Z1]

SECTION Z: FUTURE PLANS

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

Z1. Think about how you see your future. What are the chances that.. **[INTERVIEWER: HAND RESPONDENT CARD WITH RESPONSE CATEGORIES]**

	VERY LOW	LOW	ABOUT 50-50	HIGH	VERY HIGH	RE- FUSED	DON'T KNOW
Z1a. <ENDCOLL>You will complete college? Would you say very low, low, about 50-50, high, or very high?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Z1b. <FINJOB> You will find a stable, well-paid job as an adult?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

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

INTERVIEWER OBSERVATIONS

<LOCALE> RECORD THE LOCATION WHERE THE INTERVIEW TOOK PLACE:

- YOUTH'S HOME 1
- YOUTH CENTER 2
- OTHER LOCATION 95

POST CODES:

- OTHER: RELATIVE'S HOUSE 3
- OTHER: LIBRARY 4
- OTHER: NON-BLOOD RELATIVE'S HOUSE/FRIEND'S HOUSE 5
- OTHER: TELEPHONE INTERVIEW 6
- OTHER: SCHOOL 7
- OTHER: BURGER KING/MCDONALDS 8
- OTHER: JAIL/INCARCERATED 9
- OTHER: YOUTH'S HOME 61
- OTHER: YOUTH CENTER (COMMUNITY CENTERS) 62
- OTHER 95

<LIVIN> RECORD YOUTH'S LIVING SITUATION: IS YOUTH LIVING...

- INDEPENDENTLY 1
- AT HOME 2
- WITH FOSTER PARENTS 3
- WITH OTHER RELATIVES 4
- OTHER (SPECIFY): _____ 95
- DON'T KNOW 98

POST CODES:

- OTHER: BOARDING SCHOOL/COLLEGE DORMITORIES/ON CAMPUS/SPECIAL SCHOOL 5
- OTHER: IN JAIL/INCARCERATED/DETENTION CENTER/FACILITY 6
- OTHER: WITH FRIEND/GIRLFRIEND/BOYFRIEND/BOYFRIEND'S PARENTS 7
- OTHER: YOUTH FACILITY 8
- OTHER: GROUP HOME 9
- OTHER: INDEPENDENTLY 61
- OTHER: AT HOME (INCLUDES LIVING WITH MOTHER/FATHER) 62
- OTHER: WITH FOSTER PARENTS 63
- OTHER: WITH OTHER RELATIVES 64

<MODE> HOW WAS THE INTERVIEW CONDUCTED:

- IN PERSON 1
- BY PHONE ON THE FIELD 2
- BY PHONE IN THE PHONE CENTER 3

<INDRUG> HOW MANY OF THE QUESTIONS ON DRUGS (QUESTIONS U9-U15) DID THE RESPONDENT PHYSICALLY ENTER INTO THE LAPTOP?

- ALL 1
- SOME 2
- NONE 3

<INSEX> HOW MANY OF THE QUESTIONS ON SEX (QUESTIONS U22-U34) DID THE RESPONDENT PHYSICALLY ENTER INTO THE LAPTOP?

- ALL 1
- SOME 2
- NONE 3