

**NATIONAL LONGITUDINAL TRANSITION STUDY - 2 (NLTS2)
WAVE 1 INTERVIEW**

LINKS TO PARENT INTERVIEW SECTIONS – WAVE 1

- [S. Interview Screener](#)
- [A. Student Characteristics](#)
- [B. Disability Characteristics](#)
- [C. Health Insurance](#)
- [D. School Experiences](#)
- [E. Family Interaction/Involvement](#)
- [F. After School and Extracurricular Activities](#)
- [G. Youth Behaviors](#)
- [H. Services](#)
- [I. Employment Outcomes](#)
- [J. Parent Expectations](#)
- [K. Household Characteristics](#)
- [L. Closing](#)

SECTION S. SCREENER

SINTRO

May I please speak to the parent or guardian of {St_fn} {St_ln}?

[My name is {INTERVIEWER}. I'm calling on behalf of the U.S. Department of Education regarding an important education study.]

- 1. SUBJECT SPEAKING (GO TO S2A)
- 2. SUBJECT LIVES HERE – NOT AVAILABLE (GO TO SINTRO2)
- 3. SUBJECT KNOWN LIVES AT ANOTHER NUMBER (GO TO KNOWS)
- 4. NEVER HEARD OF SUBJECT (GO TO CHECKNO)
- 5. TELEPHONE COMPANY RECORDING (GO TO RECORD)
- AM. ANSWERING MACHINE
- RT. RETRY DIALING
- GT. GO TO RESULT

SINTRO2

May I please speak with a member of your household who is at least 18 years old?

[My name is {INTERVIEWER}. I'm calling on behalf of the U.S. Department of Education regarding an important education study].

- 1. SUBJECT SPEAKING (GO TO S2A)
- 2. NOT AVAILABLE (GO TO CALLBACK)
- GT. GO TO RESULT

BOX S-1
 IF P1_fn OR P1_ln=-1 DO NOT SHOW THAT DISPLAY. IF DISPLAY SHOWN ALLOW BLANK ENTRY FIELD (AND SET DISPLAY TO RFNAME/RLNAME), ELSE ENTRY NECESSARY.

S2A

[My name is {INTERVIEWER}. I'm calling on behalf of the U.S. Department of Education for a national study about students and youth. You may have received a letter about it.]

The school district that serves {St_fn} {St_ln} is part of this important national study, and {St_fn} is one of the students included in this study. Who would be the best adult, age 18 or older, to talk with about {YOUTH}'s experiences in school? [IF RESPONDENT SAYS THEY DIDN'T GET THE LETTER, SAY, "It may not have arrived yet" AND CONTINUE. IF RESPONDENT SAYS YOUTH IS NOT IN SCHOOL, ASK: "Who would be the best adult to talk with about {YOUTH}'s other experiences?"]

[IF NEEDED: "Could you please tell me your name?"]

{P1_fn}
{P1_ln}
[X IF SCR]
RESP]
 FIRST NAME _____ LAST NAME _____
 ()

BOX S-4
IF PHONE NUMBER GIVEN, LOAD NEW NUMBER AND RETURN TO SCHEDULER AS 15, ELSE LOAD NEXT NUMBER FROM FILE. IF ALL NUMBERS EXHAUSTED CODE '10' (TRACING).



SUBJECT2

[ENTER CONTACT NAME.]

FIRST NAME: _____ LAST NAME: _____

[ENTER ANY CONTACT INFORMATION, USE SHFT-8 (*) IF INFORMATION IS NOT KNOWN.]

[ENTER ANY CONTACT INFORMATION FOR THE SUBJECT, USE SHIFT 8 (*) IF NOT KNOWN.]

PHONE NUMBER: () () ()

STREET ADDRESS: _____ APT NO: _____

CITY: _____ STATE: _____ ZIP CODE: _____

[ENTER MESSAGE OR LOCATING INFORMATION FOR THE NEXT INTERVIEWER.]

BOX S-5
LOAD NEXT NUMBER FROM FILE. IF ALL NUMBERS EXHAUSTED CODE '10' (TRACING).



RECORD

THE NUMBER YOU CALLED WAS:

()

- 1. CHANGED TO A NEW NUMBER (GO TO OVERLAY TO RECORD NEW #)
- 2. TEMPORARILY DISCONNECTED
- 3. NOW NON-PUBLISHED
- 4. NO LONGER WORKING/DISCONNECTED
- 5. NOT COMPLETED AS DIALED
- 6. NOT AVAILABLE IN AREA CODE
- 91. OTHER (SPECIFY)

BOX S-6

IF RECORD=1 AND NEW NUMBER RECORDED, LOAD NEW NUMBER AND RETURN TO SCHEDULER AS 15. IF RECORD=2, 3, 4, 5, 6, OR 91 LOAD NEXT NUMBER FROM FILE. IF ALL NUMBERS EXHAUSTED CODE '10' (TRACING).

CHECKNO

{ORIGINAL AREA CODE: }

I'd like to make sure that this number was dialed correctly. Is this {(AREA)} {LOCAL}-{EXCHANGE}?

()

1. YES (GO TO KNOWS)
2. NO (GO TO CHECKOV)

CHECKov

[It seems I have dialed the wrong number. I will redial the number.] Thank you for your time. Goodbye.

()

RT. RETRY DIALING

NW. NON-WORKING NUMBER (DIALED 2X)

BOX S-7

IF CHECKov=NW LOAD NEXT NUMBER FROM FILE. IF ALL NUMBERS EXHAUSTED CODE '10' (TRACING).

THANKPRB

Thank you for your help. Goodbye.

[PRESS RETURN TO CONTINUE]

THANK1

Thank you, those are all the questions I have at this time.

[PRESS RETURN TO CONTINUE.]

INTRO2

[Hello], may I speak to {RFNAME} {RLNAME}?

My name is {INTERVIEWER}. I'm calling on behalf of the U.S. Department of Education regarding an important education study.

- 1. SUBJECT SPEAKING (GO TO S8)
- 2. SUBJECT LIVES HERE – NEEDS APPOINTMENT (GO TO BOX S-8)
- 3. SUBJECT KNOWN LIVES AT ANOTHER NUMBER (GO TO KNOWS)
- 4. NEVER HEARD OF SUBJECT (GO TO CHECKNO)
- 5. TELEPHONE COMPANY RECORDING (GO TO RECORD)
- AM. ANSWERING MACHINE
- RT. RETRY DIALING
- GT. GO TO RESULT

BOX S-8
 If RRELEASE>0 and NEWMAXR<RRELEASE then to to S13 else go to
 CAI.I.BACK

S8. I have some questions about {St_fn} and {St_fn}'s school and other experiences that will take about a half hour. Those included in the study are eligible to receive a thank-you gift. Thank-you gifts can include a personal computer or one of ten gift certificates for \$100. Winners of thank-you gifts will be chosen at random this fall.

S8

- ()
- 1. CONTINUE
- 2. NEED TO SELECT NEW RESPONDENT (GO TO S13)

S9. Participation in this study is voluntary. Everything you say will be kept completely confidential and you may choose not to answer any question that I ask you. Nothing you say will ever be reported individually about you, {St_fn}, or your family, and no information you give will be shared with {St_fn}'s school. If you have any questions or concerns about the study, I can give you a toll-free number to call. [IF NECESSARY: The toll-free number is 1-888-845-4192.]

S9

- ()
- 1. CONTINUE
- 2. NEED TO SELECT NEW RESPONDENT (GO TO S13)

S10 [IF NECESSARY ASK: Are you male or female?]
S10

- ()
1. MALE (GO TO S12A)
 2. FEMALE (GO TO S11A)

S11A. To start, what is your relation to {St_fn}?

S11A

- ()
1. MOTHER (GO TO S11B)
 2. BIOLOGICAL MOTHER (GO TO SECTION A)
 3. ADOPTIVE MOTHER (GO TO SECTION A)
 4. STEPMOTHER (GO TO S11C)
 5. FOSTER MOTHER (GO TO S11C)
 6. LEGAL GUARDIAN (GO TO SECTION A)
 7. SISTER/STEPSISTER (GO TO S11C)
 8. AUNT (GO TO S11C)
 9. GRANDMOTHER (GO TO S11C)
 91. OTHER (GO TO S11Aov)

S11Aov SPECIFY: _____

- 7 REFUSED (GO TO SECTION A)
- 8 DON'T KNOW (GO TO SECTION A)

S11B. Are you {YOUTH'S} biological, adoptive, step or foster mother?

S11B

1. BIOLOGICAL MOTHER (GO TO SECTION A)
2. ADOPTIVE MOTHER (GO TO SECTION A)
3. STEPMOTHER (GO TO S11C)
4. FOSTER MOTHER (GO TO S11C)
- 7 REFUSED (GO TO S11C)
- 8 DON'T KNOW (GO TO S11C)

S11C. Are you {YOUTH'S} legal guardian?

S11C

1. YES (GO TO SECTION A)
2. NO (GO TO SECTION A)
- 7 REFUSED (GO TO SECTION A)
- 8 DON'T KNOW (GO TO SECTION A)

S12A. To start, what is your relation to {St_fn}?

S12A

- ()
- | | |
|------------------------|-------------------|
| 1. FATHER | (GO TO S12B) |
| 2. BIOLOGICAL FATHER | (GO TO SECTION A) |
| 3. ADOPTIVE FATHER | (GO TO SECTION A) |
| 4. STEPFATHER | (GO TO S12C) |
| 5. FOSTER FATHER | (GO TO S12C) |
| 6. LEGAL GUARDIAN | (GO TO SECTION A) |
| 7. BROTHER/STEPBROTHER | (GO TO S12C) |
| 8. UNCLE | (GO TO S12C) |
| 9. GRANDFATHER | (GO TO S12C) |
| 91. OTHER | (GO TO S12Aov) |

S12Aov SPECIFY: _____

- | | |
|---------------|-------------------|
| -7 REFUSED | (GO TO SECTION A) |
| -8 DON'T KNOW | (GO TO SECTION A) |

S12B. Are you {YOUTH'S} biological, adoptive, step or foster father?

S12B

- | | |
|----------------------|-------------------|
| 1. BIOLOGICAL FATHER | (GO TO SECTION A) |
| 2. ADOPTIVE FATHER | (GO TO SECTION A) |
| 3. STEPFATHER | (GO TO S12C) |
| 4. FOSTER FATHER | (GO TO S12C) |
| -7 REFUSED | (GO TO S12C) |
| -8 DON'T KNOW | (GO TO S12C) |

S12C. Are you {YOUTH'S} legal guardian?

S12C

- | | |
|---------------|-------------------|
| 1. YES | (GO TO SECTION A) |
| 2. NO | (GO TO SECTION A) |
| -7 REFUSED | (GO TO SECTION A) |
| -8 DON'T KNOW | (GO TO SECTION A) |

If NEWMAXR not = RRELEASE
display "We have been trying..."
else display "Who would be ..."
If NEWMAXR not = RRELEASE
and RRELEASE not = 0, display
() and YES. NO responses. else do

S13. { We have been trying to reach {RFNAME} {RLNAME} regarding an important Department of Education study, and have been unable to make contact. Is there another adult, age 18 or older, that we may be able to talk with about {St_fn} and his/her experiences in school?

S13

()

- 1. YES (GO TO RFNAME)
- 2. NO (MAINTAIN RFNAME AND RLNAME GO TO BOX S-9 THEN TO CB.)
- 7. REF (MAINTAIN RFNAME AND RLNAME GO TO BOX S-9 THEN TO CB.)
- 8. DK (MAINTAIN RFNAME AND RLNAME GO TO BOX S-9 THEN TO CB.)

FIRST NAME _____ LAST NAME _____

S13FN

S13LN

BOX S-9

IF RFNAME=-7 OR -8 GO TO THANK1 AND REASREF1 AND CODE CASE REFUSAL '2' AND RETAIN RFNAME AND RLNAME.

UPDATE ALL RFNAME AND RLNAME FIELDS. STORE ORIGINAL DATA IN OLDRFNAM/OLDRNLAM. GO TO HHSELECT.

IF RRELEASE>0 THEN NEWMAXR = RRELEASE.

READMSG

[PLEASE READ THE FOLLOWING MESSAGE INTO THE ANSWERING MACHINE.]

Hello, this is {INTERVIEWER} and I'm calling on behalf of the U.S. Department of Education regarding an important education study. We'll call back another time. If you have any questions or would like to schedule an appointment, please call 1-888-845-4192. Thank you.

[PRESS RETURN TO CONTINUE.]



RESTART2. THIS IS A RESTART CASE THAT WILL BEGIN AT QUESTIONS {SECTION}

Hello, may I please speak with {RFNAME} {RLNAME}?

RESTART2

My name is {INTERVIEWER}. I'm calling back on behalf of the U.S. Department of Education. We talked to you earlier regarding an important education study. We are calling you now to complete the interview.]

()

- 1. SUBJECT AVAILABLE/COMING TO PHONE (GO TO START SECTION)
- 2. SUBJECT LIVES HERE - NEEDS APPOINTMENT (GO TO CALLBACK)
- 3. SUBJECT KNOWN LIVES AT ANOTHER NUMBER (GO TO KNOWS)
- 4. NEVER HEARD OF SUBJECT (GO TO CHECKNO)
- 5. TELEPHONE COMPANY RECORDING (GO TO RECORD)

AM. ANSWERING MACHINE
RT. RETRY DIALING
GT. GO TO RESULT

SECTION A. STUDENT CHARACTERISTICS

VARIABLE NOTE:
YOUTH (selected YOUTH's first name) = **St_fn** (student's first name on sample file), else use child's initials, if first name not provided = **St_init** (on sample file).
YOUTHLN = selected YOUTH's last name = **St_In** (student's last name on sample file)
Include suffix (Jr, III etc) if available = **St_sufx**.

A1 (A1.) I'd like to ask you some questions about {YOUTH}. Is {YOUTH} male or female?
A1

- 1. MALE
- 2. FEMALE
- 7 REFUSED
- 8. DON'T KNOW

BOX A-0
If A1= -7 or -8, go to A2B2, else, go to Box A-1.

BOX A-1
IF St_birth = -1 (No birth date in file), then go to A2B. Else, go to A2A.

A2A (A2A). I have {YOUTH}'s birth date as {St_birth}? Is that correct?
A2A

- 1. YES(Go to Box A-4)
- 2. NO.....(Go to A2B)
- 7. REFUSE.....(Go to A2B2)
- 8. DON'T KNOW(Go to A2B2)

A2B (A2B). What is {YOUTH'S} birth date?
A2BMM/A2BDD/A2BYY

____/____/____
MM DD YYYY

[S: 12/1/1983 TO 12/1/1987]

- | | |
|----------------|--------------|
| 1. JANUARY | 7. JULY |
| 2. FEBRUARY | 8. AUGUST |
| 3. MARCH | 9. SEPTEMBER |
| 4. APRIL | 10. OCTOBER |
| 5. MAY | 11. NOVEMBER |
| 6. JUNE | 12. DECEMBER |
| -7. REFUSE | |
| -8. DON'T KNOW | |

BOX A-2

If A2BMM or A2BYY in A2B = -7
or -8, go to A2B2, else go to
Box A-4.

A2B2(ROSTERR)Who would be able to provide that information?
A2B2

(FIRST NAME)

(LAST NAME)

BOX A - 3

If A2B2 = -7 or -8, go to Thank1
then to REFNIRF, else go to
Thank1, stamp standard
message on PROBNIRF – “New
Resp Needed. Name collected,
restart interview.” Autocode 82.

BOX A - 4

Calculate CURAGE = YOUTH's age as of interview date.
If St_birth or A2B < 12-1-1983 or > 12-1-1987, go to A2C, else go to A3A.

· If birth month is current month,
· display "turns (CURAGE) this
· month", else display "is
· (CURAGE)".

A2C (A2C.) That would mean that {YOUTH} is {CURAGE}. Is that correct?

A2C

1. YES (Go to Box A-5)
2. NO (Go to A2B)
- 7. REFUSED (Go to A2B2)
- 8. DON'T KNOW (Go to A2B2)

BOX A-5
If A2C =1, go to A2C2.

A2C2(CURAGERR) Let me confirm that I'm talking about {YOUTH}{YOUTHLN}.

A2C2

1. YES, TALKING ABOUT SAMPLED YOUTH (Go to Box A-5A)
2. NO, NOT TALKING ABOUT SAMPLED YOUTH (Go to A2B)
- 7 REFUSED (Go to A2B2)
- 8 DON'T KNOW (Go to A2B2)

BOX A-5A
If A2C2 =1, go to Thank1, stamp standard message on PROBNIRF – "Ineligible YOUTH due to age". Autocode 82, else go to A2B.

A3A. Is {YOUTH} of Hispanic, Latino, or other Spanish origin?

A3A

1. YES

- 2. NO
- 7 REFUSED
- 8. DON'T KNOW

A3B. I'm going to read a list of categories. Please choose one or more categories that best describe {YOUTH}'s race. Is {he/she}....

[IF RESPONDENT SAYS MIXED RACE OR BI- OR MULTIRACIAL, ASK AS NEEDED: "I can record more than one. Which races should I enter?" AND CODE EACH. CTRL/P TO EXIT.]

() () () () () ()

- A3B_1 1. White
- A3B_2 2. African American or Black
- A3B_3 3. American Indian or Alaska Native
- A3B_4 4. Asian
- A3B_5 5. Native Hawaiian, or Other Pacific Islander?
- A3B_9191. OTHER
- 7 REFUSED
- 8. DON'T KNOW
- A3B_OS (SPECIFY) _____

A4A. Is any language other than English regularly spoken in your home?
A4A

- 1. YES (Go to A4B)
- 2. NO (Go to A5A)
- 7 REFUSED (Go to A4B)
- 8. DON'T KNOW (Go to A4B)

A4B. What is the main language {YOUTH} usually uses at home?
A4B

- 1 ENGLISH
- 2 SPANISH
- 3 ALBANIAN
- 4 ARABIC
- 5 BULGARIAN
- 6 CAMBODIAN
- 7 CHINESE
- 8 CREOLE
- 9 CROATIAN
- 10 CZECHOSLOVAKIAN

- 11 DUTCH
- 12 FARSI
- 13 FINNISH
- 14 FRENCH
- 15 GERMAN
- 16 GREEK
- 17 HEBREW
- 18 HMONG
- 19 HUNGARIAN
- 20 ITALIAN
- 21 JAPANESE
- 22 KOREAN
- 23 LAOTIAN
- 24 PERSIAN
- 25 POLISH
- 26 PORTUGUESE
- 27 PUNJABI
- 28 ROMANIAN
- 29 RUSSIAN
- 30 SAMOAN
- 31 SWAHILI
- 32 TAGALOG (FILIPINO LANGUAGE)
- 33 THAI
- 34 TURKISH
- 35 URDU
- 36 VIETNAMESE
- 37 SIGN LANGUAGE/MANUAL
COMMUNICATION/ASL
- 38 YOUTH DOES NOT SPEAK A LANGUAGE
- 91 OTHER
- 8 DON'T KNOW
- 7 REFUSED

A4B_OS (SPECIFY) _____

A5A (A5A). In the past year has {YOUTH} lived with you all the time? [EXCLUDING CAMPS AND VACATIONS]

A5A

- 1. YES.....(Go to Box A-6)
- 2. NO.....(Go to A5B)
- 3. YOUTH IS DECEASED..... (AUTO CODE CASE AS DECEASED)
- 7 REFUSED.....(Go to A5B)
- 8. DON'T KNOW.....(Go to A5B)

A5B (A5B). How much of the time has {he/she} lived with you? Has it been...

A5B

- A5D_01 1. WITH [HIS/HER] OTHER PARENT
- A5D_02 2. WITH [HIS/HER] PARENTS
- A5D_03 3. WITH ANOTHER RELATIVE/ADULT FAMILY MEMBER OTHER THAN SPOUSE OR PARENT
- A5D_04 4. IN FOSTER CARE
- A5D_05 5. WITH NON-FAMILY LEGAL GUARDIAN
- A5D_06 6. IN A RESIDENTIAL OR BOARDING SCHOOL OTHER THAN A COLLEGE
- A5D_07 7. IN A GROUP HOME, OTHER ASSISTED LIVING CENTER, SUPERVISED APARTMENT
- A5D_08 8. IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES
- A5D_09 9. IN A MENTAL HEALTH FACILITY
- A5D_10 10. IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER
- A5D_11 11. ON [HIS/HER] OWN
- A5D_12 12. WITH A SPOUSE OR ROOMMATE
- A5D_13 13. IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING
- A5D_14 14. IN MILITARY HOUSING
- A5D_15 15. TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR
- A5D_16 16. WITH RESPONDENT ON PHONE
- A5D_91 91. OTHER
 - 7 REFUSED
 - 8. DON'T KNOW

A5D_OS (SPECIFY) _____



BOX A-6

IF YOUTH LIVES WITH ANOTHER RELATIVE OR NON FAMILY LEGAL GUARDIAN (A5D3 OR A5D5=1) AND RESPONDENT IS NOT FOSTER PARENT (S11A OR S12A^=5 AND S11B OR S12B^=4) GO TO A5E.

IF YOUTH LIVES IN FOSTER CARE (A5D4=1 OR S11A=5 OR S11B=4 OR S12A=5 OR S12B=4) GO TO A5F.

IF A5C OR A5D=-7 OR -8, GO TO A5E.

ELSE GO TO BOX A-5G

A5E (A5D). Is {YOUTH} living in a foster care arrangement?

A5E

- 1. YES
- 2. NO [GO TO B1]
- 7 REFUSED [GO TO B1]
- 8 DON'T KNOW [GO TO B1]



A5F (A5E). How long has [HE/SHE] been in this foster care arrangement?

[DECIMALS CAN BE ENTERED]

A5F_NUM

_____ [H: 1-1,000]
NUMBER

A5F_UNT

UNIT _____(Go to Section B)

- 1. DAYS [H: 1 -1,000]
- 2. WEEKS [H: 1 – 650]
- 3. MONTHS [H: 1- 175]
- 4. YEARS [H: 1-13,
- 7 REFUSED
- 8 DON'T KNOW



Box A-5G If {YOUTH} lives with parent (A5A=1 or A5D=1-5, 16) go to A5G, else go to section B

A5G (A5I). How long has {YOUTH} lived in the community?

[DECIMALS CAN BE ENTERED]

A5G_NUM

_____ [H: 1-1,000]
NUMBER

A5G_UNT

UNIT: _____

- 1. DAYS [H: 1-1,000]
- 2. WEEKS [H: 1 - 650]
- 3. MONTHS [H: 1- 175]
- 4. YEARS [H: 1-13]
- 7 REFUSED
- 8. DON'T KNOW



A. STUDENT CHARACTERISTICS

VARIABLE NOTE:
YOUTH (selected YOUTH's first name) = **St_fn** (student's first name on sample file), else use child's initials, if first name not provided = **St_init** (on sample file).
YOUTH_LN = selected YOUTH's last name = **St_In** (student's last name on sample file)
Include suffix (Jr, III etc) if available = **St_sufx**.

A1 (A1.) I'd like to ask you some questions about {YOUTH}. Is {YOUTH} male or female?

A1

- 1. MALE
- 2. FEMALE
- 7 REFUSED
- 8. DON'T KNOW

BOX A-0
If A1= -7 or -8, go to A2B2, else, go to Box A-1.

BOX A-1
IF St_birth = -1 (No birth date in file), then go to A2B. Else, go to A2A.

A2A (A2A). I have {YOUTH}'s birth date as {St_birth}? Is that correct?

A2A

- 1. YES..... (Go to Box A-4)
- 2. NO (Go to A2B)
- 7. REFUSE (Go to A2B2)
- 8. DON'T KNOW..... (Go to A2B2)

A2B (A2B). What is {YOUTH'S} birth date?

A2BMM/A2BDD/A2BYY

____/____/____
MM DD YYYY

[S: 12/1/1983 TO 12/1/1987]

- | | |
|----------------|--------------|
| 1. JANUARY | 7. JULY |
| 2. FEBRUARY | 8. AUGUST |
| 3. MARCH | 9. SEPTEMBER |
| 4. APRIL | 10. OCTOBER |
| 5. MAY | 11. NOVEMBER |
| 6. JUNE | 12. DECEMBER |
| -7. REFUSE | |
| -8. DON'T KNOW | |

BOX A-2

If A2BMM or A2BYY in A2B = -7
or -8, go to A2B2, else go to
Box A-4.

A2B2(ROSTERR)Who would be able to provide that information?

A2B2

(FIRST NAME)

(LAST NAME)

BOX A - 3

If A2B2 = -7 or -8, go to Thank1
then to REFNIRF, else go to
Thank1, stamp standard
message on PROBNIRF – “New
Resp Needed. Name collected,
restart interview.” Autocode 82.

BOX A – 4

Calculate CURAGE = YOUTH's age as of interview date.

If St_birth or A2B < 12-1-1983
or > 12-1-1987, go to A2C, else
go to A3A.

If birth month is current month,
display "turns (CURAGE) this
month", else display "is
(CURAGE)".

A2C (A2C.) That would mean that {YOUTH} is {CURAGE}. Is that correct?

A2C

3. YES (Go to Box A-5)
4. NO (Go to A2B)
- 7. REFUSED (Go to A2B2)
- 8. DON'T KNOW (Go to A2B2)

BOX A-5

If A2C =1, go to A2C2.

A2C2(CURAGERR) Let me confirm that I'm talking about {YOUTH}{YOUTHLN}.

A2C2

1. YES, TALKING ABOUT SAMPLED YOUTH (Go to Box A-5A)
2. NO, NOT TALKING ABOUT SAMPLED YOUTH (Go to A2B)
- 7 REFUSED (Go to A2B2)
- 8 DON'T KNOW (Go to A2B2)

BOX A-5A

If A2C2 =1, go to Thank1,
stamp standard message on
PROBNIRF – "Ineligible YOUTH
due to age". Autocode 82, else
go to A2B.

A3A. Is {YOUTH} of Hispanic, Latino, or other Spanish origin?

A3A

- 3. YES
- 4. NO
- 7 REFUSED
- 8. DON'T KNOW

A3B. I'm going to read a list of categories. Please choose one or more categories that best describe {YOUTH}'s race. Is {he/she}....

[IF RESPONDENT SAYS MIXED RACE OR BI- OR MULTIRACIAL, ASK AS NEEDED: "I can record more than one. Which races should I enter?" AND CODE EACH. CTRL/P TO EXIT.]

() () () () () ()

- A3B_1 1. White
- A3B_2 2. African American or Black
- A3B_3 3. American Indian or Alaska Native
- A3B_4 4. Asian
- A3B_5 5. Native Hawaiian, or Other Pacific Islander?
- A3B_91 91. OTHER
- 7 REFUSED
- 8. DON'T KNOW
- A3B_OS (SPECIFY) _____

A4A. Is any language other than English regularly spoken in your home?

A4A

- 1. YES (Go to A4B)
- 2. NO (Go to A5A)
- 7 REFUSED (Go to A4B)
- 8. DON'T KNOW (Go to A4B)

A4B. What is the main language {YOUTH} usually uses at home?

A4B

- 1 ENGLISH
- 2 SPANISH
- 3 ALBANIAN
- 4 ARABIC
- 5 BULGARIAN
- 6 CAMBODIAN
- 7 CHINESE
- 8 CREOLE

- 9 CROATIAN
 - 10 CZECHOSLOVAKIAN
 - 11 DUTCH
 - 12 FARSI
 - 13 FINNISH
 - 14 FRENCH
 - 15 GERMAN
 - 16 GREEK
 - 17 HEBREW
 - 18 HMONG
 - 19 HUNGARIAN
 - 20 ITALIAN
 - 21 JAPANESE
 - 22 KOREAN
 - 23 LAOTIAN
 - 24 PERSIAN
 - 25 POLISH
 - 26 PORTUGUESE
 - 27 PUNJABI
 - 28 ROMANIAN
 - 29 RUSSIAN
 - 30 SAMOAN
 - 31 SWAHILI
 - 32 TAGALOG (FILIPINO LANGUAGE)
 - 33 THAI
 - 34 TURKISH
 - 35 URDU
 - 36 VIETNAMESE
 - 37 SIGN LANGUAGE/MANUAL
COMMUNICATION/ASL
 - 38 YOUTH DOES NOT SPEAK A LANGUAGE
 - 91 OTHER
 - 8 DON'T KNOW
 - 7 REFUSED
- A4B_OS** (SPECIFY) _____



A5A (A5A). In the past year has {YOUTH} lived with you all the time? [EXCLUDING CAMPS AND VACATIONS]

A5A

- 4. YES.....(Go to Box A-6)
- 5. NO.....(Go to A5B)
- 6. YOUTH IS DECEASED(AUTO CODE CASE AS DECEASED)
- 7 REFUSED.....(Go to A5B)
- 8. DON'T KNOW.....(Go to A5B)



A5B (A5B). How much of the time has {he/she} lived with you? Has it been...

A5B

- A5D_01** 1. WITH [HIS/HER] OTHER PARENT
- A5D_02** 2. WITH [HIS/HER] PARENTS
- A5D_03** 3. WITH ANOTHER RELATIVE/ADULT FAMILY MEMBER OTHER THAN SPOUSE OR PARENT
- A5D_04** 4. IN FOSTER CARE
- A5D_05** 5. WITH NON-FAMILY LEGAL GUARDIAN
- A5D_06** 6. IN A RESIDENTIAL OR BOARDING SCHOOL OTHER THAN A COLLEGE
- A5D_07** 7. IN A GROUP HOME, OTHER ASSISTED LIVING CENTER, SUPERVISED APARTMENT
- A5D_08** 8. IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES
- A5D_09** 9. IN A MENTAL HEALTH FACILITY
- A5D_10** 10. IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER
- A5D_11** 11. ON [HIS/HER] OWN
- A5D_12** 12. WITH A SPOUSE OR ROOMMATE
- A5D_13** 13. IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING
- A5D_14** 14. IN MILITARY HOUSING
- A5D_15** 15. TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR
- A5D_16** 16. WITH RESPONDENT ON PHONE
- A5D_91** 91. OTHER
 - 7 REFUSED
 - 8. DON'T KNOW

A5D_OS (SPECIFY) _____

BOX A-6

IF YOUTH LIVES WITH ANOTHER RELATIVE OR NON FAMILY LEGAL GUARDIAN (A5D3 OR A5D5=1) AND RESPONDENT IS NOT FOSTER PARENT (S11A OR S12A^=5 AND S11B OR S12B^=4) GO TO A5E.

IF YOUTH LIVES IN FOSTER CARE (A5D4=1 OR S11A=5 OR S11B=4 OR S12A=5 OR S12B=4) GO TO A5F.

IF A5C OR A5D=-7 OR -8, GO TO A5E.

ELSE GO TO BOX A-5G

A5E (A5D). Is {YOUTH} living in a foster care arrangement?

A5E

- 1. YES
- 2. NO [GO TO B1]
- 7 REFUSED [GO TO B1]
- 8 DON'T KNOW [GO TO B1]

A5F (A5E). How long has [HE/SHE] been in this foster care arrangement?

[DECIMALS CAN BE ENTERED]

A5F_NUM

_____ [H: 1-1,000]
NUMBER

A5F_UNT

UNIT _____ (Go to Section B)

- 5. DAYS [H: 1 -1,000]
- 6. WEEKS [H: 1 – 650]
- 7. MONTHS [H: 1- 175]
- 8. YEARS [H: 1-13,
- 7 REFUSED
- 8 DON'T KNOW

Box A-5G
If {YOUTH} lives with parent (A5A=1 or A5D=1-5, 16) go to A5G, else go to section B

A5G (A5I). How long has {YOUTH} lived in the community?

[DECIMALS CAN BE ENTERED]

A5G_NUM

_____ [H: 1-1,000]
NUMBER

A5G_UNT

UNIT: _____

- 1. DAYS [H: 1-1,000]
- 2. WEEKS [H: 1 - 650]
- 3. MONTHS [H: 1- 175]
- 4. YEARS [H: 1-13]
- 7 REFUSED
- 8. DON'T KNOW

2. NO

Box B-1B

If more than one disability coded including ADD or ADHD (sum of disabilities in B1A > 1 (items 01 through 91) plus 1 if B1A1 = 1), then go to B1B.

If B1A=only one disability (items 01 through 91) and B1A1 ^= 1, autocode that disability in B1B and then go to Box B-1E.

If (B1A = 00, -7, or -8) and (DISNAM (1) is not missing), then go to B1CINTRO. Else (if DISNAM(1) is missing) go to Box B-7.

: If B1A1 = 1, then display :
: "ATTENTION DEFICIT DISORDER :
: (ADD)". :

B1b (B1B). Which of those disabilities or problems that you told me about is {YOUTH}'s main problem or disability?
[DO NOT READ RESPONSES ALOUD UNLESS RESPONDENT NEEDS A PROMPT]

B1B

() (Go to Box B-1E)

- | | |
|--------------------------|--|
| 1. {RESPONSE01 FROM B1A} | 9. {RESPONSE09 FROM B1A} |
| 2. {RESPONSE02 FROM B1A} | 10. {RESPONSE10 FROM B1A} |
| 3. {RESPONSE03 FROM B1A} | 11. {RESPONSE11 FROM B1A} |
| 4. {RESPONSE04 FROM B1A} | 12. {RESPONSE12 FROM B1A} |
| 5. {RESPONSE05 FROM B1A} | 13. {RESPONSE13 FROM B1A} |
| 6. {RESPONSE06 FROM B1A} | 14. {RESPONSE14 FROM B1A} |
| 7. {RESPONSE07 FROM B1A} | 15. {RESPONSE15 FROM B1A} |
| 8. {RESPONSE08 FROM B1A} | 16. {ATTENTION DEFICIT DISORDER (ADD)} |

: Display all DISNAM (District :
: reported disability) = 1. :

B1CINTRO

Records from the school or school district indicate that at the beginning of the school year {YOUTH} had received special help for:

{DISNAM(1)}
{DISNAM(2)}
{DISNAM(3)}

[PRESS ENTER TO CONTINUE]

: Display "any of" if DISNAM(2)^=-1. :
: Else display "" :

Box B-1C

For each B1C subitem, if B1C = 2, -7 or -8, go directly to the corresponding subitem in B1D. Else, go to the next subitem in B1C.

B1C (B1C) [Is {any of} that still correct?] Did {YOUTH} receive special help for...
[1 = YES, 2 = NO]

- B1CA** a. {DISNAM(1)}?
- B1CB** b. {DISNAM(2)}?
- B1CC** c. {DISNAM(3)}?

Box B-1D
After each subitem in B1D, go to next subitem in B1C. IF no more subitems in B1D, go to Box B-1D2

B1D(B1D). Did {YOUTH} ever have this learning problem or disability?
[1 = YES, 2 = NO]

B1DA/B1DB/B1DC

()

Box B-1D2

If B1CA, B1CB, OR B1CC=1 then autocode B1A, and follow skip patterns from B1A through B1B. If (B1C=1 for DISNUM=5 (hearing impairment)), autocode B1A_11=1 (yes). If (B1C=1 for DISNUM=7 (visual impairment)), autocode B1A_04=1 (yes). If (B1C=1 for DISNUM=11 (Other health impaired, hospital/homebound, ADD/ADHD)), autocode B1A_12=1, then display B1A_12OS for interviewer coding. If (B1C=1 for DISNUM=10 (Multiply Handicapped)), go to Box B-7.

Else go to Box B-7

Box B-1E

If (B1A=00, -7, -8) or (B1A_04 (blindness), B1A_07 (deaf/blind), and B1A_19 (visual imp) ^=1) and (DISNUM(1), DISNUM(2), or DISNUM(3) = 7 (visual imp) or 8 (deaf/blind)), then go to B1E. Else go to BOX B-6.

B1E(B1E). Records from the school or school district indicate that {YOUTH} has a **visual** impairment. Is this correct?

B1E

()

- 1. YES(Go to Box B-6)
- 2. NO(Go to Box B-6)
- 7. REFUSED(Go to Box B-6)
- 8. DON'T KNOW(Go to Box B-6)

Box B-6

If (B1A=00, -7, -8) or (B1A_06 (deaf), B1A_07 (deaf/blind) and B1A_11 (hearing imp) ^=1) and (DISNUM(1), DISNUM(2), or DISNUM(3) = 5 (hearing imp) or 8 (deaf/blind)), then go to B1F. Else go to Box B-7.

B1f (B1E2). Records from the school or school district indicate that {YOUTH} has a **hearing** loss. Is this correct?
B1F

()

1. YES(Go to Box B-7)
2. NO(Go to Box B-7)
- 7. REFUSED(Go to Box B-7)
- 8. DON'T KNOW(Go to Box B-7)

Box B-7

If (B1A ^=NA, -7, or -8) (volunteers disability) or (any of B1C=1) (confirms district identified disability), then set BDISAB = 1 (confirmed disability). Else set BDISAB = -1 (no confirmed disability).

If (B1A = 2) (volunteers ADD) or (B1A1 = 1), then set BADDFIN = 1 (confirmed ADD). Else set BADDFIN = -1 (no confirmed ADD).

If (B1A = 3) (volunteered Autism) or ((DISNUM = 12) (district Autism) and (corresponding subitem in B1C = 1)), then set BAUTMFIN = 1 (confirmed Autism). Else set BAUTMFIN = -1 (no confirmed Autism).

If (B1A = 4 (volunteer blind), 7 (deaf/blind), or 19 (visual imp)) or ((DISNUM = 7 (district visual imp)) or 8 (deaf/blind)) and (corresponding subitem in B1C = 1)) or (B1E = 1), then set BVISFIN = 1 (confirmed visual impairment). Else set BVISFIN = -1 (no confirmed visual imp).

If (B1A = 6 (volunteered deaf), 7 (deaf/blind), or 11 (hearing imp)) or ((DISNUM = 5 (district hearing imp) or 8 (deaf/blind)) and (corresponding subitem in B1C = 1)) or (B1F = 1), then set BHEARFIN = 1 (confirmed hearing impairment). Else set BHEARFIN = -1 (no confirmed hearing imp).

If (B1A = 20) (volunteered dev delay) or ((DISNUM = 6) (district dev delay) and (corresponding subitem in B1C = 1)), then set BDEVFIN = 1 (confirmed dev delay). Else set BDEVFIN = -1 (no confirmed dev delay).

If B1A = 8 (volunteered Down Syndrome), then set BDOWNFIN = 1 (confirmed Down Syndrome). Else set BDOWNFIN = -1 (no confirmed Down Syndrome).

If (B1A = 10) (volunteered SED) or ((DIS = 4) (district SED) and (corresponding subitem in B1C = 1)), then set BSEDFIN = 1 (confirmed emotional/behavioral disorder). Else set BSEDFIN = -1 (no confirmed emotional disorder).

If (B1A = 1 (volunteered asthma) or 12 (health imp)) or ((DISNUM = 11) (district health imp) and (corresponding subitem in B1C = 1)), then set BHLTHFIN = 1 (confirmed health impairment). Else set BHLTHFIN = -1 (no confirmed health imp).

If (B1A = 9 (volunteered dyslexia) or 13 (learning disability)) or ((DISNUM = 1) (district LD) and (corresponding subitem in B1C = 1)), then set BLDFIN = 1 (confirmed learning disability). Else set BLDFIN = -1 (no confirmed LD).

If (B1A = 14) (volunteered mental retardation) or ((DISNUM = 2) (district MR) and (corresponding subitem in B1C = 1)), then set BMRFIN = 1 (confirmed mental retardation). Else set BMRFIN = -1 (no confirmed MR).

If (B1A = 5 (volunteered CP), 15 (phys/ortho imp), or 17 (spina bifida)) or ((DISNUM = 9 (district ortho/phys imp)) and (corresponding subitem in B1C = 1)), then set BPHYSFIN = 1 (confirmed physical/ortho impairment). Else set BPHYSFIN = -1 (no confirmed phys/ortho imp).

If (B1A = 16 (volunteered speech disorder)) or ((DISNUM = 3 (district speech)) and (corresponding subitem in B1C = 1)), then set BSPCHFIN = 1 (confirmed speech disorder). Else set BSPCHFIN = -1 (no confirmed speech).

If (B1A = 18) (volunteered TBI) or ((DISNUM = 13) (district TBI) and (corresponding subitem in B1C = 1)), then set BTBIFIN = 1 (confirmed TBI). Else set BTBIFIN = -1 (no confirmed TBI).

If (DISNUM = 10) (district multiply handicapped) and (corresponding subitem in B1C = 1), then set BMULTFIN = 1 (confirmed multiply handicapped). Else set BMULTFIN = -1 (no confirmed multi hdcp).

If BDISAB = 1 (confirmed disability), then go to B2A. Else go to B3INTRO.

B2a (B2A). Thinking about the first or earliest disability, problem, or condition, about how old was {YOUTH} when {he/she} started having this difficulty or condition? [IF NEEDED: If it's easier to remember the YOUTH's grade level at that time, please give me that information. IF RESPONDENT SAYS, LESS THAN 1 YEAR OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN]

B2A

()

- 1. AGE IN YEARS
- 2. GRADE LEVEL
- 7 REFUSED
- 8 DON'T KNOW



Box B-8

In B2Aov, do not allow -7 or -8.

B2Aov(B2Aov)
B2AOV

NUMBER() IF B2A=1, H: 0-18 AND <=CURAGE.
IF B2A=2, H: 0,98, 1-13



B2b. Were you or someone in your family the ones who first thought that {YOUTH} had a disability, problem, or condition, or did a professional first suggest that?

B2B

()

- B2B_OS**
1. FAMILY MEMBER
 2. PROFESSIONAL
 91. OTHER (SPECIFY) _____
 - 7. REFUSED
 - 8. DON'T KNOW

B2c (B2B). About how old was {he/she} when {he/she} started getting special services from a professional for this difficulty? [IF SAYS LESS THAN 1 YEAR OLD, THEN ENTER "0". USE 0 & 98 FOR KINDERGARTEN AND PRE-KINDERGARTEN.]

B2C

()

1. AGE IN YEARS
2. GRADE LEVEL
3. NEVER RECEIVED SPECIAL EDUCATION SERVICES
- 7 REFUSED
- 8 DON'T KNOW

Box B-9

If B2C=3, go to Box B-10
In B2COV, do not allow -7 or -8.

B2COV
B2COV

NUMBER() IF B2C=1, H: 0-18 AND <=CURAGE and if B2A=1, then > = B2AOV.
IF B2C=2, H: 98,0, 1-13 and if B2A=2, then > = B2AOV

Box B-10

IF (B2C -8) OR (B2C=1 AND B2COV<=3) (AGE IS 3 YEARS OR LESS OR DON'T KNOW), GO TO B2D.
ELSE GO TO BOX B-11

B2d (B2C). Did {YOUTH} receive early intervention services for children ages birth to 3 who have developmental delays or disabilities? [IF NEEDED: Early intervention includes any special services or therapies that meet a YOUTH's special needs, when a YOUTH is younger than 3 years old.]

B2D

()

1. YES
2. NO

Box B-11
If (B2A=1 AND B2AOV= 0-5) AND (B2C^=3) GO TO B2E. ELSE GO TO B3INTRO.

B2e (B2D). Did {he/she} have an Individualized Education Plan, or IEP, or receive special education services or therapies between the ages of 3 and 5?

B2E

()

- 1. YES
- 2. NO



B3INTRO(B5). Now I want to ask you about how well {YOUTH} does some things. We know not all children function well in these areas. If these questions are difficult for you, please stick with me, and we'll be past this section soon.

[PRESS ENTER TO CONTINUE]



B3a (B5A). Now I'm going to ask about {YOUTH's} vision. Does {YOUTH} have glasses or contacts?

B3A

()

- 1. YES (Go to Box B-3b)
- 2. NO (Go to Box B-3c)
- 7. REFUSED (Go to Box B-3c)
- 8. DON'T KNOW (Go to Box B-3c)



Box B-3B

If BVISFIN = 1 (confirmed visual impairment), then do not allow an entry of "1" Sees normally, and display reverse video "Entry not allowed".

Else allow an entry of "1".

B3b (B5B). How well can {he/she} see **with** glasses or contacts? Would you say {he/she}...

B3B

()

- 1. Sees normally, (Go to Box B-12)
- 2. Has a little trouble seeing, or (Go to Box B-12)
- 3. Has a **lot** of trouble seeing? (Go to Box B-12)
- 4. DOES NOT HAVE THEM/LOST THEM..... (Go to B-3c)
- 5. WON'T WEAR THEM (Go to B-3c)
- 7. REFUSED (Go to B4Aintro)
- 8. DON'T KNOW (Go to B4Aintro)



 . If B3B = 4 or 5, then display
 . "without glasses or contacts". Else
 . display ""
 .-----

B3c (B5C). How well can {he/she} see **{without glasses or contacts}**? Would you say {he/she}...
B3C

()

- 1. Sees normally,
- 2. Has a little trouble seeing,
- 3. Has a **lot** of trouble seeing, or
- 4. Doesn't see at all?
- 7. REFUSED
- 8. DON'T KNOW

Box B-12

If (BVISFIN = 1) (confirmed visual disability) or (B3B = 3) or (B3C = 3) (trouble seeing) or (B3C = 4) (doesn't see at all), then go to B3D. Else go to B-4Aintro.

If B3Da = 2, -7, or -8, then skip B3Db.

B3d (B5D). Does {YOUTH} use...

[1 = YES, 2 = NO]

- B3DA.** a. Braille?
- B3DB.** b. Portable Braille note taker or writer?
- B3DC.** c. Large print type?
- B3DD.** d. Optical devices, such as near vision magnification, telescopic devices, or bioptic lenses?
- B3DE.** e. Mobility devices, such as a cane, or electronic travel aids?
- B3DF.** f. Assistive technology, such as voice synthesizers or software to enlarge the size of the print on the computer screen?
- B3DG.** g. Any other devices to help {him/her} see or read? (Go to B3Dov)

(B5Dov.)B3dov. [What other devices does {YOUTH} use to help {him/her} see or read?]
B3DOV

B4AINTRO (B4). Now I'm going to ask you some questions about {YOUTH}'s hearing.

[PRESS ENTER TO CONTINUE.]

Box B-13

If BHEARFIN = 1 (confirmed hearing disability), then go to B4B. Else go to B4A.

B4a (B4A). Would you say {YOUTH}...[IF NEEDED: This assessment should be made of the YOUTH's hearing without any hearing devices like a hearing aid.]

B4A

()

- 1. Hears normally, or (Go to B5A)
- 2. Has a hearing problem? (Go to B4B)
- 7. REFUSED (Go to B5A)
- 8. DON'T KNOW (Go to B5A)

B4b (B4B) . Is {YOUTH}'s hearing loss...

B4B

()

- 1. Mild,
- 2. Moderate, or
- 3. Severe to profound?
- 7. REFUSED
- 8. DON'T KNOW

B4c (B4C) . Has a hearing aid or other kind of hearing device been prescribed for {him/her}?

B4C

()

- 1. YES (Go to B4D)
- 2. NO (Go to B4E)
- 7. REFUSED (Go to B4E)
- 8. DON'T KNOW (Go to B4E)

B4d (B4D). How well does {YOUTH} hear with the hearing device? Would you say {he/she}...

B4D

()

- 1. Hears normally,
- 2. Has a little trouble hearing,
- 3. Has a **lot** of trouble hearing, or
- 4. Doesn't hear at all?
- 5. DOES NOT HAVE ONE
- 6. WILL NOT WEAR IT
- 7. REFUSED
- 8. DON'T KNOW

B4e (B4F). Does {YOUTH} have a cochlear implant? [IF NEEDED: A cochlear implant is a surgically implanted electronic device that can restore partial hearing to people with some hearing impairments.]

B4E

()

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

B4f (B4G2). How well does {YOUTH} communicate by any means? Would you say {he/she}...
B4F

()

- 1. Has no trouble communicating,
- 2. Has a little trouble communicating,
- 3. Has a lot of trouble communicating, or
- 4. Doesn't communicate at all?
- 7. REFUSED
- 8. DON'T KNOW

Box B-16

IF B4F = 4, THEN GO TO B4J. ELSE GO TO B4G.

IF A4B = 37 (SIGN LANGUAGE), THEN SKIP B4GA AND CODE B4GA AS 1 (YES).

If A4B = 37, then display "You've already mentioned...". Else display ""

B4g (B4G). {You've already mentioned that {YOUTH} uses sign language at home. Now I'd like to ask about other ways that {he/she} may communicate.} Does {YOUTH} use...
 [1 = YES, 2 = NO]

- B4GA** a. Sign language or manual communication?..... _____
- B4GB** b. Lip reading?..... _____
- B4GC** c. Cued speech? _____
- B4GD** d. Oral speech [TALKING]?..... _____
- B4GE** e. A communication board or book?..... _____
- B4GF** f. Anything else to help {him/her} communicate?..... _____

B4gov (B4Gov). [What else does {YOUTH} use to help {him/her} communicate?]
B4GOV

Box B-17

If B4Gd = 1 (oral speech), then go to B4H. Else go to box B-18.

B4h (B4H). How clearly does {YOUTH} speak? Would you say {he/she}...

B4H

()

1. Has no trouble speaking clearly,
2. Has a little trouble speaking,
3. Has a lot of trouble speaking, or
4. Does not speak at all?
- 7. REFUSED
- 8. DON'T KNOW

Box B-18

If (B4H = 3 or 4) (trouble speaking or does not speak) and ((B4Gd = 1) and (B4Ga-c, e, and f = 2, -7, or -8 (not -1)) (uses oral speech only)), then go to B4J. Else go to B4I.

B4i (B4I). How well does {he/she} carry on a conversation? Would you say {he/she}...

B4I

()

1. Has no trouble carrying on a conversation,
2. Has a little trouble carrying on a conversation,
3. Has a lot of trouble carrying on a conversation, or
4. Doesn't carry on a conversation at all?
- 7. REFUSED
- 8. DON'T KNOW

· If A4A = 1 (non-English language),
· then display "in {his/her} primary
· language".

B4j (B4J). How well does {YOUTH} understand what people say to {him/her} {in {his/her} primary language}?
Would you say {he/she}...

B4J

()

1. Has no trouble understanding what others say,
2. Has a little trouble understanding,
3. Has a lot of trouble understanding, or
4. Doesn't understand at all?
- 7. REFUSED
- 8. DON'T KNOW

Box B-19
 If (B4Ga = 1) or (A4B = 37) (sign language), then go to B4K. Else go to Box B-20.

B4k (B4K). Is the sign language that {YOUTH} is using or learning to use...[CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () ()

- B4K_01** 1. American Sign Language,(Go to B4L)
- B4K_02** 2. Signed English, or(Go to B4L)
- B4K_91** 91. Some other sign language or manual communication system?(Go to B4Kov.)

B4kov (B4Kov). What sign language or manual communication system is {YOUTH} using or learning to use?
B4KOV _____(Go to B4L)

B4l (B4L). Do any members of {YOUTH}'s household use sign language or manual communication to communicate with {him/her}?

B4L

()

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

Box B-20
 If (BHEARFIN = 1) (confirmed hearing disability) or (B4A = 2) (hearing problems), then go to B6A1. Else go to B5A.

B5a (B6A). My next questions are about {YOUTH}'s ability to use language. How clearly does {he/she} speak? Would you say {he/she}...

B5A

()

- 1. Has no trouble speaking clearly,(Go to B5D)
- 2. Has a little trouble speaking,(Go to B5D)
- 3. Has a lot of trouble speaking, or(Go to B5B)
- 4. Doesn't speak at all?(Go to B5B)
- 7. REFUSED(Go to B5C)
- 8. DON'T KNOW(Go to B5C)

B5b (B6B2). How well does {YOUTH} communicate by any means? Would you say {he/she}...

B5B

()

- 1. Has no trouble communicating,{Go to B5C}
- 2. Has a little trouble communicating,{Go to B5C}
- 3. Has a lot of trouble communicating, or{Go to B5C}
- 4. Doesn't communicate at all?{Go to B5E}
- 7. REFUSED{Go to B5C}
- 8. DON'T KNOW{Go to B5C}

 : If A4B = 37 (sign language), then :
 : display "You've already :
 : mentioned...". Else display "How :
 : does...". :

B5c (B6B). {You've already mentioned that {YOUTH} uses sign language at home. Now I'd like to ask you about other ways that {he/she} may communicate with you.} How does {YOUTH} communicate with you? Does {he/she} use...

[1 = YES, 2 = NO]

- B5CA** a. Words? ()
- B5CB** b. Sounds that are not words? ()
- B5CC** c. Gestures, including pointing? ()
- B5CD** d. [DON'T DISPLAY IF A4B=37] Sign language? ()
- B5CE** e. A communication board or book? ()
- B5CF** f. A computer to communicate with you? ()
- B5CG** g. Anything else? ()
- 7. REFUSED ()
- 8. DON'T KNOW ()

Box B-21
If B5CG selected, then go to B5COV. Else go to B5E.

B5COV (B6Bov).[What else does {YOUTH} use to communicate with you?]

B5COV _____ (Go to B5E)

B5D (B6D).How well does {he/she} carry on a conversation? Would you say {he/she}...

B5D

()

- 1. Has no trouble carrying on a conversation, (Go to B6A1)

- 2. Has a little trouble carrying on a conversation, (Go to B6A1)
- 3. Has a lot of trouble carrying on a conversation, or..... (Go to B5E)
- 4. Doesn't carry on a conversation at all? (Go to B5E)
- 7. REFUSED (Go to B5E)
- 8. DON'T KNOW (Go to B5E)



 : If A4A = 1 (language other than :
 : English), then display "in {his/her} :
 : primary language." :

B5E(B4J). How well does {he/she} understand what people say to {him/her} {in {his/her} primary language}?
 Would you say {he/she}...

B5E

()

- 1. Has no trouble understanding others, (Go to B6A1)
- 2. Has a little trouble understanding, (Go to B6A1)
- 3. Has a lot of trouble understanding, or..... (Go to B6A1)
- 4. Doesn't understand at all? (Go to B6A1)
- 7. REFUSED (Go to B6A1)
- 8. DON'T KNOW (Go to B6A1)



B6A1(B7A). Next I want to ask about {YOUTH}'s physical abilities. How well does {YOUTH} use {his/her} arms and hands for things like using a spoon or holding a pencil? Would you say {he/she} uses both arms and hands normally?
 [IF NEEDED: If there is a difference for each arm or hand, refer to the side with which the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm. IF YOUTH IS MISSING A HAND OR ARM CODE AS 3.]

B6A1

- 1. YES.....(Go to B6B1)
- 2. NO(Go to B6A2)
- 3. HAS NO USE OF ONE OR BOTH HANDS OR ARMS.....(Go to B6C1)
- 7. REFUSED.....(Go to B6B1)
- 8. DON'T KNOW.....(Go to B6B1)



B6A2. Does {he/she}...

[IF NEEDED: If there is a difference for each arm or hand, refer to the side with which the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm. IF YOUTH IS MISSING A HAND OR ARM CODE AS 3.]

B6A2

()

- 1. Have a little trouble using one or both, (Go to B6B1)
- 2. Have a lot of trouble using one or both, or..... (Go to B6B1)
- 3. Have no use at all of one or both arms or hands for fine motor skills? (Go to B6B1)
- 7. REFUSED (Go to B6B1)
- 8. DON'T KNOW (Go to B6B1)

B6B1(B7B). How well does {he/she} use {his/her} arms and hands for things like throwing, lifting, or carrying?
Would you say {he/she} uses both arms and hands normally? [IF NEEDED: If there is a difference for each arm or hand, refer to the side that the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm.]

B6B1

- 1. YES.....(Go to B6C1)
- 2. NO(Go to B6B2)
- 7. REFUSED.....(Go to B6C1)
- 8. DON'T KNOW.....(Go to B6C1)

B6B2. Does {he/she}...[IF NEEDED: If there is a difference for each arm or hand, refer to the side that the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm.]

B6B2

- 1. Have a little trouble using one or both,(Go to B6C1)
- 2. Have a lot of trouble using one or both, or.....(Go to B6C1)
- 3. Have no use at all of one or both arms or hands for gross motor skills?(Go to B6C1)
- 7. REFUSED(Go to B6C1)
- 8. DON'T KNOW(Go to B6C1)

B6C1(B7C). How well does {YOUTH} use both of {his/her} legs and feet? Would you say {he/she} uses both legs and feet normally?
[IF NEEDED: If there is a difference for each leg or foot, refer to the side that the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken leg.]

B6C1

- 1. YES.....(Go to B7A)
- 2. NO(Go to B6C2)
- 7. REFUSED.....(Go to B7A)
- 8. DON'T KNOW.....(Go to B7A)

B6C2. Does {he/she}...

[IF NEEDED: If there is a difference for each leg or foot, refer to the side that the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken leg.]

B6C2

- 1. Have a little trouble using one or both,(Go to B6D)
- 2. Have a lot of trouble using one or both, or.....(Go to B6D)
- 3. Have no use at all of one or both legs or feet?(Go to B6D)
- 7. REFUSED(Go to B6D)
- 8. DON'T KNOW(Go to B6D)

B6D(B7D). Does {he/she} use any equipment to help {him/her} get around, such as crutches, a walker, or a wheelchair?

B6D

- 1. YES(Go to B6E)
- 2. NO(Go to B7A)
- 7. REFUSED(Go to B7A)
- 8. DON'T KNOW(Go to B7A)

B6E (B7E). What is the equipment {he/she} uses to get around? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () (Go to B7A)

- B6E_01**
- B6E_02**
- B6E_03**
- B6E_04**
- B6E_05**
- B6E_91**
- B6E_OS**

- 1. CRUTCHES
- 2. WALKER
- 3. LEG BRACES
- 4. WHEELCHAIR
- 5. CANE
- 91. OTHER
- SPECIFY_____

B7A (B8A). Now I have some questions about {YOUTH}'s health. Would you say {his/her} general health is...

B7A

- 1. Excellent,(Go to Box B-22)
- 2. Very good,(Go to Box B-22)
- 3. Good,(Go to Box B-22)
- 4. Fair, or(Go to Box B-22)
- 5. Poor?(Go to Box B-22)
- 7. REFUSED(Go to Box B-22)
- 8. DON'T KNOW(Go to Box B-22)

Box B-22
If BDISAB = -1 (no confirmed disability), then go to Section C. Else go to B7B.

B7B (B8B). Is {he/she} now taking any prescription medicine for a condition or problem related to {his/her} disability or special need?

B7B

- 1. YES(Go to B7C)
- 2. NO(Go to B7C)
- 7. REFUSED(Go to B7C)
- 8. DON'T KNOW(Go to B7C)

B7C (B8B1). Is {he/she} taking any prescription medicine that controls {his/her} attention, behavior, or activity level, or changes {his/her} mood, such as Ritalin or an antidepressant?

B7C

- 1. YES(Go to B7D)
- 2. NO(Go to Box B-23)
- 7. REFUSED(Go to Box B-23)
- 8. DON'T KNOW(Go to Box B-23)

B7D (B8C).What is the name of the prescription medicine {YOUTH} takes to control {his/her} behavior, or change {his/her} mood? [IF NEEDED: "You may give us either the brand name or the generic name." REFER TO HARD COPY LIST OF PRESCRIPTION MEDICINES, LOCATE NAME OF DRUG GIVEN BY RESPONDENT AND ENTER CORRESPONDING CODE. PROBE FOR ANY OTHER MEDICINES UNTIL RESPONDENT SAYS NO. CODE ALL THAT APPLY. CTRL/P TO EXIT. THE "99. OTHER" CODE MAY BE ENTERED UP TO FIVE TIMES.]

() () () () () () () () () () () () () () ()
 () () () () () () () () () () () () () () ()

This Table will not be in CATI but will be on Hardcopy for Interviewers.

			Go to Box B-23
B7D_01	1	ADAPIN (DOXEPIN)	
B7D_02	2	ADDERAL (AMPHETAMINE)	“
B7D_03	3	ALPRAZOLAM (XANAX)	“
B7D_04	4	AMBIEN (ZOLPIDEM TARTRATE)	“
B7D_05	5	AMITRIPTYLINE (ELAVIL, ENDEP)	“
B7D_06	6	AMOXAPINE (ASENDIN)	“
B7D_02	2	AMPHETAMINE (ADDERAL)	“
B7D_07	7	ANAFRANIL (CLOMIPRAMINE)	“
B7D_08	8	AQUACHLORAL SUPPRETTES (CHLORAL HYDRATE)	“
B7D_06	6	ASENDIN (AMOXAPINE)	“
B7D_09	9	ATARAX (ANTI HISTAMINE)	“
B7D_10	10	ATIVAN (LORAZEPAM)	“
B7D_11	11	AVENTYL (NORTRIPTYLINE)	“
B7D_12	12	AZENE (CLORAZEPATE)	“
B7D_13	13	BENADRYL (DIPHENYLHYDRAMINE)	“
B7D_14	14	BENZODIAZEPINES (VALIUM AND OTHERS)	“
B7D_15	15	BUPROPION (WELLBUTRIN)	“
B7D_16	16	BUSPAR (BUSPIRONE)	“
B7D_16	16	BUSPIRONE (BUSPAR)	“
B7D_17	17	CARBAMAZEPINE (TEGRETOL)	“
B7D_18	18	CELEXA (CITALOPRAM)	“
B7D_19	19	CENTRAX (PRAZEPAM)	“
B7D_08	8	CHLORAL HYDRATE (AQUACHLORAL SUPPRETTES)	“
B7D_20	20	CHLORDIAZEPOXIDE (LIBRAX, LIBRITABS, LIBRIUM)	“
B7D_21	21	CHLORPROMAZINE (THORAZINE)	“
B7D_22	22	CHLORPROTHIXENE (TARACTAN)	“
B7D_23	23	CIBALITH-S (LITHIUM CITRATE)	“
B7D_18	18	CITALOPRAM (CELEXA)	“
B7D_07	7	CLOMIPRAMINE (ANAFRANIL)	“
B7D_24	24	CLONAZEPAM (KLONOPIN)	“
B7D_12	12	CLORAZEPATE (AZENE, TRANXENE)	“
B7D_25	25	CLOZAPINE (CLOZARIL)	“
B7D_25	25	CLOZARIL (CLOZAPINE)	“
B7D_26	26	CONCERTA (METHYLPHENIDATE)	“
B7D_27	27	CYLERT (PEMOLINE)	“
B7D_28	28	DALMANE (FLURAZEPAM)	“
B7D_29	29	D-AMPHETAMINE (DEXEDRINE)	“
B7D_30	30	DAXOLIN (LOXAPINE)	“
B7D_31	31	DEPAKOTE (DIVALPROEX SODIUM)	“
B7D_32	32	DESIPRAMINE (NORPRAMIN, PERTOFRANE)	“
B7D_33	33	DESYREL (TRAZODONE)	“
B7D_29	29	DEXEDRINE (DEXTROAMPHETAMINE, D- AMPHETAMINE)	“
B7D_29	29	DEXTROAMPHETAMINE (DEXEDRINE)	“

B7D_34	34	DIAZAPAM (VALIUM)	“
B7D_13	13	DIPHENYLHYDRAMINE (BENADRYL)	“
B7D_31	31	DIVALPROEX SODIUM (DEPAKOTE)	“
B7D_35	35	DORAL (QUAZEPAM)	“
B7D_01	1	DOXEPIN (ADAPIN, SINEQUAN)	“
B7D_36	36	EFFEXOR (VENLAFAXINE)	“
B7D_05	5	ELAVIL (AMITRIPTYLINE)	“
B7D_05	5	ENDEP (AMITRIPTYLINE)	“
B7D_37	37	EQUANIL (MEPROBAMATE)	“
B7D_38	38	ESKALITH (LITHIUM CARBONATE)	“
B7D_39	39	ESTAZOLAM (PROSOM)	“
B7D_40	40	FLUOXETINE (PROZAC)	“
B7D_41	41	FLUPHENAZINE (PERMITIL, PROLIXIN)	“
B7D_28	28	FLURAZEPAM (DALMANE)	“
B7D_42	42	FLUVOXAMINE (LUVOX)	“
B7D_43	43	GABAPERTIN (NEURONTIN)	“
B7D_44	44	HALAZEPAM (PAXIPAM)	“
B7D_45	45	HALCION (TRIAZOLAM)	“
B7D_46	46	HALDOL (HALOPERIDOL)	“
B7D_46	46	HALOPERIDOL (HALDOL)	“
B7D_47	47	IMIPRAMINE (TOFRANIL)	“
B7D_48	48	INDERAL (PROPRANOLOL)	“
B7D_48	48	INDERIDE (PROPRANOLOL)	“
B7D_49	49	ISOCARBOXAZID (MARPLAN)	“
B7D_24	24	KLONOPIN (CLONAZEPAM)	“
B7D_50	50	LAMICTAL (LAMOTRIGINE)	“
B7D_50	50	LAMOTRIGINE (LAMICTAL)	“
B7D_20	20	LIBRAX (CHLORDIAZEPOXIDE)	“
B7D_20	20	LIBRITABS (CHLORDIAZEPOXIDE)	“
B7D_20	20	LIBRIUM (CHLORDIAZEPOXIDE)	“
B7D_51	51	LIDONE (MOLINDONE)	“
B7D_38	38	LITHANE (LITHIUM CARBONATE)	“
B7D_38	38	LITHIUM CARBONATE (ESKALITH, LITHANE, LITHOBID)	“
B7D_23	23	LITHIUM CITRATE (CIBALITH-S)	“
B7D_38	38	LITHOBID (LITHIUM CARBONATE)	“
B7D_10	10	LORAZEPAM (ATIVAN)	“
B7D_30	30	LOXAPINE (DAXOLIN, LOXITANE)	“
B7D_30	30	LOXITANE (LOXAPINE)	“
B7D_52	52	LUDIOMIL (MAPROTILINE)	“
B7D_42	42	LUVOX (FLUVOXAMINE)	“
B7D_52	52	MAPROTILINE (LUDIOMIL)	“
B7D_49	49	MARPLAN (ISOCARBOXAZID)	“
B7D_53	53	MELATONIN	“
B7D_54	54	MELLARIL (THIORIDAZINE)	“
B7D_37	37	MEPROBAMATE (EQUANIL)	“
B7D_55	55	MESORIDAZINE (SERENTIL)	“
B7D_26	26	METHYLPHENIDATE (RITALIN, CONCERTA)	“
B7D_56	56	MIRTAZAPINE (REMERON)	“
B7D_51	51	MOBAN (MOLINDONE)	“
B7D_51	51	MOLINDONE (LIDONE, MOBAN)	“
B7D_57	57	NARDIL (PHENELZINE)	“
B7D_58	58	NAVANE (THIOTHIXENE)	“
B7D_59	59	NEFAZODONE (SERZONE)	“
B7D_43	43	NEURONTIN (GABAPERTIN)	“
B7D_32	32	NORPRAMIN (DESIPRAMINE)	“
B7D_11	11	NORTRIPTYLINE (AVENTYL, PAMELOR)	“
B7D_60	60	OLANZAPINE (ZYPREXA)	“
B7D_61	61	ORAP (PIMOZIDE)	“
B7D_62	62	OXAZEPAM (SERAX)	“
B7D_11	11	PAMELOR (NORTRIPTYLINE)	“
B7D_63	63	PARNATE (TRANLYCYPROMINE)	“
B7D_64	64	PAROXETINE (PAXIL)	“
B7D_64	64	PAXIL (PAROXETINE)	“

B7D_44	44	PAXIPAM (HALAZEPAM)	“
B7D_27	27	PEMOLINE (CYLERT)	“
B7D_41	41	PERMITIL (FLUPHENAZINE)	“
B7D_65	65	PERPHENAZINE (TRILAFON)	“
B7D_32	32	PERTOFRANE (DESIPRAMINE)	“
B7D_57	57	PHENELZINE (NARDIL)	“
B7D_66	66	PHENOBARBITOL	“
B7D_61	61	PIMOZIDE (ORAP)	“
B7D_19	19	PRAZEPAM (CENTRAX)	“
B7D_41	41	PROLIXIN (FLUPHENAZINE)	“
B7D_48	48	PROPRANOLOL (INDERAL, INDERIDE)	“
B7D_39	39	PROSOM (ESTAZOLAM)	“
B7D_67	67	PROTRIPTYLINE (VIVACTIL)	“
B7D_40	40	PROZAC (FLUOXETINE)	“
B7D_35	35	QUAZEPAM (DORAL)	“
B7D_68	68	QUETIAPINE (SEROQUEL)	“
B7D_56	56	REMERON (MIRTAZAPINE)	“
B7D_69	69	RESTORIL (TEMAZEPAM)	“
B7D_70	70	RISPERDAL (RISPERIDONE)	“
B7D_70	70	RISPERIDONE (RISPERDAL)	“
B7D_26	26	RITALIN (METHYLPHENIDATE)	“
B7D_62	62	SERAX (OXAZEPAM)	“
B7D_55	55	SERENTIL (MESORIDAZINE)	“
B7D_68	68	SEROQUEL (QUETIAPINE)	“
B7D_71	71	SERTRALINE (ZOLOFT)	“
B7D_59	59	SERZONE (NEFAZODONE)	“
B7D_01	1	SINEQUAN (DOXEPIN)	“
B7D_72	72	STELAZINE (TRIFLUOPERAZINE)	“
B7D_73	73	SURMONTIL (TRIMIPRAMINE)	“
B7D_22	22	TARACTAN (CHLORPROTHIXENE)	“
B7D_17	17	TEGRETOL (CARBAMAZEPINE)	“
B7D_69	69	TEMAZEPAM (RESTORIL)	“
B7D_54	54	THIORIDAZINE (MELLARIL)	“
B7D_58	58	THIOTHIXENE (NAVANE)	“
B7D_21	21	THORAZINE (CHLORPROMAZINE)	“
B7D_47	47	TOFRANIL (IMIPRAMINE)	“
B7D_12	12	TRANXENE (CLORAZEPATE)	“
B7D_63	63	TRANLYCYPROMINE (PARNATE)	“
B7D_33	33	TRAZODONE (DESYREL)	“
B7D_45	45	TRIAZOLAM (HALCION)	“
B7D_74	74	TRICYCLICS (ELAVIL AND OTHERS)	“
B7D_72	72	TRIFLUOPERAZINE (STELAZINE)	“
B7D_75	75	TRIFLUPROMAZINE (VESPRIN)	“
B7D_65	65	TRILAFON (PERPHENAZINE)	“
B7D_73	73	TRIMIPRAMINE (SURMONTIL)	“
B7D_34	34	VALIUM (DIAZAPAM)	“
B7D_36	36	VENLAFAXINE (EFFEXOR)	“
B7D_75	75	VESPRIN (TRIFLUPROMAZINE)	“
B7D_76	76	VISTARIL (ANTIHISTAMINE)	“
B7D_67	67	VIVACTIL (PROTRIPTYLINE)	“
B7D_15	15	WELLBUTRIN (BUPROPION)	“
B7D_03	3	XANAX (ALPRAZOLAM)	“
B7D_71	71	ZOLOFT (SERTRALINE)	“
B7D_04	4	ZOLPIDEM TARTRATE (AMBIEN)	“
B7D_60	60	ZYPREXA (OLANZAPINE)	“
B7D_90	90	ANTICONVULSANT, UNSPECIFIED	“
B7D_91	91	ANTIDEPRESSANT OR ANTIANXIETY, UNSPECIFIED	“
B7D_92	92	ANTIHISTAMINE, UNSPECIFIED	“
B7D_93	93	ANTIPSYCHOTIC OR NEUROLEPTIC, UNSPECIFIED	“
B7D_94	94	BARBITURATE, UNSPECIFIED	“
B7D_95	95	MOOD STABILIZER, UNSPECIFIED	“
B7D_96	96	SLEEP MEDICATION, UNSPECIFIED	“
B7D_97	97	STIMULANT, UNSPECIFIED	“

B7D_98	98	SOMETHING ELSE, BUT DON'T KNOW WHAT	“
B7D_99	99	OTHER	Go to B7D_OS1
B7D_OS1		(SPECIFY): _____	
B7D_OS2		(SPECIFY): _____	
B7D_OS3		(SPECIFY): _____	
B7D_OS4		(SPECIFY): _____	
B7D_OS5		(SPECIFY): _____	
	-8	DON'T KNOW	Go to B7E
	-7	REFUSED	Go to B7E

B7E (B8C3). Was the medicine prescribed to control...[1=YES, 2=NO]

- B7E_1** 1. Attention, behavior or activity level?
- B7E_2** 2. Emotions, such as depression or anxiety?
- B7E_3** 3. Mood?
- B7E_4** 4. Anything else?

Box B-23
If B7A=1, (excellent health) then go to Section C. Else go to B7F.

B7F (B8F). Does {YOUTH} use any kind of medical equipment or device, like an oxygen tank or a catheter? [IF NEEDED: This does not include mobility devices, like a wheelchair, walker, or cane.]

- B7F**
1. YES (Go to B7G)
2. NO (Go to Section C)
- 7. REFUSED (Go to Section C)
- 8. DON'T KNOW (Go to Section C)

B7G (B8G). What is the equipment or device? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () () (Go to B-7H)

- B7G_1** 1. CATHETER
- B7G_2** 2. FEEDING TUBE, G-TUBE
- B7G_3** 3. HEART MONITOR OR PACEMAKER
- B7G_4** 4. NEBULIZER
- B7G_5** 5. OXYGEN TANK
- B7G_6** 6. RESPIRATOR
- B7G_7** 7. VENTILATOR
- B7G_91** 91. OTHER
- B7G_OS** _____

B7H (B8G). Does {YOUTH} use any other special equipment or devices that you haven't told me about already?

- B7H**
1. YES (Go to B7I)

2. NO (Go to Section C)

B7I (B8J). What equipment or devices does {he/she} use? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () (Go to Section C)

B7I_1 1. PROTECTIVE HELMET
B7I_2 2. COMPUTER
B7I_3 3. CALCULATOR
B7I_91 91. OTHER
B7I_OS _____

SECTION C. HEALTH INSURANCE

C1INTRO My next questions are about {YOUTH}'s health insurance.

[PRESS ENTER TO CONTINUE]

C1. Is {YOUTH} now covered by private health insurance from an employer or union, or that your family buys directly?

C1

- 1. YES (Go to Box C1)
- 2. NO (Go to C2)
- 7. REFUSED (Go to C2)
- 8. DON'T KNOW (Go to C2)

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-----
: If A1 = 1 (MALE) display "he". :
: If A1 = 2 (FEMALE), then display :
: "she". :
: Display the name of the State :
: Insurance Program {STATEND} for :
: the state of the youth's address. :
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C2. Is {he/she} covered by government-assisted or public health insurance, such as {STATEND} _____

C2

- 1. YES (Go to Box C1)
- 2. NO (Go to C3)
- 7. REFUSED (Go to C3)
- 8. DON'T KNOW (Go to C3)

STATE	INSURANCE PROGRAM
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Delaware	
DC	
Florida	
Georgia	
Hawaii	Hawaii Quest
Idaho	
Illinois	
Indiana	

Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Jersey	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
Rhode Island	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	



C3. Is {he/she} covered by any other health insurance program?

C3

- 1. YES (Go to Box C1)
- 2. NO (Go to Box C1)
- 7. REFUSED (Go to Box C1)
- 8. DON'T KNOW (Go to Box C1)



BOX C-1

If C1, C2 or C3 = 1 (YES), ask C4A. Else go to Box C-2.

C4A. Is any of {YOUTH}'s health insurance with an HMO? [Health Maintenance Organization]
[IF NEEDED: At an HMO you must generally receive care from HMO doctors; otherwise the expense is not covered unless you were referred by the HMO].

C4A

1. YES (Go to C5)
2. NO (Go to C4B)
- 7. REFUSED (Go to C4B)
- 8. DON'T KNOW (Go to C4B)

If A1 = 1 (MALE) display "his." If
A1 = 2 (FEMALE), then display
"her."

C4B. Is any of {his/her} coverage managed care?

C4B

1. YES (Go to C5)
2. NO (Go to C5)
- 7. REFUSED (Go to C5)
- 8. DON'T KNOW (Go to C5)

C5. Does {his/her} insurance cover any of the cost of...[IF ASKED, INCLUDES PARTIAL COVERAGE]

[YES=1, NO=2]

- C5A A. Dental Care? ()
C5B B. Vision Care? ()
C5C C. Medicines or prescriptions? ()
C5D D. Mental Health Care? () (Go to Box C-2)

BOX C-2

If BDISAB=-1 (PARENT SAYS NO DISABILITY), go to D11INTRO.

If (BLDFIN=1 (LD) or BSPCHFIN=1 (SPEECH)), all of (BADDFFIN, BAUTMFIN, BVISFIN, BHEARFIN, BDEVFIN, BDOWNFIN, BSEDFIN, BHLTHFIN, BMRFIN, BPHYSFIN, BTBIFIN, AND BMULTFIN) =-1 and (B7A = 1 or 2 (EXCELLENT or VERY GOOD HEALTH)) go to C7A.

Else go to C6.

C6 (C5). Have you had to change insurance plans or buy extra insurance for {YOUTH} because of {his/her} special needs?

C6

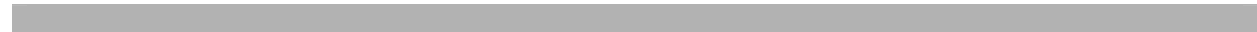
- 1. YES (Go to C7A)
- 2. NO (Go to C7A)
- 7. REFUSED (Go to C7A)
- 8. DON'T KNOW (Go to C7A)



C7A (C6A). Have you ever tried to get your insurance or health plan to pay for something for {YOUTH} because of {his/her} special needs, but they wouldn't pay? [THIS DOES NOT INCLUDE DEDUCTIBLES THAT ARE A REGULAR FEATURE OF AN INSURANCE POLICY OR PLAN]

C7A

- 1. YES (Go to C7B)
- 2. NO (Go to D1INTRO)
- 7. REFUSED (Go to D1INTRO)
- 8. DON'T KNOW (Go to D1INTRO)



C7B (C6B). What wouldn't your insurance pay for? [CODE ALL THAT APPLY. CTRL/P TO EXIT.]

() () () () () () () () () ()

- C7B_1** 1. DIAGNOSTIC PROCEDURES OR TESTS OR EVALUATIONS
- C7B_2** 2. MEDICATION
- C7B_3** 3. MENTAL HEALTH SERVICES
- C7B_4** 4. SPECIALISTS
- C7B_5** 5. SPECIAL EQUIPMENT/DEVICES/MEDICAL EQUIPMENT
- C7B_6** 6. SURGERY
- C7B_7** 7. EDUCATION/EDUCATIONAL THERAPY
- C7B_8** 8. OTHER THERAPY SERVICES: E.G., OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY
- C7B_9** 9. ALTERNATIVE THERAPIES: E.G., ACUPUNCTURE, MASSAGE THERAPY, BIOFEEDBACK
- C7B_91** 91. OTHER
- C7B_OS (SPECIFY)** _____
- 7. DON'T KNOW
- 8. REFUSED



SECTION D. SCHOOL EXPERIENCES

D1INTRO

My next questions are about {YOUTH}'s school experiences this school year, that is, the 2000-2001 school year.



D1a (D1A). Has {YOUTH} been enrolled in an elementary, middle, junior or senior high school this school year? .

D1A

- 1. YES(Go to D1b)
- 2. NO.....(Go to D2A)
- 7. REFUSED(Go to D2A)
- 8. DON'T KNOW(Go to D2A)



 . D1B2 insert "hearing loss" If
 . BHEARFIN=1 and all of (BADDFIN,
 . BAUTMFIN, BVISFIN, BDEVFIN,
 . BDOWNFIN, BSEDFIN,
 . BHLTHFIN, BLDFIN, BMRFIN,
 . BPHYSFIN,) =-1. Else insert
 . "disabilities"

D1B. Which of the following best describes the school {he} attended this past year? [2+ SCHOOLS IN SAME YEAR, ASK ABOUT THE MOST RECENT SCHOOL. 2+ SCHOOLS AT SAME TIME, ASK ABOUT THE SCHOOL WHERE MOST TIME SPENT.]

D1B

(XXX)

- 1. A regular school that serves a wide variety of students,(Go to D1c)
- 2. A school that serves only students with {disabilities},(Go TO D1c)
- 3. A magnet school that specializes in a particular subject area or theme, (Go to D1c.)
- 4. A vocational/technical school (voc-tech),.....(Go to D1c.)
- 5. A charter school,(Go to D1c.)
- 6. An alternative school, or.....(Go to D1c.)
- 91. Another kind of school? SPECIFY:.....(Go to D1c.)
- 92. HOME INSTRUCTION BY A PROFESSIONAL(Go to Box D2a.)
- 93. HOME SCHOOLING BY A PARENT.....(Go to Box D2a.)
- 94. MEDICAL FACILITY CONVALESCENT HOSPITAL OR INSTITUTION FOR PEOPLE WITH DISABILITIES(Go to Box D2a)
- 95. MENTAL HEALTH FACILITY(Go to Box D2a.)
- 96. CORRECTIONAL OR JUVENILE JUSTICE FACILITY(Go to Box D2a.)
- 7. REFUSED(Go to Box D2a.)
- 8. DON'T KNOW(Go to Box D2a.)

D1B_OS SPECIFY: _____ (Go to D1C)



D1C(D9A). Was this the first school year {he/she} attended this school?

D1C

- 3. YES.....(Go to D1d)
- 4. NO.....(Go to D1J)
- 7. REFUSED.....(Go to D1J)
- 8. DON'T KNOW.....(Go to D1J)

D1d (D9B). Why did {YOUTH} go to a new school this year [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () ()

- D1D_01** 1. CHANGING GRADE LEVELS REQUIRED THAT S/HE CHANGE SCHOOLS, E.G., FROM ELEMENTARY TO MIDDLE SCHOOL.....(Go to D1e)
- D1D_02** 2. THE FAMILY MOVED (Go to D1j)
- D1D_03** 3. YOUTH CHANGED HOUSEHOLDS OR LIVING ARRANGEMENTS (Go to D1j)
- D1D_04** 4. FAMILY CHOSE A DIFFERENT SCHOOL ARRANGEMENT FOR YOUTH THAT THEY THOUGHT WOULD BE BETTER FOR HIM/HER..... (Go to D1j)
- D1D_05** 5. SCHOOL SYSTEM ASSIGNED YOUTH TO A DIFFERENT SCHOOL BECAUSE OF PROGRAM AT THE NEW SCHOOL..... (Go to D1j)
- D1D_06** 6. HOSPITALIZED..... (Go to D1j)
- D1D_07** 7. INCARCERATED (Go to D1j)
- D1D_91** 91. OTHER..... (Go to D1j)
- D1D_OS** (SPECIFY)_____ (Go to D1j)
 - 7. REFUSED..... (Go to D1j)
 - 8. DON'T KNOW..... (Go to D1j)

D1e (D10A). Before school started, did the school do anything to help {YOUTH} get ready for this move, like taking {him/her} to visit the new school? [IF NEEDED: THIS CAN BE ANYTHING DONE BY THE SENDING OR RECEIVING SCHOOL.]

D1E

- 1. YES.....(Go to D1f)
- 2. NO.....(Go to D1g)
- 7. REFUSED.....(Go to D1h)
- 8. DON'T KNOW.....(Go to D1h)

D1f (D10B). Do you think that what the school did to get {him/her} ready for the move was....

D1F

- 1. More than {he/she} needed,.....(Go to D1h)
- 2. Less than {he/she} needed, or(Go to D1h)
- 3. About right?.....(Go to D1h)
- 7. REFUSED.....(Go to D1h)
- 8. DON'T KNOW.....(Go to D1h)

D1g (D10C). Do you think the move would have been easier for {him/her} if the school had done something to help {him/her} get ready?

D1G

- 1. YES.....(Go to D1h)

- 2. NO.....(Go to D1h)
- 7. REFUSED.....(Go to D1h)
- 8. DON'T KNOW.....(Go to D1h)

D1h (D10D). Before school started, did you or another family member do anything on your own about this school change, such as going to talk with teachers, or taking {YOUTH} to visit {his/her} new classroom?

D1H

- 1. YES.....(Go to D1i)
- 2. NO.....(Go to D1i)
- 7. REFUSED.....(Go to D1i)
- 8. DON'T KNOW.....(Go to D1i)

D1i (D10E). How do you think the transition to this new school has gone for {him/her}? Overall would you say it's been...

D1I

- 1. Very easy,.....(Go to D1j)
- 2. Somewhat easy,.....(Go to D1j)
- 3. Somewhat hard, or.....(Go to D1j)
- 4. Very hard?.....(Go to D1j)
- 7. REFUSED.....(Go to D1j)
- 8. DON'T KNOW.....(Go to D1j)

D1j. Is {he/she} in an elementary, middle, junior, or senior high school now?

D1J

- 1. YES.....(Go to D1O)
- 2. NO.....(Go to D1k)
- 7. REFUSED.....(Go to D2A)
- 8. DON'T KNOW.....(Go to D2A)

D1k. Is {he/she} not in school now because {he/she}...

D1K

- ()
- 1. Is on school vacation (Go to D1o)
 - 2. Graduated (Go to D1n)
 - 3. Took a test and received a diploma or a certificate without taking all of {his/her} high school classes(Go to D1l)
 - 4. Dropped out or just stopped going (Go to D1m)
 - 5. Was suspended (temporary) (Go to D1o)
 - 6. Was expelled (permanent) (Go to D1o)
 - 7. Was older than the school age limit, or (Go to D1o)
 - 91. Some other reason, SPECIFY: (Go to D1o)
- D1K_OS** SPECIFY:_____ (Go to D1o)
- 7. REFUSED (Go to D1o)
 - 8. DON'T KNOW (Go to D1o)

D1n. Some schools offer a program for students where they take a 13th year for additional high school credits after they graduate. Did {YOUTH} attend that type of program?

D1N

- 1. YES.....(Go to D1o)
- 2. NO.....(Go to D1o)
- 7. REFUSED.....(Go to D1o)
- 8. DON'T KNOW.....(Go to D1o)

If D1j=1 insert "is". If D1j^=1, insert
"was".

D1o (D15A). What grade {is/was} {YOUTH} in this year?. [PROBE FOR UNGRADED IF PARENT IS UNSURE.]

D1O

()

- 0. UNGRADED CLASS
- 1. FIRST GRADE
- 2. SECOND GRADE
- 3. THIRD GRADE
- 4. FOURTH GRADE
- 5. FIFTH GRADE
- 6. SIXTH GRADE
- 7. SEVENTH GRADE
- 8. EIGHTH GRADE
- 9. NINTH GRADE
- 10. TENTH GRADE
- 11. ELEVENTH GRADE
- 12. TWELFTH GRADE
- 13. THIRTEENTH GRADE
- 91. MULTI-GRADE

D1O_OS

- SPECIFY _____
- 7. REFUSED
 - 8. DON'T KNOW

BOX D-1A

IF YOUTH IS IN SCHOOL NOW D1j=1 OR (D1j^=1 AND D1k=1) AND YOUTH IS IN 12TH GRADE OR HIGHER (D1o=12 OR 13) OR IF YOUTH IS IN AN UNGRADED OR MULTIGRADE CLASS NOW AND YOUTH IS OLDER THAN 16 YEARS (D1o=0 OR 91) AND (CURRAGE>16), GO TO D1o1. ELSE GO TO D1P.

D1o1. Do you expect that {he/she} will graduate or finish school this year?

D1O1

- 1. YES.....(Go to D1P)
- 2. NO.....(Go to D1P)
- 7. REFUSED.....(Go to D1P)
- 8. DON'T KNOW.....(Go to D1P)

If D1j=1 insert "is". If D1j^=1, insert "was".

D1p (D7C). {Is} the school located in the neighborhood where you live?

D1P

- 1. YES.....(Go to D1r)
- 2. NO.....(Go to D1q)
- 7. REFUSED.....(Go to D1q)
- 8. DON'T KNOW.....(Go to D1q)

If D1j=1 insert "Does". If D1j^=1, insert "Did".

D1Q(D7D). {Does} {YOUTH} live at the school? [IF ASKED, WE MEAN AT LEAST DURING THE WEEKDAYS]

D1Q

- 1. YES.....(Go to D1r)
- 2. NO.....(Go to D1r)
- 7. REFUSED.....(Go to D1r)
- 8. DON'T KNOW.....(Go to D1r)

If D1j=1 insert "is". If D1j^=1, insert "was".
If D1k = 1, insert "past", else insert "".

D1R(D8A). What {was} the full name of the school {YOUTH} {was} enrolled in this {past} year? [IF YOUTH HAS BEEN ENROLLED IN MORE THAN ONE SCHOOL THIS SCHOOL YEAR, WE WANT MOST RECENT OR CURRENT ENROLLMENT. PROBE FOR FULL NAME OF SCHOOL.]

D1R

NAME OF SCHOOL _____ (Go to D1s)

- 7. REFUSED.....(Go to D1s)
- 8. DON'T KNOW.....(Go to D1s)

D1S(D8B). Where is that located? [IF STREET ADDRESS UNAVAILABLE, GET CITY/STATE; DO NOT PROBE FOR FULL STREET ADDRESS]

LOCATION: _____

STREET ADDRESS

D1S_ADD

_____ (Go to D1t)

CITY STATE

D1S_CT

..... D1S_ST

-7. REFUSED (Go to D1t)

-8. DON'T KNOW (Go to D1t)

BOX D-1T

IF D1K=2 OR 3 (YOUTH GRADUATED OR TESTED OUT) GO TO BOX BEFORE D4A. ELSE GO TO D1T.

D1T(D5A). Do you expect that {YOUTH} will be enrolled in school or receiving instruction in the fall? [IF NEEDED, "That is the 2001-2002 school year."]

D1T

1. YES (Go to Box D-1U)

2. NO (Go to Box D-4A)

-7. REFUSED (Go to Box D-4A)

-8. DON'T KNOW (Go to Box D-4A)

BOX D-1U

IF D1K=6 (PERMANENTLY EXPELLED) GO TO D1V. ELSE GO TO D1U.

If D1j=1 insert "is now". If D1j^=1,
insert "has this past school year".

D1u. Do you think {he/she} will be going to the same school or receiving instruction in the same place in the fall as {he/she} {is now}?

D1U

1. YES (Go to Box D-4A)

2. NO (Go to D1V)

-7. REFUSED (Go to D1V)

-8. DON'T KNOW (Go to D1V)

D1v. What is the full name of the school you think {YOUTH} will be attending next year? [PROBE FOR FULL NAME OF SCHOOL]

D1V

NAME OF SCHOOL: _____ (Go to D1W)

- 7. REFUSED(Go to D1W)
- 8. DON'T KNOW(Go to D1W)



D1W(D5C). Where is that located?

LOCATION: _____
STREET ADDRESS

D1W_ADD

_____ CITY STATE
D1W_CT **D1W_ST**

- 7. REFUSED
- 8. DON'T KNOW



BOX D-2A

IF D1B=92 THROUGH 96, CODE D2A=1 (YES) AND CODE APPROPRIATE SETTING IN D2B, THEN GO TO D2C.
IF D1A^=1 (NOT IN SCHOOL) GO TO D2A.
IF D1B=-7 or -8 GO TO D2A
IF D1J^=1 (NOT IN SCHOOL NOW) AND DK1^=1 (NOT SUMMER) OR 2 OR 3 (GRADUATED OR TOOK TEST) OR 7 (AGED OUT) GO TO D2A. ELSE GO TO BOX D-3A

IF D1A=1 (ADD) DISPLAY "other".
ELSE DISPLAY ""

D2A. Has {he/she} received any elementary, middle, junior or senior high school level instruction in any {other} setting during this school year? For example, that could include instruction in a hospital, correctional facility, or a home school.

D2A

- 1. YES(Go to D2B)
- 2. NO(Go to Box D-3A)
- 7. REFUSED(Go to Box D-3A)
- 8. DON'T KNOW(Go to Box D-3A)



D2B. Which of the following best describes the setting where {YOUTH} received this instruction? Was it...[IF MORE THAN ONE SETTING, CODE MOST RECENT SETTING]

D2B

()

- 1. Home instruction by a professional(Go to D2C)
- 2. Home schooling by a parent.....(Go to D2C)
- 3. A hospital or hospital school.....(Go to D2C)
- 4. A medical facility convalescent hospital or institution for people with disabilities (Go to D2C)
- 5. A mental health facility.....(Go to D2C)
- 6. A correctional or juvenile justice facility(Go to D2C)
- 91. Another kind of place?.....(Go to D2BOS)
- 7. REFUSED(Go to D2C)

D2F_03	3 SCHOOL:	SCHOOL TOO DANGEROUS
D2F_04	4 SCHOOL:	FAILED REQUIRED TEST/FAILED GRADUATION EXAM
D2F_05	5 SCHOOL:	LACK OF APPROPRIATE CURRICULUM
D2F_06	6 SCHOOL:	POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF
D2F_07	7 SCHOOL:	POOR RELATIONSHIP WITH FELLOW STUDENTS
D2F_08	8 SCHOOL:	LANGUAGE DIFFICULTY
D2F_09	9 FINANCIAL:	ECONOMIC REASONS
D2F_10	10 FINANCIAL:	LACK OF CHILD CARE
D2F_11	11 FINANCIAL:	LACK OF TRANSPORTATION
D2F_12	12 FINANCIAL:	PROBLEMS WITH BEHAVIOR
D2F_13	13 HEALTH:	SUBSTANCE ABUSE
D2F_14	14 HEALTH:	ILLNESS/DISABILITY
D2F_15	15 HEALTH:	PREGNANCY
D2F_16	16 PERSONAL:	ENTERED THE CRIMINAL JUSTICE SYSTEM
D2F_17	17 PERSONAL:	NEEDED AT HOME
D2F_18	18 PERSONAL:	RELIGION
D2F_19	19 PERSONAL:	MOVED
D2F_20	20 RELATIONSHIPS:	PARENT/GUARDIAN INFLUENCE
D2F_21	21 RELATIONSHIPS:	FRIENDS WERE DROPPING OUT
D2F_22	22 RELATIONSHIPS:	MARRIAGE
D2F_23	23 WORK:	MILITARY, JOINED ARMED FORCES
D2F_24	24 WORK:	EMPLOYMENT, SEEK OR ACCEPT JOB
D2F_91	91	OTHER
D2F_OS		SPECIFY _____
	-7	REFUSED
	-8	DON'T KNOW

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-----
. IF D2C=1 (RECEIVING
. INSTRUCTION NOW) DISPLAY
. "is" AND "". ELSE DISPLAY "was"
. AND "past".
-----

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D2G (D15A). What grade {is/was} {YOUTH} in this {past} year? [PROBE FOR UNGRADED IF PARENT IS UNSURE.]
D2G

()

0. UNGRADED CLASS
1. FIRST GRADE
2. SECOND GRADE
3. THIRD GRADE
4. FOURTH GRADE
5. FIFTH GRADE
6. SIXTH GRADE
7. SEVENTH GRADE
8. EIGHTH GRADE
9. NINTH GRADE
10. TENTH GRADE
11. ELEVENTH GRADE

- 12. TWELFTH GRADE
- 13. THIRTEENTH GRADE
- 91. MULTI-GRADE

D2G_OS SPECIFY _____

- 7. REFUSED
- 8. DON'T KNOW

BOX D-2G1

IF (YOUTH IS IN SCHOOL NOW (D2C=1) AND YOUTH IS IN 12TH GRADE OR HIGHER (D2G=12 OR 13)) OR IF (YOUTH IS IN AN UNGRADED OR MULTIGRADE CLASS NOW AND YOUTH IS OLDER THAN 16 YEARS (D2G=0 OR 91 AND D2C=1 AND CURRAGE>16)), GO TO D2G1. ELSE GO TO BOX D-2H.

D2G1. Do you expect that {he/she} will graduate or finish school this year?

D2G1

- 1. YES(Go to BOX D2H)
- 2. NO(Go to BOX D2H)
- 7. REFUSED(Go to BOX D2H)
- 8. DON'T KNOW(Go to BOX D2H)

BOX D-2H

IF (D2B=2) YOUTH IS HOME SCHOOLED BY PARENT OR (D2B=-7 OR -8) DON'T KNOW OR REFUSED, GO TO D2J ELSE GO TO D2H.

· If D2b=3,4,5,6,or 7 insert "place
 · {YOUTH} received schooling this
 · year"
 · If D2b=1 insert "school or district
 · providing the home bound
 · instruction"
 ·

D2H. What is the full name of the {place {YOUTH} received schooling this year}? [IF YOUTH HAS BEEN ENROLLED IN MORE THAN ONE SCHOOL THIS YEAR, WE WANT MOST RECENT OR CURRENT ENROLLMENT. PROBE FOR FULL NAME OF SCHOOL.]

D2H

NAME OF SCHOOL: _____

- 7. REFUSED(Go to D2I)
- 8. DON'T KNOW(Go to D2I)

D2I. Where is that located? [IF STREET ADDRESS UNAVAILABLE, GET CITY/STATE; DO NOT PROBE FOR FULL STREET ADDRESS]

LOCATION: _____
STREET ADDRESS

D2I_ADD

_____ (Go to D2J)
CITY STATE

D2I_CT D2I_ST

- 7. REFUSED (Go to D2J)
- 8. DON'T KNOW (Go to D2J)

D2J. Do you expect that {YOUTH} will be enrolled in school or receiving instruction in the fall? [IF NEEDED, "That is the 2001-2002 school year."]

D2J

- 1. YES (Go to D2K)
- 2. NO (Go to Box D-3A)
- 7. REFUSED (Go to Box D-3A)
- 8. DON'T KNOW (Go to Box D-3A)

: If D2C=1 insert "is now". If :
: D2C^=1, insert "has this past :
: school year". :

D2K. Do you think {he/she} will be going to the same school or receiving instruction in the same place in the fall as {he/she} {is now}?

D2K

- 1. YES (Go to Box D-3A)
- 2. NO (Go to D2L)
- 7. REFUSED (Go to D2L)
- 8. DON'T KNOW (Go to D2L)

D2L. What is the full name of the school you think {YOUTH} will be attending next year? [PROBE FOR FULL NAME OF SCHOOL]

D2L

NAME OF SCHOOL: _____

- 7. REFUSED (Go to D2M)
- 8. DON'T KNOW (Go to D2M)

D2M. Where is that located?

LOCATION: _____
STREET ADDRESS

D2M_ADD

(Go to Box D-3A)

CITY STATE

D2M_CT

D2M_ST

- 7. REFUSED(Go to Box D-3A)
- 8. DON'T KNOW(Go to Box D-3A)

BOX D-3A

IF D1K=4, 5, OR 6 OR D2D=4, 5, OR 6 (DROPPED OUT, SUSPENDED, OR EXPELLED) GO TO D3A. IF D1A AND D2A^=1 (NOT IN SECONDARY SCHOOL THIS YEAR) GO TO D3A. ELSE GO TO BOX D-4A.

- If D1K=4 or D2D=4 display "since dropping out"
- If D1K=5 or D2D=5 display "since being suspended"
- If D1K=6 or D2D=6 display "since being expelled".
- Else, display ""

D3a..... In the past school year has {YOUTH} taken any courses or tests to earn a high school diploma {since dropping out/being suspended/being expelled}?

D3A

- 1. YES(Go to D3B)
- 2. NO(Go to Box D-4A)
- 7. REFUSED(Go to Box D-4A)
- 8. DON'T KNOW(Go to Box D-4A)

D3b..... Has {YOUTH} gotten a diploma or degree from this coursework or test?

D3B

- 1. YES(Go to BOX D-4A)
- 2. NO(Go to BOX D-4A)
- 7. REFUSED(Go to BOX D-4A)
- 8. DON'T KNOW(Go to BOX D-4A)

BOX D-4A

IF NOT IN SCHOOL PAST YEAR (D1A AND D2A^=1) GO TO D4A. IF NOT IN SCHOOL NOW (D1J^=1 AND D2C^=1) AND IT IS NOT SUMMER VACATION (D1K^=1 AND D2D ^=1) GO TO D4A. ELSE GO TO BOX D-5A.

D4a..... This school year did

{YOUTH} take any courses from a two-year or community college?

D4A

- 1. YES(Go to D4B)
- 2. NO(Go to D4C)
- 7. REFUSED(Go to D4C)
- 8. DON'T KNOW(Go to D4C)

D4b..... Is {he/she} going to a two-year or community college now?

D4B

- 1. YES(Go to 4C)
- 2. NO(Go to 4C)
- 7. REFUSED(Go to 4C)
- 8. DON'T KNOW(Go to 4C)

D4c..... This school year did {YOUTH} take any courses from a vocational, business, or technical school?

D4C

- 1. YES(Go to D4D)
- 2. NO(Go to D4F)
- 7. REFUSED(Go to D4F)
- 8. DON'T KNOW(Go to D4F)

D4d..... Is {he/she} going to a vocational, business, or technical school now?

D4D

- 1. YES(Go to D4E)
- 2. NO(Go to D4E)
- 7. REFUSED(Go to D4E)
- 8. DON'T KNOW(Go to D4E)

D4e..... Was that vocational, business, or technical school primarily for high school age students or students who have left high school?

D4E

- 1. PRIMARILY HIGH SCHOOL AGE STUDENTS(Go to D4F)
- 2. PRIMARILY STUDENTS WHO HAVE LEFT HIGH SCHOOL.....(Go to D4F)
- 7. REFUSED(Go to D4F)
- 8. DON'T KNOW(Go to D4F)

D4F..... This school year did {YOUTH} take any courses from a four-year college?

D4F

- 1. YES(Go to D4G)
- 2. NO(Go to BOX D-5A)
- 7. REFUSED(Go to BOX D-5A)
- 8. DON'T KNOW(Go to BOX D-5A)

D4g..... Is {he/she} going to a four-year college now?

D4G

- 1. YES(Go to BOX D-5A)
- 2. NO(Go to BOX D-5A)
- 7. REFUSED(Go to BOX D-5A)
- 8. DON'T KNOW(Go to BOX D-5A)

BOX D-5A

IF D1A, D2A, D4A, D4C AND D4F ^=1 (NO SCHOOLING IN PAST YEAR) GO TO D5A. IF D1A AND D2A ^=1 AND D4A OR D4C OR D4F=1 (NO SECONDARY SCHOOLING THIS YEAR, BUT ATTENDED POST SECONDARY) GO TO D5B. ELSE GO TO BOX D-6A.

IF D5A=1, DO NOT ALLOW -1, -7 OR -8 IN D5AOV_MM OR D5AOV_YY.

IF D5A=2, DO NOT ALLOW -1, -7 OR -8 IN D5AOV_NM OR D5AOV_UT.

D5A. When did {he/she} last attend school or receive instruction in school subjects? [RESPONSE MAY BE THE MONTH AND YEAR {YOUTH} LEFT SCHOOL OR HOW LONG AGO {HE/SHE} LEFT SCHOOL. NOTE: THIS CAN INCLUDE HOME OR HOSPITAL SCHOOLING]

D5A

- 3. MONTH / YEAR GIVEN (Go to D5AOV1)
- 4. TIME PERIOD RANGE GIVEN (Go to D5AOV2)
- 7. REFUSED (Go to D5B)
- 8. DON'T KNOW (Go to D5B)

D5AOV1

D5AOV_MM MONTH _____ [H: 1-12]

- | | |
|-------------|--------------|
| 1. JANUARY | 7. JULY |
| 2. FEBRUARY | 8. AUGUST |
| 3. MARCH | 9. SEPTEMBER |
| 4. APRIL | 10. OCTOBER |
| 5. MAY | 11. NOVEMBER |
| 6. JUNE | 12. DECEMBER |

D5AOV_YY YEAR _____ [H: 1985 – 2000]

- D5D_07 7 POOR RELATIONSHIP WITH FELLOW STUDENTS
- D5D_08 8 LANGUAGE DIFFICULTY
- D5D_09 9 ECONOMIC REASONS
- D5D_10 10 LACK OF CHILD CARE
- D5D_11 11 LACK OF TRANSPORTATION
- D5D_12 12 PROBLEMS WITH BEHAVIOR
- D5D_13 13 SUBSTANCE ABUSE
- D5D_14 14 ILLNESS/DISABILITY
- D5D_15 15 PREGNANCY
- D5D_16 16 ENTERED THE CRIMINAL JUSTICE SYSTEM
- D5D_17 17 NEEDED AT HOME
- D5D_18 18 RELIGION
- D5D_19 19 MOVED
- D5D_20 20 PARENT/GUARDIAN INFLUENCE
- D5D_21 21 FRIENDS WERE DROPPING OUT
- D5D_22 22 MARRIAGE
- D5D_23 23 MILITARY, JOINED ARMED FORCES
- D5D_24 24 EMPLOYMENT, SEEK OR ACCEPT JOB
- D5D_91 91 OTHER
- D5D_OS SPECIFY _____
- 7 REFUSED
- 8 DON'T KNOW

BOX D-5E

IF D5B=1 (GRADUATED) OR 2 (TEST) GO TO D5H. ELSE GO TO D5E.

D5e (D5A). Do you expect that {YOUTH} will be enrolled in elementary, middle, junior, or senior high school in the fall? [IF NEEDED: That is the 2001-2002 school year]

D5E

- 1. YES(Go to D5F)
- 2. NO(Go to D-5H)
- 7. REFUSED(Go to D-5H)
- 8. DON'T KNOW(Go to D-5H)

D5f(D5B). What is the full name of the school you think {YOUTH} will be attending next year?
[PROBE FOR FULL NAME OF SCHOOL.]

D5F

- 1. NAME OF SCHOOL GIVEN(Go to D5FOV)
- 2. YOUTH WILL BE SCHOOLED AT HOME/ HOME BOUND INSTRUCTION (Go to D5H)
- 7. REFUSED(Go to D5H)
- 8. DON'T KNOW(Go to D5H)

D5FOV

D5F_OV _____
NAME OF SCHOOL

D5g (D5C). Where is that located?

LOCATION: _____
STREET ADDRESS

D5G_ADD
CITY STATE
D5G_CT D5G_ST

D5H (D16A). Has {he/she} ever skipped a grade in school?
D5H

- 1. YES (Go to D5I)
- 2. NO (Go to D5J)
- 7. REFUSED Go to D5J)
- 8. DON'T KNOW Go to D5J)

D5I (D16B). What grade(s) did {he/she} skip? [CODE ALL THAT APPLY. CTRL/P TO EXIT.]

() () () () () () () () () () () () () ()

- D5I_00 0. KINDERGARTEN
- D5I_01 1. FIRST GRADE
- D5I_02 2. SECOND GRADE
- D5I_03 3. THIRD GRADE
- D5I_04 4. FOURTH GRADE
- D5I_05 5. FIFTH GRADE
- D5I_06 6. SIXTH GRADE
- D5I_07 7. SEVENTH GRADE
- D5I_08 8. EIGHTH GRADE
- D5I_09 9. NINTH GRADE
- D5I_10 10. TENTH GRADE
- D5I_11 11. ELEVENTH GRADE
- D5I_12 12. TWELFTH GRADE
- 7. REFUSED
- 8. DON'T KNOW

D5J (D17A). Since {he/she} entered kindergarten has {he/she} ever been held back a grade in school? [DO NOT INCLUDE STARTING KINDERGARTEN AT AN OLDER THAN USUAL AGE]

D5N. During the past 2 years did {YOUTH} attend summer school? [IF YES TO EITHER YEAR, CODE AS A YES.]
D5N

()

- 1. YES (Go to D5O)
- 2. NO (Go to D5O)
- 3. IN YEAR-ROUND SCHOOL (Go to D5O)
- 7. REFUSED (Go to D5O)
- 8. DON'T KNOW (Go to D5O)

D5O. How many schools has {YOUTH} attended since {he/she} entered elementary school? [RECORD NUMBER OF SCHOOLS ATTENDED. WE MEAN SINCE KINDERGARTEN. IF ASKED, THAT WOULD INCLUDE MOVING FROM SCHOOL TO HOME SCHOOL OR MOVING FROM HOME SCHOOL TO SCHOOL OR CHANGE IN INSTITUTIONAL SCHOOLING SETTING, E.G., FROM NEIGHBORHOOD SCHOOL TO HOSPITAL SCHOOL.]
D5O

NUMBER () (Go to Box D-5P)

BOX D-5P

IF NUMBER IN D5O IS TWO, GO TO D5P1. IF IT IS GREATER THAN TWO GO TO D5P2. ELSE GO TO BOX D-6A.

D5P1. Was that change in schools because of a promotion to the next level, for example from elementary to middle school?

D5P1

()

- 1. YES (Go to BOX D-6A)
- 2. NO (Go to BOX D-6A)
- 7. REFUSED (Go to BOX D-6A)
- 8. DON'T KNOW (Go to BOX D-6A)

D5P2. How many of those changes in schools were because of a promotion to the next level, for example from elementary to middle school?"

D5P2

NUMBER () [H: 0-14]

- 98 Answer is All changes (Go to D7H)
- 7. REFUSED (Go to D7H)
- 8. DON'T KNOW (Go to D7H)

D7b (D16A). Has {he/she} ever skipped a grade in school?
D7B

- 1. YES (Go to D7C)
- 2. NO (Go to D7D)
- 7. REFUSED (Go to D7D)
- 8. DON'T KNOW (Go to D7D)

D7c (D16B). What grade did {he/she} skip? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () () () () () () [H: D7C>=D10 OR D2G]

- D7C_00 0. KINDERGARTEN
- D7C_01 1. FIRST GRADE
- D7C_02 2. SECOND GRADE
- D7C_03 3. THIRD GRADE
- D7C_04 4. FOURTH GRADE
- D7C_05 5. FIFTH GRADE
- D7C_06 6. SIXTH GRADE
- D7C_07 7. SEVENTH GRADE
- D7C_08 8. EIGHTH GRADE
- D7C_09 9. NINTH GRADE
- D7C_10 10. TENTH GRADE
- D7C_11 11. ELEVENTH GRADE
- D7C_12 12. TWELFTH GRADE
- 7. REFUSED
- 8. DON'T KNOW

D7d (D17A). Since {he/she} entered kindergarten has {he/she} ever been held back a grade in school?

D7D

- 1. YES (Go to D7E)
- 2. NO (Go to D7F)
- 7. REFUSED (Go to D7F)
- 8. DON'T KNOW (Go to D7F)

D7e (D17B). What grade was {he/she} held back? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () () () () () () [H: D7E<=D10, D2G, OR 98] (Go to D7F)

- D7E_P 98. PRE-KINDERGARTEN
- D7E_00 0. KINDERGARTEN
- D7E_01 1. FIRST GRADE
- D7E_02 2. SECOND GRADE
- D7E_03 3. THIRD GRADE

- D7E_04 4. FOURTH GRADE
- D7E_05 5. FIFTH GRADE
- D7E_06 6. SIXTH GRADE
- D7E_07 7. SEVENTH GRADE
- D7E_08 8. EIGHTH GRADE
- D7E_09 9. NINTH GRADE
- D7E_10 10. TENTH GRADE
- D7E_11 11. ELEVENTH GRADE
- D7E_12 12. TWELFTH GRADE
- 7. REFUSED
- 8. DON'T KNOW

D7F. How many schools has {YOUTH} attended since {he/she} entered elementary school? [RECORD NUMBER OF SCHOOLS ATTENDED. WE MEAN SINCE KINDERGARTEN. IF ASKED, THAT WOULD INCLUDE MOVING FROM SCHOOL TO HOME SCHOOL OR MOVING FROM HOME SCHOOL TO SCHOOL OR CHANGE IN INSTITUTIONAL SCHOOLING SETTING, E.G. FROM NEIGHBORHOOD SCHOOL TO HOSPITAL SCHOOL.]
D7F

NUMBER () [H:1 – 20] (Go to Box D-7G)

BOX D-7G

IF NUMBER IN D7F IS TWO, GO TO D7G1. IF IT IS GREATER THAN TWO GO TO D7G2. ELSE GO TO D7H.

D7G1. Was that change in schools because of a promotion to the next level, for example from elementary to middle school?
D7G1

()

- 1. YES (Go to D7H)
- 2. NO (Go to D7H)
- 7. REFUSED (Go to D7H)
- 8. DON'T KNOW (Go to D7H)

D7G2. How many of those changes in schools were because of a promotion to the next level, for example from elementary to middle school?"

D7G2

NUMBER () [H: 0-14]

- 98 Answer is All changes (Go to D7H)
- 7. REFUSED (Go to D7H)
- 8. DON'T KNOW (Go to D7H)

D7h (D18A). Has {he/she} ever been suspended or expelled from school? [IF ASKED, WOULD NOT INCLUDE IN-SCHOOL SUSPENSION]

D7H

- 1. YES (Go to D7I)
- 2. NO (Go to D8A)
- 7. REFUSED (Go to D8A)
- 8. DON'T KNOW (Go to D8A)

D7i (D18B). Was that suspended or expelled or both?

D7I

- 1. SUSPENDED (Go to Box D-7J)
- 2. EXPELLED (Go to Box D-7J)
- 3. BOTH (Go to Box D-7J)
- 7. REFUSED (Go to D8A)
- 8. DON'T KNOW (Go to D8A)

BOX D-7J

IF D7I=1 OR 3 (SUSPENDED OR BOTH) GO TO D7J. IF D7I=2 EXPELLED GO TO D7K.

D7j (D18C). Did {he/she} get suspended during this school year?

D7J

- 1. YES (Go to Box D-7K)
- 2. NO (Go to Box D-7K)
- 7. REFUSED (Go to Box D-7K)
- 8. DON'T KNOW (Go to Box D-7K)

BOX D-7K

If D7I=3 (BOTH SUSPENDED AND EXPELLED), go to D7K. Else go to D8A.

D7k (D18D). Did {he/she} get expelled during this school year?

D7K

- 1. YES (Go to D8A)
- 2. NO (Go to D8A)
- 7. REFUSED (Go to D8A)
- 8. DON'T KNOW (Go to D8A)

: If D1J OR D2C=1 display "Does" :

 {he/she} still receive special
 education services and have an
 IEP?" If D1J AND D2C^=1 display
 "Did {he/she} receive special
 education services and have an IEP
 this year?"

D8a (D13A).Our records show that {YOUTH} received special education services and had an IEP at the beginning of the 2000-2001 school year. {Does {he/she} still receive special education services and have an IEP?} [IF NEEDED, "That is the 2000-2001 school year". IF ASKED: "An IEP is an Individualized Education Plan".]

D8A

- 1. YES (Go to D8C)
- 2. NO (Go to BOX D-8B)
- 3. NEVER WAS IN SPECIAL ED. (Go to D8G)
- 7. REFUSED (Go to BOX D-8B)
- 8. DON'T KNOW (Go to BOX D-8B)



BOX D-8B

IF BDISAB=-1 (PARENT SAYS NO DISABILITY) GO TO D9A.

ELSE GO TO BOX D-8B2.

BOX D-8B2

IF D8A=2 (NOT IN SPECIAL ED), GO TO D8B. ELSE GO TO D8C.



D8b (D13B).Why is {he/she} no longer receiving special education services? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () () () () () ()

- D8B_01** 1. NO LONGER NEEDS SPECIAL EDUCATION/SPECIAL SERVICES
- D8B_02** 2. MET IEP GOALS
- D8B_03** 3. YOUTH WAS DECLASSIFIED, SCHOOL SAYS NO LONGER NEEDS SERVICES
- D8B_04** 4. NO LONGER ELIGIBLE, DOESN'T QUALIFY
- D8B_05** 5. SCHOOL DOESN'T HAVE THE PROGRAMS {YOUTH} NEEDS
- D8B_06** 6. PARENT DOESN'T WANT YOUTH IN SPECIAL EDUCATION
- D8B_07** 7. STUDENT DID NOT WANT TO BE IN SPECIAL EDUCATION
- D8B_08** 8. STUDENT CHANGED SCHOOLS (DID NOT REQUEST SPECIAL SERVICES OR NEW SCHOOL DID NOT IDENTIFY [YOUTH] AS NEEDING SPECIALSERVICES)
- D8B_09** 9. STUDENT NOW HAS A 504 PLAN
- D8B_10** 10. DOESN'T THINK STUDENT EVER WAS IN SPECIAL EDUCATION
- D8B_11** 11. YOUTH HOME SCHOOLED BY PARENT
- 7. REFUSED
- 8. DON'T KNOW



D8C. Has your family ever been through mediation because of a conflict with the school about {YOUTH'S} special education program?

D8C

- | | | |
|-----|------------|-------------|
| 1. | YES | (Go to D8D) |
| 2. | NO | (Go to D8E) |
| -7. | REFUSED | (Go to D8E) |
| -8. | DON'T KNOW | (Go to D8E) |

D8D. What was the outcome of the mediation? Did you...

D8D

- | | | | |
|---------------|----|---|-------------|
| | 1 | Receive the services you asked for, | Go to D8E |
| | 2 | Not receive the services you asked for, | Go to D8E |
| | 3 | Partially receive what you asked for, | Go to D8E |
| | 4 | Have a hearing, or | Go to D8F |
| | 91 | Something else? | Go to D8DOS |
| D8D_OS | | SPECIFY _____ | Go to D8E |
| | -7 | REFUSED | Go to D8E |
| | -8 | DON'T KNOW | Go to D8E |

D8E. Has your family ever been through a hearing because of a conflict with the school about {YOUTH'S} special education program?

D8E

- | | | |
|-----|------------|-----------------|
| 1. | YES | (Go to D8F) |
| 2. | NO | (Go to Box D8G) |
| -7. | REFUSED | (Go to Box D8G) |
| -8. | DON'T KNOW | (Go to Box D8G) |

D8F. What was the outcome of the hearing? Did you...

D8F

- | | | | |
|---------------|----|---|-----------------|
| | 1 | Receive the services you asked for, | (Go to Box D8G) |
| | 2 | Not receive the services you asked for, | (Go to Box D8G) |
| | 3 | Partially receive what you asked for, | (Go to Box D8G) |
| | 4 | Go for mediation, or | (Go to Box D8G) |
| | 91 | Something else? | (Go to D8FOS) |
| D8F_OS | | SPECIFY _____ | (Go to Box D8G) |
| | -7 | REFUSED | (Go to Box D8G) |
| | -8 | DON'T KNOW | (Go to Box D8G) |

BOX D-8G

IF D8A=1 (GETTING SPECIAL ED NOW) GO TO D8H. IF D8B =9 (STUDENT HAS 504 PLAN) GO TO D8H. ELSE GO TO D8G

D8g (D13E).Does {YOUTH} now have a written accommodations plan for any special needs, as described under Section 504 of the Vocational Rehabilitation Act usually called a 504 plan?

D8G

- 1. YES (Go to Box D8H)
- 2. NO (Go to Box D8H)
- 7. REFUSED (Go to Box D8H)
- 8. DON'T KNOW (Go to Box D8H)

BOX D-8H

IF D8A=3 (NEVER WAS IN SPECIAL ED) GO TO D9A. ELSE GO TO D8H

D8H. When did {YOUTH} first begin receiving any special education services **in school**?
[COULD INCLUDE SPEECH THERAPY. ENTER AGE OR GRADE AS APPROPRIATE. IF ASKED, OR IF RESPONDENT ANSWERS "LESS THAN 5 YEARS OR PRE KINDERGARTEN", WE MEAN SINCE STARTING KINDERGARTEN. SCHOOL CAN MEAN ANY SETTING WHERE YOUTH RECEIVES SCHOOLING OR INSTRUCTION IN SCHOOL SUBJECTS FROM A PROFESSIONAL.]

D8H

()

- 1. AGE IN YEARS (Go to D8HOV)
- 2. GRADE LEVEL (Go to D8HOV)
- 3. NEVER RECEIVED SPECIAL EDUCATION SERVICES (Go to D9A)
- 7. REFUSED (Go to D9A)
- 8. DON'T KNOW (Go to D9A)

D8HOV.
D8H_OV

NUMBER() [H: 1 – 18](Go to D8I)

D8I.Were you the one who first asked for special services for {YOUTH} in school, or did school staff first suggest that {he/she} might need services?

D8I

- 1. PARENT ASKED (Go to D9A)
- 2. SCHOOL STAFF RECOMMENDED (Go to D9A)
- 3. SOMEONE ELSE RECOMMENDED (Go to D9A)
- 7. REFUSED (Go to D9A)
- 8. DON'T KNOW (Go to D9A)

If D1J or D2C=1, Display "Does".
Else Display "Did".

D9a(D19A) Now I would like to ask about {YOUTH}'s grades during this school year. {Does} {he/she} get letter grades, for example, A, B, C?

D9A

- 1. YES (Go to D9B)
- 2. NO (Go to D9C)
- 3. FOR SOME SUBJECTS..... (Go to D9C)
- 7. REFUSED (Go to D9C)
- 8. DON'T KNOW (Go to D9C)



D9b (D19B). Overall, across all subjects, did {he/she} get mostly...

D9B

- | | | | |
|---------------|----|--|-----------------|
| | 1 | A's | (Go to Box D10) |
| | 2 | A's and B's, | (Go to Box D10) |
| | 3 | B's, | (Go to Box D10) |
| | 4 | B's and C's, | (Go to Box D10) |
| | 5 | C's, | (Go to Box D10) |
| | 6 | C's and D's, | (Go to Box D10) |
| | 7 | D's, | (Go to Box D10) |
| | 8 | D's and F's, | (Go to Box D10) |
| | 9 | F's, or | (Go to Box D10) |
| | 10 | {YOUTH}'s school does not give these grades? | (Go to D9C) |
| | 91 | Other | (Go to D9BOS) |
| D9B_OS | | SPECIFY _____ | (Go to Box D10) |
| | -7 | REFUSED | (Go to D9C) |
| | -8 | DON'T KNOW | (Go to Box D10) |



D9c (D19C)Overall would you describe {his/her} work at school as...

D9C

- 1. Excellent, (Go to Box D10)
- 2. Above average, (Go to Box D10)
- 3. Average, (Go to Box D10)
- 4. Below average, or (Go to Box D10)
- 5. Failing? (Go to Box D10)
- 7. REFUSED (Go to Box D10)
- 8. DON'T KNOW (Go to Box D10)



BOX-D10

If D2B=1 or 2 (HOME SCHOOLED) go to D12.

Else go to D10.

D10(D20) How well would you say {YOUTH} has gotten along with other students at school this school year? Would you say...?
D10

()

1. Very well, (Go to D11)
2. Pretty well, (Go to D11)
3. Not very well, or (Go to D11)
4. Not at all well? (Go to D11)
5. MIXED, SOME WELL, SOME NOT (Go to D11)
6. DOES NOT INTERACT WITH OTHER STUDENTS (Go to D11)
- 7. REFUSED (Go to D11)
- 8. DON'T KNOW (Go to D11)

D11 (D21) How well would you say {he/she} has gotten along with teachers this school year ? Would you say...?

D11

()

1. Very well, (Go to D12)
2. Pretty well, (Go to D12)
3. Not very well, or (Go to D12)
4. Not at all well? (Go to D12)
5. MIXED, SOME WELL, SOME NOT (Go to D12)
6. DOES NOT INTERACT WITH TEACHERS (Go to D12)
- 7. REFUSED (Go to D12)
- 8. DON'T KNOW (Go to D12)

D12(D22).Think about {YOUTH}'s experience at {his/her} school since the beginning of this school year. Would you say you strongly agree, agree, disagree, or strongly disagree with each of the following statements?

[1=STRONGLY AGREE, 2= AGREE, 3=DISAGREE, 4=STRONGLY DISAGREE, 5=NOT APPLICABLE]

- | | | |
|-------------|---|-------|
| D12A | a. School is challenging for {YOUTH} . | _____ |
| D12B | b. {He/She} enjoys school. | _____ |
| D12C | c. There is an adult at the school who knows {YOUTH} well and cares about {him/her}. | _____ |
| D12D | d. The school is good at meeting {his/her} individual needs. | _____ |
| D12E | e. {YOUTH} is getting the support and services from the school that {he/she} needs to do well in school | _____ |

BOX-D13

If D2B=1 or 2 (HOME SCHOOLED) go to D14.

Else go to D13.

D13 (D23) Has {YOUTH} had any of the following things happen during this school year ?

[1=YES, 2= NO, 3=NOT APPLICABLE]

- D13A** a. Has {YOUTH} had things stolen from {his/her} locker, desk, or other places at school? _____
- D13B** b. Has {he/she} been bullied or picked on by other students or made to do things like give them money, either at school or on the way to or from school? _____
- D13C** c. Has {he/she} bullied or picked on other students? _____
- D13D** d. Has {he/she} been teased or called names at school? _____
- D13E** e. Has {he/she} been physically attacked or in fights at school or on the way to or from school? _____

D14 (D24) Thinking about this school year, would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with ...

[1=VERY SATISFIED, 2=SOMEWHAT SATISFIED, 3=SOMEWHAT DISSATISFIED, 4=VERY DISSATISFIED, 5=NOT APPLICABLE]

- D14A** a. {YOUTH}'s school? _____
- D14B** b. {His/Her} teachers? _____
- D14C** c. **[DISPLAY ONLY IF D8A=1]** {His/Her} special education services? _____}
- D14D** d. **[If D14C was asked, DISPLAY "other"]** The {} education {he/she} has received? _____}
- D14E** e. How well school keeps you informed about {YOUTH}'s behavior and academic performance? _____

SECTION E. FAMILY INTERACTION/INVOLVEMENT

BOX E-1

IF D2A=1 (SCHOOLED IN ANOTHER SETTING), GO TO E1D. ELSE GO TO E1A (AND CONTINUE WITH B THRU D).

E1.(E1) Since the beginning of this school year, have you or another adult in the household done each of the following at {YOUTH'S} school?

Column1 [1=YES, 2= NO]

Column 2 [IF YES, ASK:] About how many times has that happened? Would you say 1-2 times, 3-4 times, 5-6 times, or more than that? [1= 1-2 TIMES, 2=3-4 TIMES, 3 = 5-6 TIMES, 4=MORE THAN THAT]

		COLUMN 1 EVENT	COLUMN 2 HOW OFTEN
E1A1	A. Attend a general school meeting, for example, back to school night, or a meeting of a parent-teacher organization?	_____	_____ E1A2
E1B1	B. Attend a school or class event, such as a play, sports event, or science fair? This can include visits to the school for other children in the family who are at this school.	_____	_____ E1B2
E1C1	C. Volunteer at the school, for example, chaperoning a class field trip, or serving on a committee?	_____	_____ E1C2
E1D1	D. Gone to a parent/teacher conference with {YOUTH}'s teacher, other than an Individual Education Plan or IEP meeting?	_____	_____ E1D2

BOX E-2

IF D8A=1 (STUDENT CURRENTLY IN SPECIAL EDUCATION PROGRAM) GO TO E2A.
IF B1A=00 (PARENT SAYS NO DISABILITY) GO TO BOX E-7.
ELSE GO TO E6A.

IF A1=1 (MALE) Display "his".
IF A1=2 (FEMALE) display,
"her".

E2A.(E2A) During this or last school year, did you or another adult in the household go to a meeting about an Individualized Education Plan, or IEP, for {his/her} special education program or services?

E2A

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

E2B During this or last school year, did {YOUTH} go to a meeting about an Individualized Education Plan, or IEP, for {his/her} special education program or services?

E2B

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

IF A1=1 (MALE) Display "he".
IF A1=2 (FEMALE) display,
"she".

E2C Have you or another adult in the household met with teachers to set goals for what {YOUTH} will do after high school and make a plan for how {he/she} will achieve them? Sometimes this is called a transition plan?

E2C

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

E2D Has {YOUTH} met with teachers to set goals for what {he/she} will do after high school and make a plan for how {he/she} will achieve them?

E2D

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

BOX E-3A

IF E2A=1 AND E2C=1 (PARENT HAS NOT ATTENDED ANY IEP OR TRANSITION PLAN MEETINGS), GO TO BOX E-4A. ELSE GO TO E3A.

IF E2C=1 and E2A=1 (Adult transition plan only) Display "transition plan". IF E2A=1 and E2C=1 (IEP only) display, "IEP". IF E2A and E2C=1 (both IEP and Transition) display "IEP" "and" "transition plan"

E3A (E3). Did the school mostly come up with the goals on {his/her} IEP or was it mostly you or {YOUTH} who came up with the goals? [IF NEEDED: "IEP is an individualized education plan"]
E3A

1. MOSTLY SCHOOL,
2. MOSTLY RESPONDENT AND/OR YOUTH (INCLUDE OTHER ADULT HOUSEHOLD MEMBERS HERE),
3. A COMBINATION OF ALL OF YOU TOGETHER?
91. OTHER

E3A_OS SPECIFY _____

92. DON'T KNOW ABOUT ANY GOALS
- 7 REFUSED
- 8. DON'T KNOW

BOX E-3B

IF (E2A OR E2C=1) AND (E2B=1 OR E2D=1) BOTH ADULT AND YOUTH ATTENDED IEP OR TRANSITION PLAN, GO TO E3B.
IF ((E2A OR E2C=1) AND (E2B AND E2D=1)) YOUTH DID NOT ATTEND EITHER MEETING, BUT PARENT DID) GO TO E3C
ELSE GO TO BOX E-4A.

If E2B =1 (IEP), Display "IEP".
If E2D=1 display "transition planning". IF E2B and E2D=1 (both IEP and Transition) display "IEP" "and" "transition plan"

E3B. Which of the following best describes {YOUTH'S} role in {his/her} IEP?
E3B

1. {He/She} was present in discussions but participated very little or not at all.
2. {He/She} provided some input.
3. {He/She} took a leadership role, helping set the direction of the discussions, goals and plans?
4. DON'T KNOW ABOUT ANY GOALS

- 7 REFUSED
- 8 DON'T KNOW



```

: If E2C=1 (transition plan),
: Display "and transition plan.
: Else display "".

```

E3C (E4A). How do you feel about your family's involvement in the decisions about {YOUTH'S} IEP? Do you feel you...

E3C

- 1. Wanted to be more involved,
- 2. Were involved about the right amount, or
- 3. Wanted to be less involved?
- 4. NO OPINION
- 7 REFUSED
- 8. DON'T KNOW



BOX E-4A
 IF E2A AND E2B^=1) NEITHER ATTENDED IEP MEETINGS, GO TO E4A.
 ELSE GO TO BOX E-4B.

E4A. Has there been an IEP meeting about {YOUTH'S} special education program or services this or last year?

E4A

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



BOX E-4B
 IF (E2C AND E2D^=1) NEITHER ATTENDED TRANSITION PLAN MEETINGS, GO TO E4B.
 ELSE GO TO E4C.

E4B. Has the school done any planning for what {YOUTH} will do after high school?

E4B

- 1. YES..... (Go to E4C)
- 2. NO (Go to Box E-4D)
- 7. REFUSED..... (Go to Box E-4D)
- 8. DON'T KNOW..... (Go to Box E-4D)

: If E2C or E2D=1, display :
: "transition" :

E4C. How useful has this planning been in helping {YOUTH} prepare for life after high school? Would you say it has been...
E4C

- 1. Very useful,
- 2. Somewhat useful,
- 3. Not very useful, or
- 4. Not at all useful?
- 7 REFUSED
- 8 DON'T KNOW

BOX E-4D
IF (E2A, OR E2B, OR E2C, OR E2D=1) (OR E4A OR E4B=1) THERE WERE IEP OR
TRANSITION PLAN MEETINGS, GO TO E4D.
ELSE GO TO E5.

: If E2C or E2D or E4B=1, display :
: "and transition plan" :

E4D (E4B). To what extent do you agree or disagree with the statement: {YOUTH'S} goals are challenging and appropriate. Would you say you ...
E4D

- 1. Strongly agree,
- 2. Agree,
- 3. Disagree, or
- 4. Strongly disagree?
- 7 REFUSED
- 8. DON'T KNOW

E5(E5). Do you or another household member belong to any support groups for children with disabilities or their families?
E5

- 1. YES..... (Go to E6A)
- 2. NO (Go to E6A)
- 7. REFUSED..... (Go to E6A)
- 8. DON'T KNOW..... (Go to E6A)

: If E5=1 (YES), display "other". :
: Else display "". :

E6A(E6A). Have you, or anyone in your family, ever participated in any parent meetings, programs, or trainings for families of students with disabilities?

E6A

- 1. YES..... (Go to E6B)
- 2. NO (Go to Box E7)
- 7. REFUSED..... (Go to Box E7)
- 8. DON'T KNOW..... (Go to Box E7)

: Refer to state. for this child to select parent center :
: names to display. :
: :
: Display the first 2 parent centers names (lower case) to :
: be read as part of the sentence as examples. If there :
: are 2 or more, display {and}. If there are more than 2 :
: parent centers listed for that state, display the remaining :
: parent centers in capital letters below the sentence, so :
: that the interviewer can refer to them as needed. :

E6B(E6B). Were any of the meetings, programs, or trainings sponsored by a parent training and information center, such as (the) ...

{PARCNT1} {and}
{PARCNT2}
{[PARCNT3]}
{[PARCNT4]}
{[PARCNT5]}
{[PARCNT6]}
{[PARCNT7]}
{[PARCNT8]}
{[PARCNT9]}

E6B

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

E6C(E6C). How helpful was the information or training you received? Would you say it was...

E6C

- 1. Very helpful,
- 2. Pretty helpful,
- 3. Not very helpful, or
- 4. Not at all helpful?
- 7. REFUSED
- 8. DON'T KNOW

BOX E-7

If A5B=4 (CHILD DOESN'T LIVE WITH RESPONDENT AT ALL) or D1Q=1 OR D2B=3 THROUGH 6 (ATTENDS RESIDENTIAL SCHOOL OR OTHER INSTITUTIONAL SCHOOL), GO TO SECTION F.
ELSE GO TO E7.

: If D1J AND D2C^=1, display :
: "did", {talk}. Else display "have", :
: "talked". :

E7(E7). Adults differ in how much they talk to children about school. During this school year, {did} you or another adult in the household talk with {YOUTH} about {his/her} experiences in school? Would you say...

E7

- 1. Not at all,
- 2. Rarely,
- 3. Occasionally, or
- 4. Regularly?
- 7. REFUSED
- 8. DON'T KNOW

: If D1J AND D2C^=1, display :
: "did" and "help". Else display :
: "have" and "helped". :

E8 (E8). During this school year, how often did you or another adult in the household help {YOUTH} with {his/her} homework? Would you say...

E8

- 1. Never,
- 2. Less than once a week,
- 3. 1-2 times a week,
- 4. 3-4 times a week, or
- 5. 5 or more times a week?

- 6. NOT APPLICABLE; CHILD DOESN'T GET HOMEWORK
 - 7. REFUSED
 - 8. DON'T KNOW
-

SECTION F. AFTER-SCHOOL AND EXTRACURRICULAR ACTIVITIES

. Box F-1A

IF STUDENT DOES NOT LIVE WITH RESPONDENT AT ALL (A5B=4 OR D1Q=1 OR D2B=3,4,5, OR 6)
GO TO F1B.
ELSE GO TO F1A

F1A. Do you have a computer at home?

F1A

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

BOX F-1B

IF D1A, D2A, D4A, D4C, AND D4F^=1, GO TO F1B_2.

IF F1B 1 THROUGH F1B3=1 (YES) IMMEDIATELY GO TO CORRESPONDING F1C QUESTION FOR
COMPUTER USE OF THAT ITEM, SHOW ON SAME SCREEN.

ELSE GO TO NEXT ITEM IN F1B SERIES.

“NA” IS ONLY ACCEPTABLE FOR F1B1 (HOMEWORK)

F1B. Does {he/she} know **how** to use a computer for...[CODE “NA” FOR QUESTION #1
(HOMEWORK) IF YOUTH DOES NOT GO TO SCHOOL]

[YES =1, NO =2, NA=3]

- F1B_1** 1. Homework and school assignments? ()
- F1B_2** 2. Does {he/she} know how to use a computer for playing games? ()
- F1B_3** 3. Does {he/she} know how to use a computer for the Internet? ()
- F1B_4** 4. Does {he/she} know how to use a computer for e-mail? ()
- F1B_5** 5. Taking part in chat rooms? ()

· If A1 = 1 (MALE) display “he”.
· If A1 = 2 (FEMALE), then
· display “she”

F1C. Does {he/she} **use** a computer for:

[YES =1, NO =2, NA=3]

F1C_1 1. Homework and school assignments? ()

F1C_2 2. Playing games? ()

F1C_3 3. The Internet? ()

BOX F-1D

IF (F1B4 OR F1B5) = 1 GO F1D, ELSE GO TO F2.

F1D. How frequently does {YOUTH} interact with others using e-mail or taking part in chat rooms?
Would you say... [IF RESPONDENT SAYS NOT AT ALL, ENTER 5]

F1D

- 1. Several times a day
- 2. Once a day
- 3. Several times a week
- 4. Once a week, or
- 5. Less often
- 7 REFUSED
- 8 DON'T KNOW

```
-----  
" If (D1A, D2A., D4A, D4C, or  
" D4F =1 display "outside of  
" school" Else display ""  
"  
-----
```

F2 (F4). During the past 12 months, has {YOUTH} taken lessons or classes {outside of school} in things like art, music, dance, a foreign language, religion, or computer skills?

F2

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

BOX F-2

IF D2B=1 OR 2 (SCHOOLED AT HOME) GO TO F4.
IF D1A AND D2A ^=1, GO TO F4
ELSE GO TO F3

· If A1 = 1 (MALE) display "he".
· If A1 = 2 (FEMALE), then
· display "she"

F3(G5). During the past 12 months, has {he/she} participated in any school activity outside of class, such as sports teams, band or chorus, school clubs, or student government?

F3

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

· If D1A, D2A, D4A, D4C, or D4F
· =1 display "outside of school"
· and "nonschool". Else display
· ""
· If A1 = 1 (MALE) display "he".
· If A1 = 2 (FEMALE), then
· display "she"

F4 (G6). During the past 12 months has {he/she} participated in any {out-of-school} group activities, such as scouting, church or temple youth group, or {nonschool} team sports like soccer, softball or baseball?

F4

5. YES
6. NO
- 7. REFUSED
- 8. DON'T KNOW

BOX F-3

<p>IF YOUTH PARTICIPATED IN ACTIVITIES IN PAST 12 MONTHS (F3 OR F4=1) GO TO F5. ELSE GO TO F7</p>

F5 (G7). What kinds of groups has {YOUTH} belonged to this year?
[CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () () () () () ()

- F5_1 1. SCOUTING (E.G., BOY/GIRL SCOUTS, CAMPFIRE)
- F5_2 2. RELIGIOUS GROUP, RELIGIOUS YOUTH GROUP
- F5_3 3. YMCA, YWCA, JCC CLUB, BOYS-GIRLS CLUBS
- F5_4 4. SPORTS TEAM (E.G., LITTLE LEAGUE, AYSO SOCCER, OTHER SPORTS TEAM)
- F5_5 5. SPECIAL OLYMPICS
- F5_6 6. 4-H CLUB
- F5_7 7. SPECIAL INTEREST CLUB (E.G., CHESS, COMPUTER CLUB, ENVIRONMENT CLUB)
- F5_8 8. PERFORMING GROUP (CHOIR, BAND, THEATER GROUP, DANCE TROUPE)
- F5_9 9. STUDENT GOVERNMENT
- F5_10 10. SCHOOL SUBJECT MATTER CLUB (E.G., SCIENCE, LANGUAGE, JOURNALISM, YEARBOOK, SCH PAPER)
- F5_11 11.....VOLUNTEER SERVICE GROUP (E.G., CANDY STRIPERS)
- F5_12 12. DISABILITY-ORIENTED SUPPORT, ADVOCACY, SOCIAL GROUP (E.G., ADHD)
- F5_13 13. CULTURAL AFFINITY GROUP (E.G., ASIAN STUDENTS CLUB, HISPANIC CLUB)
- F5_14 14. HOMEWORK CLUB
- F5_15 15. LEADERSHIP, YOUTH DEVELOPMENT CLUB
- F5_16 16. VOCATIONAL CLUBS (E.G., FUTURE HOMEMAKERS, DECA)
- F5_17 17. AFTER-SCHOOL CARE CENTER
- F5_91 91. OTHER
- F5_OS (SPECIFY) _____
- 7. REFUSED
- 8. DON'T KNOW

BOX F-4

IF NO CONFIRMED DISABILITY (BDISAB=-1) OR ONLY DISABILITY IS LD OR SPEECH (BLDFIN=1 or BSPCHFIN=1) AND ALL OF (BADDFIN, BAUTMFIN, BVISFIN, BHEARFIN, BDEVFIN, BDOWNFIN, BSEDFIN, BHLTHFIN, BMRFIN, BPHYSFIN, BTBFIN, AND BMULTFIN)=-1, GO TO F7.
ELSE GO TO BOX F-5.

BOX F-5

IF ONLY GROUP LISTED IN F5 IS STUDENT GOVERNMENT ((F5=ONLY 9), F5^=1 – 8 AND F5^=10 – 91, AND F5^= -7 AND -8), GO TO F7

IF YOUTH IS IN SPECIAL OLYMPICS OR DISABILITY-ORIENTED ACTIVITY (F5=5 OR 12) AND NO OTHER ACTIVITY GO TO F7.
ELSE GO TO BOX F-6

BOX F-6

IF ONLY ONE GROUP CODED IN F5, GO TO F6A.

IF MORE THAN ONE GROUP CODED IN F5, GO TO F6B.

F6A. Does this group include only youth with special needs?

F6A

- 1. YES(Go to F7)
- 2. NO(Go to F7)
- 7. REFUSED.....(Go to F7)
- 8. DON'T KNOW.....(Go to F7)

F6B. How many of these are groups that include only youth with special needs? Would you say:...

F6B

- 1. none
- 2. some, or
- 3. all?
- 7. REFUSED
- 8. DON'T KNOW

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-----  
: If (D1A, D2A, D4A, D4C, or D4F :  
: =1 display "school class or :  
: other". Else display "" :  
:-----
```

F7(G8). During the past 12 months has {YOUTH} done any volunteer or community service activities?
This could include community service that is part of a {school class or other} group activity.

F7

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

BOX F-7

IF YOUTH LIVES WITH RESPONDENT ALL THE TIME (A5A=1) OR NOW LIVES WITH RESPONDENT (A5D=1,2,3,4,5 OR 16) GO TO F8

ELSE GO TO F13.

: If (D1A, D2A, D4A, D4C, or D4F) :
: =1 display "outside of school :
: and" Else display "" :

F8 (G9). During the past 12 months, about how many days a week did {YOUTH} usually get together with friends {outside of school and} outside of organized activities or groups. Would you say.....

F8

0. Never,
1. Sometimes, but not every week,
2. 1 day a week,
3. 2 or 3 days a week,
4. 4 or 5 days a week, or
5. 6 or 7 days a week?
- 7. DON'T KNOW
- 8. REFUSED

: If A1 = 1 (MALE) display "he". :
: If A1 = 2 (FEMALE), then :
: display "she" :

F9 (G10).During the past 12 months , has {he/she} been invited by friends to social activities like over to their home or to a party?

F9

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

: If A1 = 1 (MALE) display "his". :
: If A1 = 2 (FEMALE), then :
: display "her" :

F10 (G11A).During the past 12 months, how often have {his/her} friends called {YOUTH} on the phone? Would you say...

F10

1. Never,
2. Rarely/less than once a month,

- 3. A few times a month, but not every week,
- 4. About once a week, or
- 5. Several days a week?
- 7. REFUSED
- 8. DON'T KNOW

```

-----
: If A1 = 1 (MALE) display "his".
: If A1 = 2 (FEMALE), then
: display "her"
:
: If A1 = 1 (MALE) display "he".
: If A1 = 2 (FEMALE), then
: display "she"
-----

```

F11. During the past few weeks, how has {YOUTH} spent most of {his/her} time when {she/he} wasn't working or going to school? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () () ()

- F11_1 1 VISITING WITH FAMILY MEMBERS
- F11_2 2 VISITING WITH FRIENDS
- F11_3 3 DOING HOMEWORK
- F11_4 4 READING FOR PLEASURE
- F11_55 GOING OUT ON DATES
- F11_66 JUST DRIVING AROUND (WITH FRIENDS OR ALONE)
- F11_77 TALKING WITH FRIENDS ON THE TELEPHONE
- F11_88 USING THE COMPUTER FOR GAMES
- F11_99 USING THE COMPUTER FOR E-MAIL, INTERNET OR CHAT ROOMS
- F11_10 ...10 THINKING OR DAYDREAMING
- F11_11 ...11 WATCHING TELEVISION OR VIDEOS
- F11_12 ...12 LISTENING TO MUSIC
- F11_13 ...13 PLAYING SPORTS
- F11_14 ...14 SHOPPING/HANGING OUT AT THE MALL
- F11_15 ...15 HANGING OUT SOMEWHERE ELSE/DOING NOTHING
- F11_91 ...91 OTHER
- F11_OS.. (SPECIFY) _____
- 7. REFUSED
- 8. DON'T KNOW

F12. About how many hours a week does {YOUTH} usually watch TV or videos? [ENTER ZERO IF YOUTH DOES NOT WATCH TV OR VIDEOS AT ALL]

F12

NUMBER() [S: 0-84; H: 0-112]

· If A1 = 1 (MALE) display “he”.
· If A1 = 2 (FEMALE), then
· display “she”

F13. Does {YOUTH} get an allowance or have other money that {he/she} can decide how to spend?
[IF NEEDED: This could include money earned from a job].

F13

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

· If A1 = 1 (MALE) display “he”.
· If A1 = 2 (FEMALE), then
· display “she”
·
· If CURAGE < 16 years of age,
· don't display **F14C** “Credit cards
· or charge accounts in...?”

F14. Does {he/she} have a...

[YES = 1, NO =2]

- | | | | |
|-------------|---|--|-----|
| F14A | A | Savings account? | () |
| F14B | B | Checking account where {he/she} writes checks? | () |
| F14C | C | Credit cards or charge accounts in {his/her} name? | () |

SECTION G. YOUTH BEHAVIORS

G1INTRO

My next questions are about {YOUTH}'s activities and actions.

BOX G-0

If F8=0 (Never sees friends) and F9=2 (Not gone to social activities) and F10=1 (never called by friends) skip G1B and G1D

If B4I=4 or B5D=4 (Doesn't carry on conversations) or B4F=4 or B5B=4 (doesn't communicate) or B4GD=2 (no oral speech) or B4H=4 or B5A=4 (doesn't speak) skip G1F

If A1=1 (Male) display "he"
If A1=2 (Female) display "she"

If B4H=4 or B5A=4 (Doesn't speak at all) or B4F=4 or B5B=4 (doesn't communicate) or B4GD=2 (no oral speech) skip G1K

G1. I am going to read you a list of statements and I want you to tell me how often {YOUTH} acts this way. How often does {YOUTH}... [READ EACH ITEM AND THEN ASK "Would you say Never, Sometimes, or Very Often?"]

[0=NEVER, 1=SOMETIMES, 2=VERY OFTEN]

- G1A** a. Join group activities without being told to, such as a group having lunch together? _____
- G1B** b. Make friends easily? _____
- G1C** c. End disagreements with you calmly? _____
- G1D** d. Seem confident in social situations, such as parties or group outings? _____
- G1E** e. Get into situations that are likely to result in trouble? _____
- G1F** f. Start conversations rather than waiting for others to start [Can include sign language and other means of communication.] _____

- G1G g. Receive criticism well? _____
- G1H h. Behave at home in a way that causes problems for the family? _____
- G1I i. Control temper when arguing with peers other than siblings? _____
- G1J j. Keep working at something until {he/she} is finished, even if it takes a long time? _____
- G1K k. Speak in an appropriate tone at home [IF NEEDED: What the family considers appropriate for that youth]? _____

G2. People have a variety of strengths and interests. How good would you say {YOUTH} is at ...
 READ FIRST ITEM, THEN ASK, Would you say very good, pretty good, not very good, or not at all good?

[4=VERY GOOD, 3=PRETTY GOOD, 2=NOT VERY GOOD, 1=NOT AT ALL GOOD]

- G2A a. being well organized? _____
- G2B b. a performing art, like music, theater, or dance?_____
- G2C c. a creative art, like drawing or writing poetry?_____
- G2D d. being sensitive to other people's feelings? _____
- G2E e. mechanical skills, like building or fixing things? _____
- G2F f. using a computer? _____
- G2G g. a physical or athletic activity? _____
- G2H h. having a sense of humor? _____

BOX G-1

IF (BDISAB=-1 OR BLDFIN=1 OR BHEARFIN=1 OR BSPCHFIN=1 OR BSEDFIN=1 OR BADDFIN=1) AND ALL OF (BAUTMFIN, BVISFIN, BDEVFIN, BDOWNFIN, BHLTHFIN, BMRFIN, BPHYSFIN, BTBIFIN, AND BMULTFIN)=-1 (NO DISABILITY OR NONE OTHER THAN LD, HEARING, SPEECH, ADHD, OR EMOTIONAL) GO TO BOX G-2. ELSE GO TO G3.

: If A1=1 display "his" :
 : if A1=2 display "her" :
 :

: If A1=1 display "he"
 : if A1=2 display "she"
 :
 : If A1=1 display "himself"
 : If A1=2 display "herself"
 :

G3. How well does {YOUTH}...READ EACH ITEM ...on {his/her} own, without help? Would you say {he/she} does it very well, pretty well, not very well, or not at all well?

[4=VERY WELL, 3=PRETTY WELL, 2=NOT VERY WELL, 1=NOT AT ALL WELL]

G3A A. Dress {himself/herself} completely _____

G3B B. Feed {himself/herself} completely _____



BOX G-2
THE ENTRY "YOUTH NOT ALLOWED (5)" ONLY ACCEPTED IN G4D AND G4E.

: If A1=1 display "his"
 : if A1=2 display "her"
 :

G4. How well does {YOUTH} do each of the following items on {his/her} own, without help?...READ STATEMENTS. CODE ONE RESPONSE FOR EACH. Would you say {he/she} does it very well, pretty well, not very well, or not at all well?

[4=VERY WELL, 3=PRETTY WELL, 2=NOT VERY WELL, 1=NOT AT ALL WELL, 5= YOUTH NOT ALLOWED]

G4A a. Tell time on a clock with hands? _____

G4B b. Read and understand common signs, like Stop, Men, Women, or Danger _____

G4C c. Count change _____

G4D d. Look up telephone numbers in the phonebook and use the telephone? _____

G4E e. Get to places outside the home, like to school, to a nearby store or park, or to a neighbor's house _____



:
 :

```

:-----:
: If A1=1 display "his"
: if A1=2 display "her"
: If A1=1, display "he"
: if A1=2 display "she"
:-----:

```

G5. When the following chores need doing, about how often, on {his/her} own, does {he/she}... READ STATEMENTS. CODE ONE RESPONSE FOR EACH... Would you say always, usually, sometimes, or never?

[4=ALWAYS, 3=USUALLY, 2=SOMETIMES, 1=NEVER]

- G5A a. Fix {his/her} own breakfast or lunch? _____
- G5B b. Do laundry? _____
- G5C c. Straighten up {his/her} own room or living area? _____
- G5D d. Buy a few things at the store {he/she} needs? _____

BOX G-3
 IF CURAGE IS < 15 YEARS OLD, GO TO G7. ELSE GO TO G6.

G6. Does {YOUTH} have a driver's license or learners permit?

- G6**
- 1. YES
 - 2. NO
 - 7. REFUSED
 - 8. DON'T KNOW

G7. My next questions are about involvement with the police or courts. Has {YOUTH} ever been arrested?

- G7
- 1. YES(GO TO G8)
 - 2. NO(GO TO G10)
 - 7 REFUSED.....(GO TO G10)
 - 8 DON'T KNOW.....(GO TO G10)

```

:-----:
: If A1=1, display "he"
:-----:

```

if A1=2 display "she"

G8. Has {he/she} ever been in jail over night?

G8

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

If A1=1, display "he"
if A1=2 display "she"

G9. Has {he/she} ever been on probation or parole?

G9

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

Box G-4

IF G7=1 (HAS BEEN ARRESTED) THEN GO TO H1AINTRO.

If G6=1 display "except for a traffic violation"

G10. Has {YOUTH} ever been stopped and questioned by the police except for a traffic violation?

G10

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

SECTION H. SERVICES

H1AINTRO My next questions are about services {YOUTH} might be receiving.

[PRESS ENTER TO CONTINUE.]

BOX H-1

IF B4A=1 (HEARS NORMALLY) DO NOT SHOW H1AB. ELSE SHOW H1AB.

IF ANY H1A (A THROUGH Q) = 1 (YES) IMMEDIATELY GO TO CORRESPONDING H1B QUESTION (THROUGH SCHOOL/DISTRICT), ELSE GO TO NEXT ITEM IN H1A SERIES.

IF (DISABILITY ON SAMPLE FILE IS NOT 07, 08, 09, 10, 11, OR 13, AND DOES NOT HAVE ORTHOPEDIC IMPAIRMENT, OTHER HEALTH IMPAIRMENT, MULTIPLE IMPAIRMENTS, TRAUMATIC BRAIN INJURY, OR VISUAL IMPAIRMENT (BPHYSFIN, BHLTHFIN, BMULTFIN, BTBIFIN, BVISFIN, ALL =-1) AND SEES NORMALLY (B3B OR B3C=1) AND USES HANDS AND ARMS NORMALLY (B6A1=1 OR B6B1=1) AND USES LEGS AND FEET NORMALLY (B6C1=1) DO NOT SHOW H1A_G. ELSE SHOW H1AG.

IF DISABILITY IS JUST LD OR SPEECH (BLDFIN=1 OR BSPCHFIN) AND ALL OF (BADDFIN, BAUTMFIN, BVISFIN, BHEARFIN, BDEVFIN, BDOWNFIN, BSEDFIN, BHLTHFIN, BMRFIN, BPHYSFIN, BTBIFIN, BMULTFIN)=-1 AND IF HEALTH IS EXCELLENT, VERY GOOD, OR GOOD (B7A = 1, 2, OR 3) DO NOT SHOW H1AL OR H1AO. ELSE SHOW H1AL OR H1AO.

IF A1=1 DISPLAY 'his' ELSE IF A1=2 DISPLAY 'her'.

H1A. During the past 12 months, has {YOUTH} received any of the following services?

[YES =1, NO =2]

- H1AA** a. Speech or language therapy, or communication services? ()
- H1AB** b. Audiology services for hearing problems? ()
- H1AC** c. Psychological or mental health services or counseling? ()
- H1AD** d. Physical therapy? ()
- H1AE** e. Social work services? ()
- H1AF** f. Occupational therapy or life skills therapy or training? ()
- H1AG** g. Orientation and mobility services? ()
- H1AH** h. Medical services for diagnosis or evaluation related to {his/her} special needs? ()
- H1AI** i. Personal assistant or an in-the-home or in-the-classroom aide? ()
- H1AJ** j. Tutor? ()
- H1AK** k. Reader or interpreter, including sign language? ()
- H1AL** l. Nursing care? ()
- H1AM** m. Assistive technology services/devices, such as help getting/using any kind of equipment that helps people with a disability, such as a tape recorder or reading machine?()

- H1AN** n. **[IF BDISAB=-1 (no disability) DO NOT DISPLAY H1A_N, ELSE DISPLAY 'because of {his/her} special needs']**
 Transportation {because of {his/her} special needs}? ()
- H1AO** o. Respite care? ()
- H1AP** p. Career counseling, help in finding a job, training in job skills or vocational education? ()
- H1AQ** q. **[IF BDISAB=-1 (no disability) DO NOT DISPLAY, ELSE DISPLAY 'because of {his/her} special needs]** Other services because of {his/her} special needs? ()
- H1A_OS** SPECIFY _____

H1B. Was any of that from or through {his/her} school or district?

[YES =1, NO =2]

- H1BA** A. SPEECH OR LANGUAGE THERAPY, OR COMMUNICATION SERVICES? ()
- H1BB** B. AUDIOLOGY SERVICES FOR HEARING PROBLEMS? ()
- H1BC** C. PSYCHOLOGICAL OR MENTAL HEALTH SERVICES OR COUNSELING? ()
- H1BD** D. PHYSICAL THERAPY ()
- H1BE** E. SOCIAL WORK SERVICES ()
- H1BF** F. OCCUPATIONAL THERAPY OR LIFE SKILLS THERAPY OR TRAINING ()
- H1BG** G. ORIENTATION AND MOBILITY SERVICES ()
- H1BH** H. MEDICAL SERVICES FOR DIAGNOSIS OR EVALUATION RELATED TO {HIS/HER} DISABILITY ()
- H1BI** I. PERSONAL ASSISTANT/OR AN IN-THE-HOME OR IN-THE-CLASSROOM AIDE ()
- H1BJ** J. TUTOR ()
- H1BK** K. READER OR INTERPRETER, INCLUDING SIGN LANGUAGE ()
- H1BL** L. NURSING CARE ()
- H1BM** M. ASSISTIVE TECHNOLOGY SERVICES/DEVICES, SUCH AS HELP GETTING/USING ANY KIND OF EQUIPMENT THAT HELPS PEOPLE WITH A DISABILITY. ()
- H1BN** N. TRANSPORTATION ()
- H1BO** O. RESPITE CARE ()
- H1BP** P. CAREER COUNSELING, HELP IN FINDING A JOB, TRAINING IN JOB SKILLS OR VOCATIONAL EDUCATION ()
- H1BQ** Q. OTHER SERVICES ? ()

BOX H-2
 IF RECEIVING ANY SERVICES (H1AA OR H1AB OR H1AC OR H1AD OR H1AE OR H1AE OR H1AF OR
 H1AG OR H1AH OR H1AI OR H1AJ OR H1AK OR H1AL OR H1AM OR H1AN OR H1AO OR H1AP OR
 H1AQ = 1) GO TO H2A, ELSE GO TO H5.

H2A. Does {YOUTH} have a case manager or someone who coordinates the services {he/she} receives?
H2A

- 1. YES(GO TO H2B)
- 2. NO(GO TO H3)
- 7. REFUSED.....(GO TO H3)
- 8. DON'T KNOW.....(GO TO H3)

H2B. Is that Case Manager... [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () ()

- H2B_1** 1 Someone at the school,
- H2B_2** 2 A professional outside of school,
- H2B_3** 3. You or another family member, or
- H2B_91** 91. Someone else?(GO TO H2B_OS)
- H2B_OS** Specify _____
- 7. REFUSED
- 8. DON'T KNOW

H3. Overall do you think {YOUTH} is getting enough services?
H3

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

H4. Overall, how much effort did it take for you or your family to get the services for {YOUTH} during the last 12 months? Would you say...
H4

- 1. A great deal of effort,
- 2. Some effort,
- 3. A little effort, or
- 4. Almost no effort?
- 7. REFUSED
- 8. DON'T KNOW

H5. Where does your family usually learn about services that might be appropriate for {YOUTH}? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () () ()

- H5_1 1 SCHOOL
- H5_2 2 PROFESSIONAL CONSULTANT
- H5_3 3 PHYSICIAN
- H5_4 4 OTHER PARENTS/PARENT GROUP
- H5_5 5 FAMILY MEMBERS
- H5_6 6 WEB, COMPUTER
- H5_7 7 NEWSLETTERS, MAGAZINES
- H5_8 8 TRAININGS, WORKSHOPS, CONFERENCES
- H5_91 91 OTHER
- H5_OS SPECIFY _____

H6A. Is {YOUTH} on the waiting list for any services?

H6A

- 1. YES(GO TO H6B)
- 2. NO(GO TO H7)
- 7. REFUSED.....(GO TO H7)
- 8. DON'T KNOW.....(GO TO H7)

H6B. Which services is {he/she} on a waiting list for? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () () ()

- H6B_01 1. SPEECH OR LANGUAGE THERAPY
- H6B_02 2. AUDIOLOGY SERVICES FOR HEARING PROBLEMS
- H6B_03 3. PSYCHOLOGICAL OR MENTAL HEALTH SERVICES OR COUNSELING
- H6B_04 4. PHYSICAL THERAPY
- H6B_05 5. SOCIAL WORK SERVICES
- H6B_06 6. OCCUPATIONAL THERAPY OR LIFE SKILLS THERAPY
- H6B_07 7. ORIENTATION AND MOBILITY SERVICES
- H6B_08 8. MEDICAL SERVICES FOR DIAGNOSIS OR EVALUATION
- H6B_09 9. PERSONAL ASSISTANT OR AN IN-THE-HOME OR IN-THE-CLASSROOM AIDE
- H6B_10 10. TUTOR
- H6B_11 11. READER OR INTERPRETER, INCLUDING SIGN LANGUAGE
- H6B_12 12. NURSING CARE
- H6B_13 13. ASSISTIVE TECHNOLOGY SERVICES/DEVICES, SUCH AS HELP GETTING/USING ANY KIND OF EQUIPMENT THAT HELPS PEOPLE WITH A DISABILITY
- H6B_14 14. TRANSPORTATION
- H6B_15 15. RESPITE CARE
- H6B_16 16. SERVICE COORDINATION OR CASE MANAGEMENT
- H6B_91 91. OTHER SERVICES?
- H6B_OS SPECIFY _____

H7. Have any of the following been a problem in getting or dealing with services? [IF NEEDED: "Thinking across all services."]

[YES =1, NO = 2]

- | | | | |
|-------------|----|---|-----|
| H7A | a. | Cost of services? | () |
| H7B | b. | Where services are provided? | () |
| H7C | c. | Services not being available? | () |
| H7D | d. | Poor service quality? | () |
| H7E | e. | Scheduling conflicts? | () |
| H7F | f. | Language problems? | () |
| H7G | g. | Lack of time for services? | () |
| H7H | h. | Transportation? | () |
| H7I | i. | {YOUTH} not being eligible for the service? | () |
| H7J | j. | [IF YOUTH HAS PHYSICAL IMPAIRMENT (SAMPLE FILE IS 09, 10, 11, OR13) (BPHYSFIN, BHLTHFIN OR BTBIFIN=1) OR B6C1=2 (SHOWS PROBLEMS WITH USE OF LEGS) SHOW H7J, ELSE SKIP TO H7K.] Physical accessibility of services? | () |
| H7K | k. | Getting information about services ? | () |
| H7L | l. | Anything else? | () |
| H7OS | | Specify: _____ | |
-

SECTION I. EMPLOYMENT OUTCOMES

I1AINTRO

Now, I would like to ask a few questions about {YOUTH}'s work experience.

[PRESS ENTER TO CONTINUE.]

BOX I-1

If Youth has not been in secondary school in past 12 months (D1A and D2A NE 1), GO TO I7,
 If D2B=1, 2, or 3 (hospital, home school, homebound instruction), GO TO I2A,
 If Youth is in school (D1A=1 or D2A=1) and Youth is in 9th grade or above (D1O or D2G=9 - 13),
 go to I1A,
 If Youth is in less than 9th grade (D1O or D2G=1 - 8), go to I2A,
 If Youth is in an ungraded class (D1O or D2G=0) and is 14 years old or older (CURAGE>13), go to I1A,
 Else go to I2A.

I1A. During the past 12 months, did {YOUTH} participate in any school sponsored work activities, like a work study job, internships or a school-based business? {NOTE: BY SCHOOL WE MEAN ANY SETTING WHERE YOUTH RECEIVES INSTRUCTION.]

I1A

- 1. YES.....(Go to I1B)
- 2. NO.....(Go to I2A)
- 7. REFUSED.....(Go to I2A)
- 8. DON'T KNOW.....(Go to I2A)

IF A1=1 DISPLAY 'he',
 ELSE IF A1=2 DISPLAY
 'she'.

I1B. Did {he/she} get school credit for this?

I1B.

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

I1C. Has {YOUTH} been paid for this work?

I1C.

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

If A1=1 DISPLAY 'he' and 'his', ELSE IF A1=2 DISPLAY 'she' and 'her'.

I1D. What has {he/she} done on {his/her} school-sponsored job? [IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place where (YOUTH) did this work? IF MORE THAN ONE SCHOOL RELATED JOB, CODE MOST RECENT JOB. IF MORE THAN ONE CURRENT SCHOOL RELATED JOB, CODE JOB WHERE YOUTH SPENDS THE MOST TIME.]

I1D

1. ASSEMBLY WORK
2. ANIMAL CARE
3. CAMP COUNSELOR
4. CASHIER
5. CHILD CARE/BABYSITTING
6. CLEANING
7. CLERICAL
8. COMPUTER SUPPORT
9. DELIVERY
10. FARM LABORER
11. FINANCIAL SERVICES
12. FOOD SERVICE
13. GARDENING/GROUNDSKEEPING
14. GAS STATION ATTENDANT
15. HEALTH CARE
16. MARKETING/ADVERTISING
17. MECHANIC (AUTO REPAIR)
18. RETAIL SALES
19. SKILLED LABOR APPRENTICE
20. SORTING, STUFFING
21. SPORTS RELATED
22. STOCK CLERKS - GROCERY STORE, DRUG STORE
23. USHER
91. OTHER

I1D_OS SPECIFY _____
-7. REFUSED
-8. DON'T KNOW

IF I1A=1 DISPLAY 'My next questions are about paid work other than school sponsored work activities.' ELSE DO NOT DISPLAY.

2001 NLTS2 Wave 1 Parent IF I1A=1, DISPLAY 'or a school-sponsored job', ELSE DO NOT DISPLAY.

I2A. {My next questions are about paid work other than school sponsored work activities.} At any time during the past 12 months, did {YOUTH} do any work for pay, other than work around the house {or a school sponsored job}? That could include being a babysitter or working for a neighbor.

I2A

- 1. YES..... (Go to I2B)
- 2. NO..... (Go to BOX I-1)
- 7. REFUSED..... (Go to BOX I-1)
- 8. DON'T KNOW.....(Go to BOX I-1)

BOX I-1

If I1A^=1 or I1C^=1 then go to I6A.

Else go to I6B

IF A1=1 display 'he', ELSE
IF A1=2 display 'she'.

I2B. Did {he/she} do this work only during the summer, during the school year, or both? [IF ASKED, SCHOOL YEAR IS FROM SEPTEMBER TO MAY.]

I2B

- 1. ONLY DURING THE SUMMER (Go to I2C)
- 2. ONLY DURING THE SCHOOL YEAR (Go to I2D)
- 3. BOTH..... (Go to I2C)
- 7. REFUSED..... (Go to I3A)
- 8. DON'T KNOW..... (Go to I3A)

I2C. About how many hours a week has {he/she} usually worked for pay during the summer? [IF MORE THAN ONE JOB, COMBINE ALL JOBS. IF INTERVIEWING DURING THE SUMMER AND IF YOUTH IS WORKING THIS SUMMER AND WORKED LAST SUMMER, CODE THIS SUMMER. IF WORKED LESS THAN 1 HOUR PER WEEK, CODE AS 1 HOUR.]

I2C_1 AMOUNT ()
I2C_2 ()

- 1. HOURS PER WEEK [H:1-120]
- 2. HOURS PER MONTH [H:1-400]
- 7. REFUSED
- 8. DON'T KNOW

Box I-2
IF I2B=1 GO TO I3A, ELSE IF I2B=3 GO TO I2D.

I2D. About how many hours a week has {he/she} usually worked for pay during the school year? [IF MORE THAN ONE JOB, COMBINE ALL JOBS. IF YOUTH IS NO LONGER IN SCHOOL, WE MEAN DURING SEPTEMBER TO MAY. IF YOUTH WORKED DIFFERENT HOURS IN 2 SCHOOL YEARS, CODE MOST RECENT SCHOOL YEAR. IF WORKED LESS THAN 1 HOUR PER WEEK, CODE AS 1 HOUR.]

I2D_1 AMOUNT ()
I2D_2 ()

- 1. HOURS PER WEEK [H:1-120]
- 2. HOURS PER MONTH [H:1-400]
- 7. REFUSED
- 8. DON'T KNOW

IF I1A=1, DISPLAY 'or a school-sponsored job', ELSE DO NOT DISPLAY.

I3A. Does {YOUTH} have a paid job now, other than work around the house {or a school-sponsored job}?

I3A

- 1. Yes.....(Go to I3B)
- 2. No.....(Go to I4A)
- 7. REFUSED.....(Go to I4A)
- 8. DON'T KNOW.....(Go to I4A)

I3B. How many different paid jobs does {he/she} have now?

I3B

- 1. Number of jobs: () [H:1-20]
- 7. REFUSED
- 8. DON'T KNOW

IF I3B>1, DISPLAY 'Thinking about all the jobs...', ELSE DO NOT DISPLAY.

IF I1A=1 DISPLAY 'not counting..', ELSE DO NOT DISPLAY.

IF A1=1 DISPLAY 'he' and 'his', ELSE IF A1=2 DISPLAY 'she' and 'her'.

I3C. {Thinking about all the jobs {he/she} has} {not counting {his/her} school sponsored job}, about how many hours a week does {he/she} usually work now?

I3C

- 1. NUMBER OF HOURS A WEEK () [H:120; S: 1-80]..... (Go to I3E)
- 7. REFUSED (Go to I3D)
- 8. DON'T KNOW (Go to I3D)

IF I1A=1 DISPLAY 'not counting..', ELSE DO NOT DISPLAY.
IF A1=1 DISPLAY 'his', ELSE
IF A1=2 DISPLAY 'her'.

I3D. Taking all {his/her} jobs together {not counting {his/her} school sponsored job}, does {YOUTH} usually work full-time or part-time? [IF ASKED, FULL TIME IS 35 HOURS OR MORE PER WEEK.]

I3D

- 1. FULL-TIME
- 2. PART-TIME
- 7. REFUSED
- 8. DON'T KNOW

IF I3B>1, DISPLAY 'Please think of the job..', ELSE DO NOT DISPLAY.

I3E. {Please think of the job where {YOUTH} spends the most time.} What kind of work does {YOUTH} do at this job? [IF MORE THAN ONE JOB, CODE JOB WHERE YOUTH SPENDS THE MOST TIME. RECORD ONLY ONE CODE. IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place where {YOUTH} has done this work? What kinds of things has {he/she} done there?]

I3E

- 1. ASSEMBLY WORK
- 2. ANIMAL CARE - E.G., DOG WALKING, VETERINARY HELPER
- 3. CAMP COUNSELOR
- 4. CASHIER - AT GROCERY, FAST FOOD PLACE, ETC.
- 5. CHILD CARE, INCLUDING BABYSITTING, MOTHER'S HELPER
- 6. CLEANING - E.G., JANITOR, MAID
- 7. CLERICAL - E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST (INCLUDES: WORKING IN SCHOOL OFFICE)
- 8. COMPUTER SUPPORT - E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT
- 9. DELIVERY - E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS
- 10. FARM LABORER - ANIMALS AND FIELDS
- 11. FINANCIAL SERVICES - BANKTELLER
- 12. FOOD SERVICE - BUSBOY, WAITER, BAKER, COOK
- 13. GARDENING AND GROUNDS MAINTENANCE - LAWN MOWING, GROUNDSKEEPING,

HORTICULTURE

- 14. GAS STATION ATTENDANT
- 15. HEALTH CARE - PERSONAL CARE ATTENDANT, NURSE'S AIDE
- 16. MARKETING ADVERTISING
- 17. MECHANIC (AUTO REPAIR)
- 18. RETAIL SALES
- 19. SKILLED LABOR APPRENTICE - PLUMBER, CARPENTER, ELECTRICIAN
- 20. SORTING, STUFFING
- 21. SPORTS RELATED - CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, TEACHING A SPORT
- 22. STOCK CLERKS - GROCERY STORE, DRUG STORE
- 23. USHER - MOVIE THEATER
- 91. OTHER

I3E_OS SPECIFY _____

- 7. REFUSED
- 8. DON'T KNOW

IF A1=1 DISPLAY 'he' ELSE
IF A1=2 DISPLAY 'she'.

I3F. About how much is {he/she} paid for this job? [PROBE: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER THE AMOUNT, THEN CODE THE INCREMENT, SUCH AS, HOURLY, WEEKLY,....IF RESPONDENT SAYS" Minimum Wage" ENTER ZERO]

I3F_AMT AMOUNT ()

I3F_UNT ()

- 1. PAY PER HOUR [H:1-80]
- 2. PAY PER WEEK [H:1-4000]
- 3. PAY PER MONTH [H:1-20000]
- 4. PAY PER YEAR [H:1-200000]
- 7. REFUSED
- 8. DON'T KNOW

I3G. How does {he/she} usually get to this job? [IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.]

I3G

- 1. WALKS OR RIDES A BIKE (GO TO I5)
- 2. DRIVES HIM/HERSELF (GO TO I5)
- 3. GETS RIDE FROM FAMILY MEMBER..... (GO TO I5)
- 4. GETS RIDE FROM FRIEND/COWORKER (GO TO I5)
- 5. CARPOOLS..... (GO TO I5)
- 6. TAKES PUBLIC TRANSPORTATION, E.G., BUS,
TRAIN, SUBWAY, TAXI (GO TO I5)
- 7. SERVICE AGENCY PROVIDES TRANSPORTATION (GO TO I5)
- 8. USES DIAL-A-VAN SERVICE (GO TO I5)

91. OTHER..... (GO TO I3GOS)
I3G_OS SPECIFY _____ (GO TO I5)
 -7. REFUSES..... (GO TO I5)
 -8. DON'T KNOW..... (GO TO I5)

IF I1A=1 DISPLAY 'other than
 {his/her} work study job,
 internship or school-based
 business' ELSE DO NOT
 DISPLAY.

IF A1=1 DISPLAY 'he' AND 'his'
 ELSE IF A1=2 DISPLAY 'she'
 AND 'her'.

I4A. Please think of the last job {YOUTH} had -- the one {he/she} had most recently {other than {his/her} work study job, internship or school-based business}. What kind of work did {he/she} do at this job? [IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place where {he/she} has done this work? What kinds of things has {he/she} done there? IF YOUTH HAD MORE THAN ONE JOB AT THE SAME TIME OF {his/her} MOST RECENT JOB, SAY: Please tell me about the job where {he/she} spent the most time.]

I4A

1. ASSEMBLY WORK
2. ANIMAL CARE - E.G., DOG WALKING, VETERINARY HELPER
3. CAMP COUNSELOR
4. CASHIER - AT GROCERY, FAST FOOD PLACE, ETC.
5. CHILD CARE, INCLUDING BABYSITTING, MOTHER'S HELPER
6. CLEANING - E.G., JANITOR, MAID
7. CLERICAL - E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST (INCLUDES: WORKING IN SCHOOL OFFICE)
8. COMPUTER SUPPORT - E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT
9. DELIVERY - E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS
10. FARM LABORER - ANIMALS AND FIELDS
11. FINANCIAL SERVICES - BANKTELLER
12. FOOD SERVICE - BUSBOY, WAITER, BAKER, COOK
13. GARDENING AND GROUNDS MAINTENANCE - LAWN MOWING, GROUNDSKEEPING, HORTICULTURE
14. GAS STATION ATTENDANT
15. HEALTH CARE - PERSONAL CARE ATTENDANT, NURSE'S AIDE
16. MARKETING ADVERTISING
17. MECHANIC (AUTO REPAIR)
18. RETAIL SALES
19. SKILLED LABOR APPRENTICE - PLUMBER, CARPENTER, ELECTRICIAN
20. SORTING, STUFFING
21. SPORTS RELATED - CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, TEACHING A SPORT
22. STOCK CLERKS - GROCERY STORE, DRUG STORE
23. USHER - MOVIE THEATER
91. OTHER

- I4A_OS** SPECIFY _____
 -7. REFUSED

-8. DON'T KNOW

I4B. About how much was {YOUTH} paid for that job? [PROBE: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER THE AMOUNT, THEN CODE THE INCREMENT, SUCH AS, HOURLY, WEEKLY,....IF RESPONDENT SAYS "Minimum wage" PROBE FOR AMOUNT]

I4B _AMT AMOUNT ()

I4B _UNT ()

1. PAY PER HOUR [H:1-80]
2. PAY PER WEEK [H:1-4000]
3. PAY PER MONTH [H:1-20000]
4. PAY PER YEAR [H:1-200000]
- 7. REFUSED
- 8. DON'T KNOW

IF A1=1 DISPLAY 'he' ELSE
IF A1=2 DISPLAY 'she'.

I4C. How did {he/she} usually get to that job? [CODE ONE RESPONSE. IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.]

I4C

1. WALKS OR RIDES A BIKE
2. DRIVES HIM/HERSELF
3. GETS RIDE FROM FAMILY MEMBER
4. GETS RIDE FROM FRIEND/COWORKER
5. CARPOOLS
6. TAKES PUBLIC TRANSPORTATION, E.G., BUS, TRAIN, SUBWAY, TAXI
7. SERVICE AGENCY PROVIDES TRANSPORTATION
8. USES DIAL-A-VAN SERVICE
91. OTHER

I4C_OS SPECIFY _____

- 7. REFUSES
- 8. DON'T KNOW

I5. Has {YOUTH} ever been fired from a job?

I5

1. YES.....(GO TO J1INTRO)
2. NO(GO TO J1INTRO)
- 7. REFUSED.....(GO TO J1INTRO)
- 8. DON'T KNOW.....(GO TO J1INTRO)

I6A. Has {YOUTH} ever worked for pay, other than work around the house?

I6A

- 1. YES.....(GO TO I6B)
- 2. NO.....(GO TO J1INTRO)
- 7. REFUSED.....(GO TO J1INTRO)
- 8. DON'T KNOW.....(GO TO J1INTRO)

I6B. Has {YOUTH} ever been fired from a job?

I6B

- 1. YES.....(GO TO J1INTRO)
- 2. NO.....(GO TO J1INTRO)
- 7. REFUSED.....(GO TO J1INTRO)
- 8. DON'T KNOW.....(GO TO J1INTRO)

I7. Does {YOUTH} have a paid job **now**, other than work around the house?

I7

- 1. YES.....(GO TO I8)
- 2. NO.....(GO TO I19)
- 7. REFUSED.....(GO TO I19)
- 8. DON'T KNOW.....(GO TO I19)

IF A1=1 DISPLAY 'he' ELSE IF
A1=2 DISPLAY 'she'.

I8. How many different paid jobs does {he/she} have now?

I8

()

- 1. NUMBER OF JOBS [H:1-20]
- 7. REFUSED
- 8. DON'T KNOW

IF A1=1 DISPLAY 'he' AND 'his', ELSE IF A1=2 DISPLAY 'she' AND 'her'.

I9A. Thinking about all the jobs {YOUTH} has, about how many hours a week does {he/she} usually work?

I9A

()

- 1. NUMBER OF HOURS [H: 1-120; S:1-80] (GO TO I10)
- 7. REFUSED..... (GO TO I9B)
- 8. DON'T KNOW..... (GO TO I9B)

I9B. Taking all {his/her} jobs together, does {he/she} usually work full time or part time? [IF ASKED, FULL TIME IS 35 HOURS OR MORE PER WEEK.]

I9B

- 1. FULL TIME
- 2. PART TIME
- 7. REFUSED
- 8. DON'T KNOW

IF I8>1 DISPLAY 'My next questions are about..', ELSE DO NOT DISPLAY.

IF A1=1 DISPLAY 'he' ELSE IF A1=2 DISPLAY 'she'.

I10. {My next questions are about the job where {YOUTH} spends the most time.} What kind of work does {he/she} do in this job? [IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place {he/she} does this work? What kinds of things does {he/she} do there?]

I10

- 1. ASSEMBLY WORK
- 2. ANIMAL CARE - E.G., DOG WALKING, VETERINARY HELPER
- 3. CAMP COUNSELOR
- 4. CASHIER - AT GROCERY, FAST FOOD PLACE, ETC.
- 5. CHILD CARE, INCLUDING BABYSITTING, MOTHER'S HELPER
- 6. CLEANING - E.G., JANITOR, MAID
- 7. CLERICAL - E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST (INCLUDES: WORKING IN SCHOOL OFFICE)

8. COMPUTER SUPPORT - E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT
9. DELIVERY - E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS
10. FARM LABORER - ANIMALS AND FIELDS
11. FINANCIAL SERVICES - BANKTELLER
12. FOOD SERVICE - BUSBOY, WAITER, BAKER, COOK
13. GARDENING AND GROUNDS MAINTENANCE - LAWN MOWING, GROUNDSKEEPING, HORTICULTURE
14. GAS STATION ATTENDANT
15. HEALTH CARE - PERSONAL CARE ATTENDANT, NURSE'S AIDE
16. MARKETING ADVERTISING
17. MECHANIC (AUTO REPAIR)
18. RETAIL SALES
19. SKILLED LABOR APPRENTICE - PLUMBER, CARPENTER, ELECTRICIAN
20. SORTING, STUFFING
21. SPORTS RELATED - CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, TEACHING A SPORT
22. STOCK CLERKS - GROCERY STORE, DRUG STORE
23. USHER - MOVIE THEATER
91. OTHER

I10_OS SPECIFY _____
 -7. REFUSED
 -8. DON'T KNOW

I11A. About how many hours a week does {YOUTH} usually work at this job?
I11A

1. () NUMBER OF HOURS [H:120; S:1-80] (GO TO BOX I-4)
- 7. REFUSED..... (GO TO I11B)
- 8. DON'T KNOW..... (GO TO I11B)

I11B. Does {he/she} usually work full time or part time? [IF ASKED, FULL TIME IS 35 HOURS OR MORE PER WEEK.]
I11B

1. FULL TIME
2. PART TIME
- 7. REFUSED
- 8. DON'T KNOW

BOX I-4
 IF WORKS PART-TIME (I11A<35 OR I11B^=1), GO TO I11C ELSE GO TO I12.

I11C. Is {he/she} working part time because {he/she} wants to, or would {he/she} rather work full time?
I11C

- 1. WANT TO WORK PART TIME
- 2. RATHER WORK FULL TIME
- 7. REFUSED
- 8. DON'T KNOW

I12. About how long has {YOUTH} had this job?

I12 _AMT AMOUNT ()
I12 _UNT ()

- 1. DAYS [H:1-365]
- 2. WEEKS [H:1-52]
- 3. MONTHS [H:1-12]
- 4. YEARS [H:1-10]
- 7. REFUSED
- 8. DON'T KNOW

I13. About how much is {he/she} paid at this job? [PROBE IF IN DOUBT: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER THE AMOUNT, THEN CODE THE INCREMENT, SUCH AS, HOURLY, WEEKLY,....IF RESPONDENT SAYS "Minimum Wage" ENTER ZERO.]

I13 _AMT AMOUNT ()
I13 _UNT ()

- 1. PAY PER HOUR [H:1-80]
- 2. PAY PER WEEK [H:1-4000]
- 3. PAY PER MONTH [H:1-20000]
- 4. PAY PER YEAR [H:1-200000]
- 7. REFUSED
- 8. DON'T KNOW

I14. As part of this job, does {he/she} get... [READ LIST. CODE ONE RESPONSE PER ITEM.]

[YES=1, NO=2]

- I14A** A. paid vacation or sick leave?.....()
- I14B** B. health insurance?.....()
- I14C** C. retirement benefits, like a 401k?.....()

I15. Did {YOUTH} find this job {himself/herself}, or did {he/she} have help, like from a family member, a friend, or an employment agency?

I15

()

1. FOUND HIM/HERSELF
2. HAD HELP
- 7. REFUSED
- 8. DON'T KNOW

I16. How does {he/she} usually get to this job? [CODE ONE RESPONSE. IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OR TRANSPORTATION TO WORK.]

I16

1. WALKS OR RIDES A BIKE
2. DRIVES HIM/HERSELF
3. GETS RIDE FROM FAMILY MEMBER
4. GETS RIDE FROM FRIEND/COWORKER
5. CARPOOLS
6. TAKES PUBLIC TRANSPORTATION, E.G., BUS, TRAIN, SUBWAY, TAXI
7. SERVICE AGENCY PROVIDES TRANSPORTATION
8. USES DIAL-A-VAN SERVICE
91. OTHER

I16_OS SPECIFY _____

- 7. REFUSES
- 8. DON'T KNOW

BOX I-5

IF PARENT SAYS NO DISABILITY (BDISAB=-1) GO TO I18, ELSE GO TO I17.

IF A1=1 DISPLAY 'his' ELSE
IF A1=2 DISPLAY 'her'.

I17. Do you think {YOUTH}'s employer is aware of {his/her} disability or special needs?

I17

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

I18. Has {YOUTH} ever been fired from a job?

I18

- 1. YES..... (GO TO J1INTRO)
- 2. NO (GO TO J1INTRO)
- 7. REFUSED..... (GO TO J1INTRO)
- 8. DON'T KNOW (GO TO J1INTRO)

I19. Has {YOUTH} ever worked for pay (other than work around the house)?

I19

- 1. YES..... (GO TO I20)
- 2. NO (GO TO I21)
- 7. REFUSED..... (GO TO I21)
- 8. DON'T KNOW (GO TO I21)

I20. Has {YOUTH} ever been fired?

I20

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

I21. Is {YOUTH} looking for a paid job (outside the home)?

I21

- 1. YES..... (GO TO I22)
- 2. NO (GO TO I24)
- 7. REFUSED..... (GO TO J1INTRO)
- 8. DON'T KNOW (GO TO J1INTRO)

I22. About how long has {YOUTH} been looking for work? [RESPONSE MAY BE THE MONTH AND YEAR YOUTH STARTED LOOKING OR HOW LONG {HE/SHE} HAS BEEN LOOKING. ENTER APPROPRIATE RESPONSE.]

I22

- 7. MONTH / YEAR GIVEN (Go to I22OV1)
- 8. TIME PERIOD RANGE GIVEN (Go to I22OV2)
- 7. REFUSED.....(Go to I23B)
- 8. DON'T KNOW.....(Go to I23B)

I22OV1

I22OV_MM MONTH () [H: 1-12]

- | | |
|-------------|--------------|
| 1. JANUARY | 7. JULY |
| 2. FEBRUARY | 8. AUGUST |
| 3. MARCH | 9. SEPTEMBER |
| 4. APRIL | 10. OCTOBER |
| 5. MAY | 11. NOVEMBER |
| 6. JUNE | 12. DECEMBER |

I22OV_YY YEAR () [H: 1985 – 2000]

I22OV2

I22OV_NM NUMBER ()

I22OV_UT UNIT ()

- | | |
|---------------|----------|
| 1. DAYS AGO | [H: 300] |
| 2. WEEKS AGO | [H: 120] |
| 3. MONTHS AGO | [H: 110] |
| 4. YEARS AGO | [H: 12] |

I23. What has {YOUTH} done in the past month to find a job? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () () () () () ()

- I23_00 NOTHING.....(GO TO J1INTRO)
- I23_01 CHECKED WITH A STATE OR PRIVATE EMPLOYMENT AGENCY...(GO TO J1INTRO)
- I23_02 CHECKED WITH A MILITARY RECRUITER.....(GO TO J1INTRO)
- I23_03 CHECKED WITH AN EMPLOYER DIRECTLY.....(GO TO J1INTRO)
- I23_04 CHECKED WITH FAMILY MEMBERS.....(GO TO J1INTRO)
- I23_05 CHECKED WITH FRIENDS OR ACQUAINTANCES.....(GO TO J1INTRO)
- I23_06 PLACED OR ANSWERED ADS.....(GO TO J1INTRO)
- I23_07 LOOKED IN THE NEWSPAPER.....(GO TO J1INTRO)
- I23_08 USED A SCHOOL EMPLOYMENT SERVICE.....(GO TO J1INTRO)
- I23_09 APPLIED FOR JOBS.....(GO TO J1INTRO)

I23_91 OTHER.....(GO TO I23_OS)
I23_OS SPECIFY _____(GO TO J1INTRO)
I23_-7 REFUSED.....(GO TO J1INTRO)
I23_-8 DON'T KNOW.....(GO TO J1INTRO)

I24. Why has {YOUTH} decided not to look for work? [CODE ALL THAT APPLY. CTRL/P TO EXIT]

() () () () () () () () () () () ()

I24_01 YOUTH DIDN'T WANT TO LOOK/IT WAS TOO HARD TO LOOK
I24_02 IS A HOMEMAKER/RAISING A FAMILY/WORKING IN THE HOME
I24_03 GOING TO SCHOOL/IN A TRAINING PROGRAM
I24_04 DOESN'T WANT TO WORK/DOESN'T NEED JOB OR MONEY
I24_05 DOESN'T KNOW HOW TO FIND A JOB
I24_06 AVAILABLE JOBS FOR YOUTH AREN'T WORTH HAVING/DON'T INTEREST HIM/HER
I24_07 TRIED TO GET A JOB AND COULDN'T/NO ONE WILL HIRE YOUTH
I24_08 AREN'T ANY JOBS AVAILABLE
I24_09 PARENTS DON'T WANT YOUTH TO WORK
I24_10 JOBS TOO HARD TO GET TO/TRANSPORTATION PROBLEMS
I24_11 WOULD LOSE SSI/DISABILITY/UNEMPLOYMENT/OTHER BENEFITS
I24_12 YOUTH HAS A JOB THAT HASN'T STARTED YET/IS WAITING TO HEAR ABOUT A
 JOB/PROGRAM FOR WHICH HE/SHE HAS APPLIED
I24_91 OTHER
I24_OS SPECIFY _____
I24_-7 REFUSED
I24_-8 DON'T KNOW

SECTION J. PARENT EXPECTATIONS

J1INTRO

My next questions are about your future expectations for {YOUTH}. If you feel uncomfortable with any of these questions, feel free to tell me at any time and we can skip to the next section.

[PRESS ENTER TO CONTINUE.]

BOX J-0
IF D1K=2 OR D2D=2 OR 3 (GRADUATED FROM HIGH SCHOOL OR TOOK A TEST FOR DIPLOMA OR CERTIFICATE) GO TO BOX J-0A, ELSE GO TO J1.

If A1=1, display "he"
If A1=2, display "she"

J1. How likely do you think it is that {YOUTH} will get a regular high school diploma? Do you think {he/she} ...[IF ASKED, A REGULAR HIGH SCHOOL DIPLOMA INCLUDES A "GED" BUT DOES NOT INCLUDE A CERTIFICATE OF COMPLETION OR A SPECIAL DIPLOMA FOR STUDENTS IN SPECIAL EDUCATION.]

J1

3. Definitely will,..... (Go to Box J-0A)
4. Probably will,.....(Go to Box J-0A)
5. Probably won't, or(Go to Box J-1)
6. Definitely won't?.....(Go to Box J-1)
- 7. REFUSED.....(Go to Box J-0A)
- 8. DON'T KNOW.....(Go to Box J-0A)

BOX J-0A
IF D4A OR D4C OR D4F=1 (TAKEN POST-SECONDARY CLASSES) GO TO J3, ELSE GO TO J2.

J2. How likely do you think it is that {he/she} will attend school after high school? Do you think {he/she} ... [IF ASKED, CAN INCLUDE TECHNICAL OR TRADE SCHOOL.]

J2

3. Definitely will,..... (Go to J3)
4. Probably will,..... (Go to J3)
5. Probably won't, or(Go to Box J-1)
6. Definitely won't?.....(Go to Box J-1)
- 7. REFUSED.....(Go to Box J-1)
- 8. DON'T KNOW.....(Go to Box J-1)

J3. How likely do you think it is that {he/she} will complete a technical or trade school program? Do you think {he/she}...

J3

- 1. Definitely will,..... (Go to J4)
- 2. Probably will,..... (Go to J4)
- 3. Probably won't, or(Go to J4)
- 4. Definitely won't?.....(Go to J4)
- 7. REFUSED.....(Go to J4)
- 8. DON'T KNOW.....(Go to J4)

J4. How likely do you think it is that {he/she} will graduate from a 2-year or community college? Do think {he/she} ...

J4

- 1. Definitely will,.....(Go to J5)
- 2. Probably will,(Go to J5)
- 3. Probably won't, or(Go to J5)
- 4. Definitely won't?.....(Go to J5)
- 7. REFUSED.....(Go to J5)
- 8. DON'T KNOW.....(Go to J5)

J5(J3). How likely do you think it is that {he/she} will graduate from a 4-year college? Do you think {he/she} ...

J5

- 1. Definitely will.....(Go to Box J-1)
- 2. Probably will,(Go to Box J-1)
- 3. Probably won't, or.....(Go to Box J-1)
- 4. Definitely won't?.....(Go to Box J-1)
- 7. REFUSED.....(Go to Box J-1)
- 8. DON'T KNOW.....(Go to Box J-1)

BOX J-1
If BVISFIN=1 (BLINDNESS or VISUAL IMPAIRMENT) or IF G6=1 (HAS DRIVER'S LICENSE) , GO TO BOX J-1A, ELSE, GO TO J6.

J6(J5). How likely do you think it is that { YOUTH } will get a driver's license? Do you think {he/she} ...

J6

- 1. Definitely will, (Go to J7)
- 2. Probably will, (Go to J7)
- 3. Probably won't, or (Go to J7)
- 4. Definitely won't? (Go to J7)
- 5. YOUTH ALREADY HAS DRIVER'S LICENSE (Go to J7)
- 7. REFUSED (Go to J7)
- 8. DON'T KNOW (Go to J7)



BOX J-1A

If A5C or A5D = 11, 12, 13, or 14 (lives on own, with spouse or roommate, college dorm or military housing) go to BOX J-2

If A1=1, display "his"
If A1=2, display "her"

J7(J6). How likely do you think it is that {he/she} eventually will live away from home on {his/her} own **without** supervision? Do you think {he/she} ...

J7

- 1. Definitely will,.....(Go to Box J-2)
- 2. Probably will,(Go to J8)
- 3. Probably won't, or(Go to J8)
- 4. Definitely won't?.....(Go to J8)
- 7. REFUSED.....(Go to J8)
- 8. DON'T KNOW.....(Go to J8)



J8(J7). How likely do you think it is that {he/she} eventually will live away on {his/her} own **with** supervision? Do you think {he/she} ...

J8

- 1. Definitely will, (Go to Box J-2)
- 2. Probably will, (Go to Box J-2)
- 3. Probably won't, or (Go to Box J-2)
- 4. Definitely won't? (Go to Box J-2)
- 7. REFUSED (Go to Box J-2)
- 8. DON'T KNOW (Go to Box J-2)



BOX J-2

IF YOUTH EVER WORKED FOR PAY (I1A AND I1C) OR I2A OR I6A OR I7 OR I19 = 1, GO TO J10, ELSE GO TO J9.

J9(J8). How likely do you think it is that {YOUTH} eventually will get a paid job? Do you think {he/she} ... IF ASKED, MEANS ANY PAID JOB, DOES NOT NEED TO MAKE ENOUGH TO SUPPORT SELF. CAN INCLUDE SHELTERED OR SUPPORTED EMPLOYMENT

J9

1. Definitely will,.....(Go to J10)
2. Probably will,(Go to J10)
3. Probably won't, or(Go to K1INTRO)
4. Definitely won't?.....(Go to K1INTRO)
- 7. REFUSED.....(Go to K1INTRO)
- 8. DON'T KNOW.....(Go to K1INTRO)

If A1=1, display "him"
If A1=2, display "her"

J10. How likely do you think it is that {YOUTH} will earn enough to support {him/her}self without financial help from {his/her} family or government benefit programs? Do you think {he/she}...

J10

1. Definitely will,(Go to K1)
2. Probably will,(Go to K1)
3. Probably won't, or,.....(Go to K1)
4. Definitely won't? ,.....(Go to K1)
- 7. REFUSED,.....(Go to K1)
- 8. DON'T KNOW,.....(Go to K1)

SECTION K. HOUSEHOLD CHARACTERISTICS

BOX K-1

IF RESPONDENT IS YOUTH'S PARENT OR GUARDIAN (S11A=1,2,3, 4, 5 OR 6 OR S12A=1,2,3, 4, 5, OR 6 OR S11C OR S12C=1) OR CHILD LIVES WITH RESPONDENT AT LEAST SOME OF THE TIME (A5A=1 OR A5B = 1, 2, 3, 5, -7, OR -8) GO TO K1.

ELSE GO TO K3A

K1. Now I have some questions about your household. How many people live in your household? [IF NEEDED: Household members include those that are there at least **four** nights a week, most weeks, for the past 6 months.]

K1 NUMBER OF HOUSEHOLD MEMBERS _____ [H: 1-25; S: 1-15]

- 7. REFUSED
- 8. DON'T KNOW

K2A. How many children are now living in the household, not including {YOUTH}? [CAN INCLUDE YOUTH'S CHILDREN.]

K2A NUMBER OF CHILDREN _____ [H: 0-20; S: 0-10]

- 7. REFUSED (Go to Box K-4)
- 8. DON'T KNOW (Go to Box K-4)

BOX K-2

If K2A=0 (NUMBER OF CHILDREN) go to K3A. Else go to K2B

: If k2a>1 display "Do any of these :
: children". :
: Else if K2A=1 display "Does this :
: child" :

K2B. {Do any of these children, not including {YOUTH},/ Does this child} have any disability, developmental delay, special need, or condition?

K2B

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

If K1=-1 (not asked) add: "Now I have some questions about your household."
 If A1=1 display "fathered", if A1=2 display "had"

K3A. Has {YOUTH} ever {had/fathered} any children?

K3A

- 1. YES (GO TO BOX K-3)
- 2. NO (GO TO BOX K-4)
- 7. REFUSED (GO TO BOX K-4)
- 8. DON'T KNOW (GO TO BOX K-4)

BOX K-3

IF K3A=1 (HAS CHILDREN) AND A2B =>16 YEARS OF AGE, GO TO K3B. ELSE, GO TO BOX K-4.

K3B. Is {YOUTH}

K3B

()

- 1. Engaged,
- 2. Single, never married,
- 3. Married, or
- 4. In a marriage-like relationship?
- 5. DIVORCED OR SEPARATED
- 6. WIDOWED
- 7. REFUSED
- 8. DON'T KNOW

BOX K-4

IF S11A=1,2,3,4,5 OR 6 OR S12A = 1,2,3, 4,5 OR 6 OR S11C = 1 OR S12C = 1 OR A5A = 1 OR A5B = 1, 2, 3, 5, -7, OR -8 (PARENT OR GUARDIAN OR IN THE PAST YEAR YOUTH HAS LIVED WITH RESPONDENT), ASK K4A. ELSE IF A5B = 4 GO TO SECTION L.

K4A. How many adults are there in the household, including you? [IF NEEDED: By adults we mean anyone 18 years of age or older. Household members include those that are there at least **four** nights a week, most weeks, for the past 6 months.]

K4A 1. NUMBER OF ADULTS _____ [H: 1-20; S: 1-10]

-7. REFUSED

If (S11A=1,2,3,4,5 or 6 or S12A = 1,2,3,4,5 or 6) and A5A ^=1 (IN THE PAST YEAR YOUTH HAS NOT LIVED WITH RESPONDENT ALL THE TIME), do not display K4AEDIT.

If any of K1, K2A or K4A = -7 or -8 do not display K4AEDIT.

If A5A=1 or A5D_16=1 (youth lives with R now):If K2A (NUMBER OF CHILDREN IN HOUSEHOLD) plus K4A (NUMBER OF ADULTS IN HOUSEHOLD) equals K1A (NUMBER OF PEOPLE LIVING IN HOUSEHOLD) plus 1, then go to K4B. Else display K4AEDIT.

If A5A^=1 and A5D_16^=1 (youth does not live with R now):If K2A (NUMBER OF CHILDREN IN HOUSEHOLD) plus K4A (NUMBER OF ADULTS IN HOUSEHOLD) equals K1A (NUMBER OF PEOPLE LIVING IN HOUSEHOLD) then go to K4B. Else display K4AEDIT.

Change response in K1 or K2A or K4A the respondent decides to change.

K4AEDIT

You said that {K1} people live in your household and that {K2A} are children, not counting {YOUTH}.
[IF NEEDED: By children we mean anyone under 18 years of age.]

You also said that the number of adults in the household is {K4A}.
[IF NEEDED: By adults we mean anyone 18 years of age or older.]

You also said that {YOUTH } {lives/does not live} with you now.

These responses don't add up. Let me just clarify...

[1=YES,2=NO]

First, does {YOUTH } live with you now? (xx)

How many people live in your household? (xx)

How many of these household members are under age 18, **not including** {YOUTH }?(xx)

How many of these household members are age 18 or older? (xx)

[The response to the first question ("does YOUTH live with you now?") will get stored in a new database variable K4AYUTH. If K4AYUTH = 2 & (A5A= 1 or A5D_16 =1) then a message will come up to the interviewer "This changes a response in Section A. Explain discrepancy in comments" and a comment box will automatically pop-up. The interviewer will probe to determine the situation and record it in comments for review by data prep. Similarly, if K4AYUTH = 1 & not(A5A=1 or A5D_16 = 1) the same msg and comment box will be displayed. The reason I want to use another dB variable and NOT automatically change A5A and/or A5D_16 at this point in section K is that these items are used for skip patterns in sections A (Box A-5G) and F (Box F-7). The interviewer will ask the 3 other questions on the edit and the CATI will loop back and do the math again (looking at K4AYUTH to see if the Youth lives in the HH and 1 should be added or not). They will stay in this edit loop until the answers are consistent (the equation works) or a RF or DK is entered in any entry field.]

: If K4A=1 (one adult) display "Do :
: you" Else if K4A >1 display "do you :
: or any of the other adults" :

K4B. Do {you / you or any of the other adults} have a disability, developmental delay, special need, or condition?
K4B

- 5. YES
- 6. NO
- 7. REFUSED
- 8. DON'T KNOW

BOX K-5
If S11A = 1 through 6 or S12A = 1 through 6 or S11C = 1 or S12C = 1, go to K6INTRO. Else go to K5A.

K5A. Does {YOUTH}'s mother or father or legal guardian live in this household?
K5A

- 1. YES (Go to K5B)
- 2. NO (Go to K6INTRO)
- 7. REFUSED (Go to K6INTRO)
- 8. DON'T KNOW (Go to K6INTRO)

K5B. Is that {YOUTH}'s mother, father, or legal guardian?
K5B

- 9. MOTHER (GO TO K5C)
- 10. FATHER (GO TO K5D)

- 11. BOTH MOTHER AND FATHER (GO TO K5C)
- 12. LEGAL GUARDIAN (GO TO K5BOV)
- 7. REFUSED (GO TO K6INTRO)
- 8. DON'T KNOW (GO TO K6INTRO)

 : Display K5BOV only if K5B=4 :
 : (LEGAL GUARDIAN) :

K5BOV [IF NECESSARY ASK: Is the Legal Guardian male or female?]

K5BOV

- ()
- 3. MALE (GO TO K6INTRO)
 - 4. FEMALE (GO TO K6INTRO)

K5C. Is that {YOUTH}'s...

K5C

- 1. Biological mother, (GO TO K6INTRO)
- 2. Adoptive mother, (GO TO K6INTRO)
- 3. Step mother, or (GO TO K6INTRO)
- 4. Foster mother? (GO TO K6INTRO)
- 7. REFUSED (GO TO K6INTRO)
- 8. DON'T KNOW (GO TO K6INTRO)

K5D. Is that {YOUTH}'s...

K5D

- 1. Biological father, (GO TO K6INTRO)
- 2. Adoptive father, (GO TO K6INTRO)
- 3. Step father, or (GO TO K6INTRO)
- 4. Foster father? (GO TO K6INTRO)
- 7. REFUSED (GO TO K6INTRO)
- 8. DON'T KNOW (GO TO K6INTRO)

 : If S11 or S12 = 1, 2, 3, 4, 5 or 6 or :
 : S11C or S12C=1, display "you" and :
 : do not show other displays. :
 : :
 : Else if K5B=1 or K5B=3, display :
 : "{YOUTH}'s mother" :
 : :
 : Else if K5B=2, display "{YOUTH}'s :
 : father" :

Else if K5B=4 display "{YOUTH}'s legal guardian"

Else display "you"

K6INTRO

Now I have some questions about {you} {YOUTH}'s {mother/ father/ legal guardian}.

[PRESS RETURN TO CONTINUE.]

BOX K-6

IF K5B = 3 (BOTH MOTHER AND FATHER IN HOUSEHOLD) OR K4A = 1 (NUMBER OF ADULTS INCLUDING RESPONDENT =1) go to K6B.

If S11A or S12A = 1, 2, 3, 4, 5 or 6 or S11C or S12C=1, display "Do you now have a partner or spouse living with you?"

Else if K5B=1 or 3, display "Does {YOUTH}'s mother have a partner or spouse living in the household?"

Else if K5B =2, display "Does {YOUTH}'s father have a partner or spouse living in the household?"

Else if K5B=4 display "Does {YOUTH}'s legal guardian have a partner or spouse living in the household?"

Else display, " Do you now have a partner or spouse living with you?"

K6A. {Do you now have a partner or spouse living with you / Does {YOUTH}'s mother have a partner or spouse living in the household / Does {YOUTH}'s father have a partner or spouse living in the household / Does {YOUTH}'s legal guardian have a partner or spouse living in the household?}

K6A

3. YES
4. NO
- 7. REFUSED
- 8. DON'T KNOW

If S11A or S12A = 1, 2, 3, 4, 5, or 6 or S11C or S12C=1, display "Are you"

Else if (K5B=1 or K5B=2 or K5B=4)

```

- and K6A = 1, display "Are they"
-
- Else if (K5B=1 and K6A ^=1), or
- (K5B=4 and K5BOV=2 and K6A
- ^=1) display "Is she"
-
- Else if (K5B=2 and K6A ^=1), or
- (K5B=4 and K5BOV=1 and K6A
- ^=1) display "Is he"
-
- Else if K5B=3 display "Are
- {YOUTH}'s parents"
-
- Else display "Are you"

```

K6B. Are you/ Is she/ Is he/ Are they/ Are {YOUTH}'s parents}

K6B

1. Married,
2. In a marriage-like relationship,
3. Divorced,
4. Separated,
5. Widowed, or
6. Single, never married?
91. OTHER

K6B_OS

- SPECIFY _____
- 7. REFUSED
 - 8. DON'T KNOW



BOX K-7

IF K6A=1 OR K5B = 3, GO TO K7. ELSE GO TO K8.

```

- If S11A or S12A = 1, 2, 3, 4, 5, or 6
- or S11C or S12C=1, display "your"
- Else if K5B=1 or 3, display
- "{YOUTH}'s mother's"
- Else if K5B = 2, display "{YOUTH}'s
- father's"
- Else if K5B=4, display "[YOUTH]'s
- guardian's"
-
- If K6B=1, display "spouse's"
- Else display "partner's"

```

K7. What is {your/{YOUTH}'s mother's /{YOUTH}'s father's /{YOUTH}'s guardian's} {spouse/partner}'s relationship to {YOUTH}? IF JUST SAYS "MOTHER" OR "FATHER," PROBE FOR BIOLOGICAL, ADOPTIVE, STEP, FOSTER.

K7

1.BIOLOGICAL MOTHER

- 2. BIOLOGICAL FATHER
 - 3. ADOPTIVE MOTHER
 - 4. ADOPTIVE FATHER
 - 5. STEP MOTHER
 - 6. STEP FATHER
 - 7. FOSTER MOTHER
 - 8. FOSTER FATHER
 - 9. LEGAL GUARDIAN
 - 10. SISTER/STEPSISTER
 - 11. BROTHER/STEPBROTHER
 - 12. AUNT
 - 13. UNCLE
 - 14. GRANDMOTHER
 - 15. GRANDFATHER
 - 16. UNRELATED
 - 91. OTHER
- K7_OS** SPECIFY _____
- 7. REFUSED
 - 8. DON'T KNOW

```

-----
: If S11A or S12A = 1, 2, 3, 4, 5 or 6 :
: or S11C or S12C=1, display " you" :
: :
: if K5B= 1 or K5B=3, display :
: "{YOUTH}'s mother" :
: :
: if K5B =2, display "{YOUTH}'s :
: father" :
: :
: if K5B=4 display "{YOUTH}'s legal :
: guardian" :
-----

```

K8 (K9). What is the highest year or grade {you/ {YOUTH}'s mother/father/legal guardian} finished in school?
K8

- 1. 8TH GRADE OR LESS
 - 2. 9TH GRADE OR ABOVE, NOT A HIGH SCHOOL GRADUATE
 - 3. HIGH SCHOOL GRADUATE OR GED
 - 4. POST HIGH SCHOOL EDUCATION, NO COLLEGE DEGREE
 - 5. VOCATIONAL-TECHNICAL (VOC-TECH) DEGREE OR CERTIFICATE
 - 6. 2-YEAR COLLEGE DEGREE/AA DEGREE
 - 7. 4-YEAR COLLEGE DEGREE/BA, BS DEGREE
 - 8. SOME POST BA, BS WORK, NO GRADUATE DEGREE
 - 9. MASTER'S DEGREE, E.G. MSW, MA, MFA, MPH, MBA
 - 10. PHD, MD, JD, LLB, OR OTHER PROFESSIONAL GRADUATE DEGREE
 - 91. OTHER
- K8_OS** SPECIFY _____
- 7. REFUSED
 - 8. DON'T KNOW

```

-----
: If S11A or S12A = 1, 2, 3, 4, 5 or 6
: or S11C or S12C=1, display " Do
: you"
:
:
: Else if K5B=1 or K5B=3, display
: "Does {YOUTH}'s mother"
:
:
: Else if K5B=2, display "Does
: {YOUTH}'s father"
:
:
: Else if K5B=4 display "Does
: {YOUTH}'s legal guardian"
:
:
: Else display, "Do you"
-----

```

K9A (K10a). {Do you/ Does {YOUTH}'s mother/ father/ legal guardian} have a paid job now?

K9A

- 1. YES (Go to K9B)
- 2. NO (Go to BOX K-8)
- 7. REFUSED (Go to BOX K-8)
- 8. DON'T KNOW (Go to BOX K-8)



```

-----
: If S11A or S12A = 1, 2, 3, 4, 5 or 6
: or S11C or S12C =1, display " do
: you"
:
:
: Else if K5B=1or K5B=3, display
: "does {YOUTH}'s mother"
:
:
: Else if K5B=2, display "does
: {YOUTH}'s father"
:
:
: Else if K5B=4 display "does
: {YOUTH}'s legal guardian"
:
:
: Else display, "do you"
-----

```

K9B (K10B). In an average week, about how many hours {do you/ does {YOUTH}'s mother/ father/ legal guardian} work for pay? [RECORD HOURS. IF RESPONDENT SAYS, "HOURS VARY" OR HAS A HARD TIME DECIDING ON NUMBER OF HOURS, CODE AS DON'T KNOW.]

K9B 1.NUMBER OF HOURS WORKED FOR PAY/WEEK _____ [H: 120; S: 1-80] (Go to BOX K-8)

- 7. REFUSED..... (Go to BOX K-8)
- 8. DON'T KNOW..... (Go to K9C)



```

-----
:
:
:
-----

```



```

- - - - -
. If S11A or S12A = 1, 2, 3, 4, 5 or 6
. or S11C or S12C=1, display " you
. usually work"
.
.
. Else if K5B=1or K5B=4 and
. K5BOV=2, display "she usually
. works"
.
.
. Else if K5B=2, or K5B=4 and
. K5BOV=1, display "he usually
. works"
.
.
. Else display, "you usually work"
- - - - -

```

K9C (K10C). Would you say {you usually work} {she/he/ usually works}

K9C

- 1. Less than 20 hours a week,
- 2. 20 to 35 hours a week, or
- 3. More than 35 hours a week?
- 7. REFUSED
- 8. DON'T KNOW



BOX K-8

IF K6A=1 OR K5B=3 GO TO K10INTRO. ELSE GO TO K12INTRO.

```

- - - - -
. If S11A or S12A = 1, 2, 3, 4 5, or 6
. or S11C or S12C=1, display "your"
.
. Else if K5B=1, or K5B=3 display
. "{YOUTH}'s mother's"
.
. Else if K5B=2, display "{YOUTH}'s
. father's"
.
. Else if K5B=4 display "{YOUTH}'s
. legal guardian's"
.
. Else display, "your"
.
. If K6B=1 (MARRIED) display
. "spouse"
.
. Else display "partner"
- - - - -

```

K10INTRO

My next questions are about {your/ {YOUTH}'s mother's/ {YOUTH}'s father's/ {YOUTH}'s legal guardian's} {spouse/ partner}.

[PRESS RETURN TO CONTINUE.]



```

- - - - -
. If S11A or S12A = 1, 2, 3, 4, 5 or 6
- - - - -

```

```

- - - - -
- or S11C or S12C=1, display "your"
-
-
- Else if K5B=1, or K5B=3 or (K5B=4
- and K5BOV=2) display "her"
-
-
- Else if K5B=2, or (K5B=4 and
- K5BOV=1) display "his"
-
-
- Else display, "your"
-
-
- If K6B=1, display "spouse"
- Else display "partner"
- - - - -

```

K10 (K12). What is the highest year or grade {your / his/ her} {spouse/ partner} finished in school?
K10

1. 8TH GRADE OR LESS
2. 9TH GRADE OR ABOVE, NOT A HIGH SCHOOL GRADUATE
3. HIGH SCHOOL GRADUATE OR GED
4. POST HIGH SCHOOL EDUCATION, NO COLLEGE DEGREE
5. VOCATIONAL-TECHNICAL (VOC-TECH) DEGREE OR CERTIFICATE
6. 2-YEAR COLLEGE DEGREE/AA DEGREE
7. 4-YEAR COLLEGE DEGREE/BA, BS DEGREE
8. SOME POST BA, BS WORK, NO DEGREE
9. MASTER'S DEGREE, E.G. MSW, MA, MFA, MPH, MBA
10. PHD, MD, JD, LLB, OR OTHER PROFESSIONAL GRADUATE DEGREE
91. OTHER
 SPECIFY _____
- 7. REFUSED
- 8. DON'T KNOW

K10_OS

```

- - - - -
- If S11A or S12A = 1, 2, 3, 4, 5 or 6
- or S11C or S12C=1, display "your"
-
-
- Else if K5B=1, or K5B=3 or (K5B=4
- and K5BOV=2) display "her"
-
-
- Else if K5B=2, or (K5B=4 and
- K5BOV=1) display "his"
-
-
- Else display "your"
-
-
- If K6B=1, display "spouse"
- Else display "partner"
- - - - -

```

K11A (K13A). Does {your/ his/ her} {spouse/ partner} have a paid job now?

K11A

- 1. YES.....(Go to K11B)
- 2. NO(Go to K12 INTRO)
- 7. REFUSED(Go to K12 INTRO)
- 8. DON'T KNOW(Go to K12 INTRO)



```
-----  
: If S11A or S12A = 1, 2, 3, 4, 5 or 6 :  
: or S11C or S12C=1, display "your" :  
: :  
: Else if K5B=1, or K5B=3 or (K5B=4 :  
: and K5BOV=2) display "her" :  
: :  
: Else if K5B=2, or (K5B=4 and :  
: K5BOV=1) display "his" :  
: :  
: Else display "your" :  
: :  
: If K6B=1, display "spouse" :  
: :  
: Else display "partner" :  
-----
```

K11B (K13B) In an average week, about how many hours does {your/ his/ her} {spouse/ partner} work for pay?
[RECORD HOURS. IF RESPONDENT SAYS "HOURS VARY" OR HAS A HARD TIME DECIDING ON
NUMBER OF HOURS, CODE AS DON'T KNOW]

- K11B** 1. NUMBER OF HOURS () [H:120; S: 1-80](Go to K12INTRO)
- 7. REFUSED (Go to K12INTRO)
 - 8. DON'T KNOW (Go to K11C)



```
-----  
: If S11A or S12A = 1, 2, 3, 4, or 5 or :  
: S13=1, display "your" :  
: :  
: Else if K5B=1, or K5B=3 or (K5B=4 :  
: and K5BOV=2) display "her" :  
: :  
: Else if K5B=2, or (K5B=4 and :  
: K5BOV=1) display "his" :  
: :  
: Else display "your" :  
: :  
: If K6B=1, display "spouse" :  
: :  
: Else display "partner" :  
-----
```

K11C (K13C). Would you say {your/ his/her} {spouse/partner} usually works...

K11C

- 1. Less than 20 hours a week,
- 2. 20 to 35 hours a week, or
- 3. More than 35 hours a week?
- 7. REFUSED
- 8. DON'T KNOW

K12INTRO My next questions are about government benefits you or others in your household may have received.

[PRESS RETURN TO CONTINUE.]

K12A (K14A). Did you or anyone in the household receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program anytime in the past 2 years?

K12A

- 1. YES.....(Go to K12B)
- 2. NO(Go to K13A)
- 7. REFUSED.....(Go to K13A)
- 8. DON'T KNOW.....(Go to K13A)

K12B (K14B). Do you or anyone in the household **now** receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program?

K12B

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

K13A. Did you, or anyone in the household, receive food stamps in the past 2 years?

K13A

- 1. YES.....(Go to K13B)
- 2. NO(Go to K14A)
- 7. REFUSED.....(Go to K14A)
- 8. DON'T KNOW.....(Go to K14A)

K13B (K15). Do you, or anyone in the household, receive food stamps **now**?

K13B

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

K14A (K16A). Did you or anyone in the household get money for {YOUTH} from the Supplemental Security Income or SSI program in the past 2 years?

K14A

- 1. YES.....(Go to K14B)
- 2. NO(Go to K15A)
- 7. REFUSED.....(Go to K15A)
- 8. DON'T KNOW.....(Go to K15A)

K14B (K16B). Does the household **now** receive money for {YOUTH} from SSI (Supplemental Security Income)?

K14B

- 1. YES.....(Go to K15A)
- 2. NO(Go to K14C)
- 7. REFUSED.....(Go to K14C)
- 8. DON'T KNOW.....(Go to K14C)

K14C(K16C). Did the household stop getting money from SSI for {YOUTH} because...

K14C

- 1. Your household income was too high, or
- 2. {YOUTH} no longer qualified?

- 3. BOTH; INCOME TOO HIGH AND YOUTH NO LONGER ELIGIBLE
- 7. REFUSED
- 8. DON'T KNOW

K15A (K17A). In studies like these, households are sometimes grouped according to income. Please tell me which group best describes the total income of all persons in your household in the last tax year, including salaries or other earnings, money from public assistance, retirement, and so on, for all household members, before taxes. Was your household income in the past year...

K15A

- 1. \$25,000 or less, or.....(Go to K15B)
- 2. More than \$25,000?(Go to K15C)
- 7. REFUSED.....(Go to K16)
- 8. DON'T KNOW.....(Go to K16)

K15B (K17B). Was it...

K15B

- 1. \$5,000 or less, or
- 2. \$5,001 to \$10,000,
- 3. \$10,001 to \$15,000,

- 4. \$15,001 to \$20,000, or
- 5. \$20,001 to \$25,000?
- 7. REFUSED
- 8. DON'T KNOW



BOX K-9

If K15B = 1 through 5 or -7 or -8, go to K16

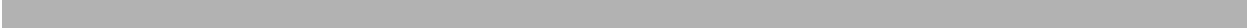
K15C (K17C). Was it...
K15C

- 1. \$50,000 or less, or.....(Go to K15D)
- 2. More than \$50,000?(Go to K15E)
- 7. REFUSED.....(Go to K16)
- 8. DON'T KNOW.....(Go to K16)



K15D (K17D). Was it...
K15D

- 1. \$25,001 to \$30,000,
- 2. \$30,001 to \$35,000,
- 3. \$35,001 to \$40,000,
- 4. \$40,001 to \$45,000, or
- 5. \$45,001 to \$50,000?
- 7. REFUSED
- 8. DON'T KNOW

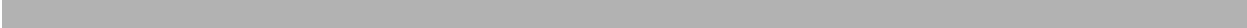


BOX K-10

If K15D= 1 through 5 or -7 or -8, go to K16

K15E (K17E). Was it...
K15E

- 1. \$50,001 to \$55,000,
- 2. \$55,001 to \$60,000,
- 3. \$60,001 to \$65,000,
- 4. \$65,001 to \$70,000,
- 5. \$70,001 to \$75,000,or
- 6. Over \$ 75,000?
- 7. REFUSED
- 8. DON'T KNOW



K16 (K18).....My next question is about household transportation. How difficult is it for {YOUTH} to get where {he/she} needs to go? Would you say ...

K16

1. Very difficult,
2. Somewhat difficult,
3. Somewhat easy, or
4. Very easy?
- 7. REFUSED
- 8. DON'T KNOW

K17 (K19). Has there been any time in the past 12 months that you didn't have phone service at home for more than a few days other than because of bad weather or moving?

K17

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

SECTION L. CLOSING

L1 (LVERF & L1) We'll be eager to talk with you again in two years to see how you and {YOUTH} are doing then. We want to make sure we don't lose track of you. Do you have an email address?

L1

()

- 1. YES (GO TO L2A)
- 2. NO (GO TO BOX L-0)
- 7. REFUSED (GO TO BOX L-0)
- 8. DON'T KNOW (GO TO BOX L-0)

L2A(L2A).What is your email address? [ENTER E-MAIL ADDRESS. READ THE E-MAIL ADDRESS BACK TO THE RESPONDENT FOR THEM TO VERIFY.]

L2A

- 7. REFUSED (GO TO BOX L-0)
- 8. DON'T KNOW (GO TO BOX L-0)

BOX L-0
IF ADDRESS IS IN FILE (P1_str AND P1_city AND P1_state AND P1_zip AND P1_phone=1), GO TO L2B. IF NO ADDRESS IN FILE (P1_str OR P1_city OR P1_state OR P1_zip OR P1_phone=-1), GO TO L2C.

L2B(L2B) I have your mailing address and phone number as [READ ADDRESS AND PHONE FROM FILE]. Is that correct?

L2B

()

- 1. YES (GO TO L3)
- 2. NO (GO TO L2C)
- 7. REFUSED (GO TO L2C)
- 8. DON'T KNOW (GO TO L2C)

{P1_str}

STREET & APT NUMBER

{P1_city}

CITY

{P1_state}

{P1_zip}

STATE

ZIP

{P1_area} {P1_exec} {P1_locl}

PHONE

If any of P1_str, P1_city, P1_state or P1_zip or P1_phone= -1, do not show that display and do not allow interviewers to press return in blank field.

L2C What is your mailing address (and/or phone)?
L2C

- 7. REFUSED (GO TO L3)
- 8. DON'T KNOW (GO TO L3)

{P1_str}

STREET & APT NUMBER
L2C_ADD

{P1_city}

CITY
L2C_CIT
{P1_state}

{P1_zip}

STATE
L2C_ST
{P1_phone}

ZIP

L2C_ZIP

PHONE
L2C_ARE L2C_EXC L2C_LOC

L3 (L3) Could you please tell me the name and address of someone who is likely to know where you are if you move or we can't reach you? [RECORD NAME OR INDICATE REFUSAL OR DON'T KNOW]

FIRST NAME
L3_FN

LAST NAME

L3_LN

- 7. REFUSED (GO TO BOX L1)
- 8. DON'T KNOW (GO TO BOX L1)

What is their address? [RECORD ADDRESS]

STREET & APT NUMBER
L3_ADD

CITY
L3_CIT

STATE
L3_ST

ZIP
L3_ZIP

- 7. REFUSED
- 8. DON'T KNOW

What is their phone number? [RECORD PH #, ENTER ZEROS IF NO PH]

() () ()
PHONE

L3_ARE/L3_EXC/L3_LOC

- 7. REFUSED
- 8. DON'T KNOW
- 0. NOT APPLICABLE, NO PHONE

Do you know if they have an e-mail address? [VERIFY E-MAIL ADDRESS BEFORE LEAVING SCREEN]

L3_EM

()

- 0. NOT APPLICABLE/NO E-MAIL.
- 1. YES HAS E-MAIL

L3_EMOS [IF NEEDED: What is their e-mail address?

-
- 7. REFUSED
 - 8. DON'T KNOW

BOX L-0A
IF ALL FIELDS IN L3 = -7 OR -8 GO TO BOX L-1. ELSE GO TO L4.

L4 (L4) What is this person's relationship to {YOUTH}?

L4

()

- 1. MOTHER/BIOLOGICAL MOTHER
- 2. ADOPTIVE MOTHER
- 3. STEPMOTHER
- 4. FOSTER MOTHER
- 5. FATHER/BIOLOGICAL FATHER
- 6. ADOPTIVE FATHER
- 7. STEPFATHER
- 8. FOSTER FATHER
- 9. LEGAL GUARDIAN
- 10. SISTER/STEP SISTER
- 11. BROTHER/STEP BROTHER
- 12. AUNT
- 13. UNCLE
- 14. GRANDMOTHER
- 15. GRANDFATHER
- 16. COUSIN
- 17. FAMILY FRIEND/NEIGHBOR
- 91. OTHER

L4_OT

(SPECIFY): _____

BOX L-1
IF A FOSTER PARENT [(S11A OR S12A=5) OR (S11B OR S12B=4)] GO TO L5A,
ELSE GO TO BOX L-2.

IF A1=1 DISPLAY 'he', ELSE
DISPLAY 'she'.

L5A (L5A) Is there someone else who would know where {YOUTH} has moved if {she/he} is no longer in your foster care? [IF NEEDED: Such as the social worker assigned to {YOUTH}?]
L5A

()

- 1. YES (GO TO L5B)
- 2. NO (GO TO BOX L-2)
- 7. REFUSED (GO TO BOX L-2)
- 8. DON'T KNOW (GO TO BOX L-2)

L5B (L5B) What is their name and address? [RECORD NAME AND ADDRESS]

_____ FIRST NAME L5B_FN		_____ LAST NAME L5B_LN	
_____ STREET & APT NUMBER L5B_ADD			
_____ CITY L5B_CIT			
_____ STATE L5B_ST		_____ ZIP L5B_ZIP	

- 7. REFUSED (GO TO BOX L-2)
- 8. DON'T KNOW (GO TO BOX L-2)

What is their phone number? [RECORD PHONE NUMBER]

() () ()
PHONE
L5B_ARE L5B_EXC LF5B_LOC

- 7. REFUSED
- 8. DON'T KNOW
- 0. NOT APPLICABLE, NO PHONE

Do you know if they have an e-mail address? [VERIFY E-MAIL ADDRESS BEFORE LEAVING SCREEN]

L5B_EM ()

- 0. NOT APPLICABLE/NO E-MAIL.
- 1. YES HAS E-MAIL
L5B_EMOS [IF NEEDED: What is their e-mail address?

-7. REFUSED

-8. DON'T KNOW

BOX L-2
IF ALL FIELDS OF L3 = -7 OR -8 GO TO BOX L-3, ELSE GO TO L5C.

L5C (L5C) Is there someone else who also would know where you are if you move or we can't reach you?

L5C

- 1. YES (GO TO L6)
- 2. NO (GO TO BOX L-3)
- 7. REFUSED (GO TO BOX L-3)
- 8. DON'T KNOW (GO TO BOX L-3)

L6 (L6) What is their name and address? [RECORD NAME AND ADDRESS]

FIRST NAME	LAST NAME
L6_FN	L6_LN

- 7. REFUSED (GO TO BOX L-3)

STREET & APT NUMBER

L6_ADD

CITY

L6_CIT

STATE	ZIP
L6_ST	L6_ZIP

- 7. REFUSED
- 8. DON'T KNOW

What is their phone number? [RECORD PHONE NUMBER]

() () ()

PHONE

L6_ARE/L6_EXC/L6_LOC

- 7. REFUSED
- 8. DON'T KNOW
- 0. NOT APPLICABLE, NO PHONE

Do you know if they have an e-mail address? [VERIFY E-MAIL ADDRESS BEFORE LEAVING SCREEN]

L6_EM ()

- 0. NOT APPLICABLE/NO E-MAIL.
 - 1. YES HAS E-MAIL
- L6_EMOS** [IF NEEDED: What is their e-mail address?]

-7. REFUSED

-8. DON'T KNOW

BOX L-2A
IF ALL FIELDS IN L6 = -7 OR -8 GO TO BOX L-3. ELSE GO TO L7.

L7 (L7). What is this person's relationship to {YOUTH}?

L7

()

1. MOTHER/BIOLOGICAL MOTHER
2. ADOPTIVE MOTHER
3. STEPMOTHER
4. FOSTER MOTHER
5. FATHER/BIOLOGICAL FATHER
6. ADOPTIVE FATHER
7. STEPFATHER
8. FOSTER FATHER
9. LEGAL GUARDIAN
10. SISTER/STEP SISTER
11. BROTHER/STEP BROTHER
12. AUNT
13. UNCLE
14. GRANDMOTHER
15. GRANDFATHER
16. COUSIN
17. FAMILY FRIEND/NEIGHBOR
91. OTHER

L7_OS **SPECIFY:** _____

L8. Thank you for all the time you've spent answering these questions; it is extremely helpful. Having the chance to talk with families and others is an important part of this significant study.

[PRESS ENTER TO CONTINUE]

BOX L-3

IF PARENT OR GUARDIAN ((S11A=1, 2, 3 OR 6) OR (S12A=1, 2, 3 OR 6) OR (S11C =1 OR S12C=1)) GO TO BOX L-8A1. ELSE GO TO BOX L-9.

BOX L-8A1

IF NO MAILING ADDRESS ((L2C_ADD=-1, -7 OR -8) OR (L2C_CIT=-1, -7 OR -8) OR (L2C_ST=-1, -7 OR -8) OR (L2C_PHO=-7 OR -8)) GO TO BOX L-8B, ELSE GO TO BOX L-8A2.

ALREADY PROVIDED ADDRESS:

BOX L-8A2

IF YOUTH ENROLLED IN ELEMENTARY TO HIGH SCHOOL THIS YEAR (D1A = 1), GO TO L8A1.

IF YOUTH RECEIVED ELEMENTARY TO HIGH SCHOOL INSTRUCTION THIS YEAR ANYWHERE BUT AT HOME (D2A = 1 AND D2B IS (3,4,5,6,91,-7 OR,-8)), GO TO L8A2.

ELSE GO TO L8A3.

In elementary to high school this year:

L8A1. We also hope to learn more about students' school programs by collecting transcripts, sending a questionnaire to teachers and principals, and by assessing students' learning and social skills. We need your permission for some of these other parts of the study. In the next week or so we will be sending you a letter that will explain the rest of the study. Included with the letter is a consent form. Please be sure to review the information when you get it, and we hope you will sign and return the form.

[PRESS ENTER TO CONTINUE] (GO TO L10)

Received elementary to high school instruction, but not at a school and not at home:

L8A2. We also hope to learn more about students' school programs by collecting transcripts, sending a questionnaire to those providing schooling, and by assessing students' learning and social skills. We need your permission for some of these other parts of the study. In the next week or so we will be sending you a letter that will explain the rest of the study. Included with the letter is a consent form. Please be sure to review the information when you get it, and we hope you will sign and return the form.

[PRESS ENTER TO CONTINUE] (GO TO L10)

No elementary to high school or schooling at home this year:

L8A3. We'd also like you to participate in other parts of the study. In the next week or so we will be sending you a letter that will explain the rest of the study. Included with the letter is a consent form. Please be sure to review the information when you get it, and we hope you will sign and return the form.

[PRESS ENTER TO CONTINUE] (GO TO L10)

HAD NOT ALREADY PROVIDED ADDRESS:

BOX L-8B

IF YOUTH ENROLLED IN ELEMENTARY TO HIGH SCHOOL THIS YEAR (D1A = 1), GO TO L8B1.

IF YOUTH RECEIVED ELEMENTARY TO HIGH SCHOOL INSTRUCTION THIS YEAR ANYWHERE BUT AT HOME (D2A = 1 AND D2B IS (3,4,5,6,91,-7, OR -8)), GO TO L8B2.

ELSE GO TO L8B3.

In elementary to high school this year:

L8B1. We also hope to learn more about students' school programs by collecting transcripts, sending a questionnaire to teachers and principals, and by assessing students' learning and social skills. We need your permission for some of these other parts of the study. In the next week or so we would like to send you a letter that will explain the rest of the study. Included with the letter will be a consent form. It is important that we have a mailing address for you so that we can send you this letter and consent form. Where should we send the letter?

[PRESS ENTER TO CONTINUE] (GO TO L8B_ADD)

Received elementary to high school instruction, but not at a school and not at home:

L8B2. We also hope to learn more about students' school programs by collecting transcripts, sending a questionnaire to those providing schooling, and by assessing students' learning and social skills. We need your permission for some of these other parts of the study. In the next week or so we would like to send you a letter that will explain the rest of the study. Included with the letter will be a consent form. It is important that we have a mailing address for you so that we can send you this letter and consent form. Where should we send the letter?

[PRESS ENTER TO CONTINUE] (GO TO L8B_ADD)

No elementary to high school or schooling at home this year:

L8B3. We'd also like you to participate in other parts of the study. In the next week or so we will be sending you a letter that will explain the rest of the study. Included with the letter will be a consent form. It is important that we have a mailing address for you so that we can send you this letter and consent form. Where should we send the letter?

[PRESS ENTER TO CONTINUE] (GO TO L8B_ADD)

-7. REFUSED (GO TO END)

STREET & APT NUMBER
L8B3_ADD

CITY
L8B3_CIT

STATE
L8B3_ST

ZIP
L8B3_ZIP

PHONE
L8B3_ARE L8B3_EXC L8B3_LOC

Please be sure to review the information when you get it, and we hope you will sign and return the form.

BOX L-9
IF PARENT OR GUARDIAN (S11A=1, 2, 3 OR 6) OR (S12A=1, 2, 3 OR 6) OR
(S11C OR S12C=1) GO TO L10, ELSE GO TO L9.

IF A1=1 DISPLAY 'his', ELSE
DISPLAY 'her'. IF ANY DISPLAY
FIELD = -7 OR -8, DO NOT
ALLOW RETURN IN BLANK

L9 (L9). We also hope to learn more about students' school programs by collecting transcripts, sending a questionnaire to teachers and principals, and by assessing students' learning and social skills. Who is {YOUTH}'s legal guardian, that is a person who can sign for {his/her} permission to participate in studies like this? What is their name and address?
[RECORD NAME AND ADDRESS]

FIRST NAME
L9_FN

LAST NAME
L9_LN

-7. REFUSED (GO TO L10)
-8. DON'T KNOW (GO TO L10)

STREET & APT NUMBER
L9_ADD

CITY
L9_CIT

STATE
L9_ST

ZIP
L9_ZIP

- 7. REFUSED
- 8. DON'T KNOW

What is their phone number? [RECORD PHONE NUMBER]

() () ()
PHONE
L9_ARE L9_EXC L9_LOC

- 7. REFUSED
- 8. DON'T KNOW
- 0. NOT APPLICABLE, NO PHONE

Do you know if they have an e-mail address? [VERIFY E-MAIL ADDRESS BEFORE LEAVING SCREEN]

L9_EM ()

- 0. NOT APPLICABLE/NO E-MAIL.
- 1. YES HAS E-MAIL

L9_EMOS [IF NEEDED: What is their e-mail address?

] _____
-7. REFUSED
-8. DON'T KNOW

L10.
L10

()

- 1. CONTINUE (GO TO END)
- 2. RESPONDENT HAS QUESTIONS (GO TO L11)
- 3. RESPONDENT REFUSES (GO TO L12)

L11 (L11). I think most of your questions should be answered by the letter that will be mailed to you soon. If after you read the letter you still have any questions or concerns, there is an 800 phone number listed in the letter that you can call, and the people who are conducting the study will be happy to talk with you; or if you'd rather, I can give you that phone number now.

[That toll free number is 1-800-XXX-XXXX]

[PRESS ENTER TO CONTINUE.]

L12 (L12). Why don't I send you the letter since it provides much more information about the study. If after you read the letter you still don't want {YOUTH} to take part, then don't return the consent form. If you have any questions or concerns there is an 800 phone number listed in the letter that you can call, and the people who are conducting the study will be happy to talk with you; or if you'd rather, I can give you that phone number now.

[That toll free number is 1-800-XXX-XXXX]

L12

()

1. CONTINUE
2. RESPONDENT REFUSES

END Thank you for your time and your part in this important study.

[PRESS ENTER TO CONTINUE]