

## YOUNG ADULT QUESTIONNAIRE

Sponsored by the U.S. Department of Education

### You can help!


Thousands of young people are participating in interviews and surveys. Your answers will be combined with theirs in reports that can change the future of youth. Your answers will be completely private, we will not share this information with anyone in any way that would identify your family or you.


### Thank you!


Your support of this study is important. As a token of our appreciation for completing this NLTS2 survey, **you will receive a check for \$20 in the mail** approximately one month after we have received your completed questionnaire.

### Directions

✓ Check the name and birth date in the upper right hand corner. If any information is wrong, please cross it out and write in the correct information.

 Use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. Also, please print neatly when writing words or numbers in boxes.

 Fill out the sections in this questionnaire.

 Mail the completed questionnaire in the postage-paid envelope to:  
The National Longitudinal Transition Study-2 (NLTS2)  
333 Ravenswood Avenue, BS135, Menlo Park, CA 94025

### Need help? Have questions?

Please contact us at [nlts2@sri.com](mailto:nlts2@sri.com) or call us toll-free at 1-866-269-7274, or TTY 1 800-664-3875.

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**IMPORTANT NOTE:**

Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right  Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

**THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR ACTIVITIES, INTERESTS, HEALTH, AND HOUSEHOLD ARRANGEMENTS DURING THE PAST YEAR.**

**SOCIAL AND LEISURE TIME ACTIVITIES**

The questions in this section are about what you do in your spare time.

**1** During the last few weeks, how have you spent most of your time when you weren't doing things like working or going to school? Please Mark (X) ALL that apply.

- Spending time with family members
- Spending time with friends or going on dates
- Doing homework or chores
- Reading for pleasure or doing hobbies
- Talking on the phone with friends
- Participating in organized activities
- Attending entertainment events, movies, concerts
- Playing electronic games
- Using a computer
- Watching TV, videos, or DVDs
- Listening to music
- Playing sports, jogging, swimming, biking, skating
- Shopping, hanging out, driving around, doing nothing
- Looking for a job or applying for college
- Other (Specify, please print):

**2** During the last 12 months, about how many days a week have you usually gotten together with friends, outside of time you might spend at school and outside of organized activities or groups? Please mark (X) ONE box.

- Never
- Sometimes, but not every week
- 1 day a week
- 2 or 3 days a week
- 4 or 5 days a week
- 6 or 7 days a week

**3** During the last 12 months, about how often have friends called you on the phone? Please mark (X) ONE Box.

- Never
- Rarely/less than once a month
- A few times a month, but not every week
- About once a week
- Several days a week
- Every day



**NOTE:**

When asked to mark boxes, make an "X" through the box. Sample:

**4 How many times did you do each of the following activities during the last week?**

Please mark (X) ONE Box on EACH line.

	Not at all	1 or 2 times	3 or 4 times	5 or more times
a. Work around the house, such as cleaning, cooking, laundry, yard work, or caring for a pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hobbies, such as collecting baseball cards, playing a musical instrument, reading, or doing arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Just hang out with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Buy a few things you need at the store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5 About how many hours a week do you usually watch TV, videos, or DVDs?**

Please write number of hours in the boxes or mark (X) Don't know.

Number of hours a week:   OR  Don't know

**6 Do you have ...**

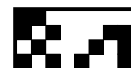
Please mark (X) ONE Box on EACH line.

	Yes	No
a. A driver's license or learner's permit?	<input type="checkbox"/>	<input type="checkbox"/>
b. An allowance or other money that you can decide how to spend (this could include money earned from a job)?	<input type="checkbox"/>	<input type="checkbox"/>
c. A savings account?	<input type="checkbox"/>	<input type="checkbox"/>
d. A checking account where you write checks?	<input type="checkbox"/>	<input type="checkbox"/>
e. A credit card or charge account in your own name?	<input type="checkbox"/>	<input type="checkbox"/>

**7 During the last 12 months, have you ...**

Please mark (X) ONE Box on EACH line.

	Yes	No
a. Done any volunteer or community service activity (this could include something that was part of another group activity)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Taken lessons or classes in things like art, music, dance, a foreign language, religion, or computer skills?	<input type="checkbox"/>	<input type="checkbox"/>
c. Gotten in a physical fight?	<input type="checkbox"/>	<input type="checkbox"/>



8a

During the last 12 months, have you taken part in any group activities, such as church or temple group or team sports like soccer or softball?

No

Yes

8b

If yes, do any of the groups you belong to include only youth with special needs?

No

Yes

9

Are you registered to vote?

No

Yes

10

How often do you use e-mail, instant messaging, or take part in chat rooms?

Please mark (X) ONE Box.

Several times a day

Once a week

Once a day

Less than once a week

Several times a week

Never

11

During the past 12 months, have you been invited to friend's social activities, like over to their home or a party?

No

Yes

## BELIEFS

12

How often did you feel each of the following during the last week?

Please mark (X) ONE Box on EACH line.

	Never or rarely	Some-times	A lot of the time	Most or all of the time
a. You enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You felt that people disliked you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You were hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Keep up the good work!



13

How much do you feel that each of the following statements is true? Would you say not at all, very little, somewhat, quite a bit, or very much? Please mark (X) ONE Box on EACH line.

	Not at all	Very little	Some-what	Quite a bit	Very much
a. Adults care about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your parents care about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your friends care about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your family pays attention to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14

How much is each statement below like you? Is each one not at all like you, a little like you, or very much like you? Please mark (X) ONE Box on EACH line.

	Not at all like you	A little like you	Very much like you
a. You are proud of who you are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You are a nice person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You can make friends easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You can tell other people your age how you feel when they upset you or hurt your feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You feel useful and important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You feel your life is full of interesting things to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You can handle most things that come your way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. You know how to get the information you need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You can get school staff and other adults to listen to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## YOUR HEALTH

15

Which of the following best describes your general health? Please mark (X) ONE Box.

- Excellent    Very good    Good    Fair    Poor

16

In the last month, how often did a health or emotional problem cause you to miss a social or recreational activity? Please mark (X) ONE Box.

- Never    Just a few times    About once a week    Almost every day    Every day



**17** Some people have a disability or special need that makes it hard for them to do some things. Do you consider yourself to have any kind of disability or special need?

- No
- Yes

**18** Are you now covered by any of the following kinds of health insurance?

Please mark (X) ONE box on EACH line.

	Yes	No	Don't know
a. Private health insurance that you or a family member buys or gets as a benefit from a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Government-assisted or public health insurance, like Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Insurance for dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Insurance for vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Insurance that covers prescription medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19a** Are you taking any prescription for a condition or problem related to your disability or medicine that controls your behavior or changes your mood, such as Ritalin or an antidepressant?

- No
- Yes

**19b** If "Yes", was the medication prescribed to control...

Please mark all that apply.

- Attention, behavior, or activity level
- Emotions, such as depression or anxiety
- Mood
- Something else

## ABOUT YOUR HOUSEHOLD

The following questions are about your living situation and your household.

**20** Where do you live now? Please mark (X) ALL that apply.

- With a parent or foster parent
- Alone or with a spouse or roommate
- With an adult family member who is not a parent
- With a legal guardian who is not a family member
- In a residential or boarding school other than a college
- In a college dorm or military housing
- In a group home or other supervised living arrangement
- In a medical or mental health facility
- In a correctional facility or youth detention center
- Other (Specify, please print):



**21** Are you happy with your current living arrangement, or would you like to change where you live or who you live with? Please mark (X) ONE box.

- Happy with living arrangement     Want to change living arrangement     Mixed feelings

**22** Do you usually feel safe in your neighborhood?

- No  
 Yes

**23** Are you ...  
Please mark (X) ONE Box.

- Engaged     Single, never married     Married     Divorced     Separated     Widowed

**24a** Do you have a partner or spouse living with you now?

- No  
 Yes

**24b** If "Yes", does your spouse or partner have a paid job now?

- No  
 Yes

**25a** Have you ever had or fathered any children?

- No  
 Yes

**25b** If "Yes", during the last 2 years, how many children have you had or fathered? Please write number of children in the past two years in the box below or mark (X) No children in the past 2 years.

Number of children in past 2 years

**OR**

- No children in the past 2 years

**25c** Does your child (or do any of your children) live with you now?

- No  
 Yes

**25d** Does your child (or do any of your children) have a disability, developmental delay, or other special need?

- No  
 Yes



**26a**

During the last 2 years, have you received benefits from TANF (Temporary Assistance to Needy Families) or the state welfare program?

No

Yes



**26b**

If "Yes", are you getting money from TANF now?

No

Yes

**27a**

During the last 2 years, have you received Food Stamps for your own needs?

No

Yes



**27b**

If "Yes", are you getting Food Stamps now?

No

Yes

**28a**

During the last 2 years, have you received food and information on healthy food and health care from the WIC program (The Special Supplement Nutrition Program for Women, Infants, and Children)?

No

Yes



**28b**

If "Yes", are you getting this food and information now?

No

Yes

**29a**

During the last 2 years, have you received money or benefits from SSI (Supplemental Security Income)?

No

Yes



**29b**

If "Yes", are you receiving benefits from SSI now?

No

Yes

**30**

Which of the incomes below best describes your total income in the last tax year, including salaries or other earnings, money from public assistance, and so on, before taxes. (Please include income both for you and your spouse, if you have one.)

Please mark (X) ONE box.

None

\$15,001 to \$20,000

\$35,001 to \$40,000

Don't know

\$5,000 or less

\$20,001 to \$25,000

\$40,001 to \$45,000

\$5,001 to \$10,000

\$25,001 to \$30,000

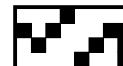
\$45,001 to \$50,000

\$10,001 to \$15,000

\$30,001 to \$35,000

Over \$50,001

**Great job! You're finished with Section A! Please continue to the next section.**






**THIS PART OF THE NLTS2 SURVEY IS ABOUT THINGS SOME YOUNG PEOPLE DO.**

**PERSONAL INTERESTS AND ACTIVITIES**

The next questions are about things some young people do. All of your answers will be private. You don't have to answer any question you don't want to answer. If you don't want to answer a question, just leave it blank. You may go on to the next section at any time.



**IMPORTANT NOTE:**  
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Sample:  Right       Wrong  
Use block printing when you complete any text or numeric responses.  
If you wish to change a response, please mark the correct response and CIRCLE it.

**1a** In the past 2 years have you been stopped and questioned by the police for something other than a traffic violation?

- No  
 Yes

**1b** Have you ever been arrested?

- No  
 Yes

**1c** If "Yes", have you been arrested ...

a. Since leaving high school	<input type="checkbox"/> No	<input type="checkbox"/> Yes
b. In the past 2 years	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**1d** Have you been on probation or parole ...

a. In the past 2 years	<input type="checkbox"/> No	<input type="checkbox"/> Yes
b. Ever	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**1e** In the past 2 years, have you been in jail overnight?

- No  
 Yes



**2** During the past 30 days, on how many days did you do each of the following things?  
Please mark (X) ONE box on EACH line.

	Never	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
a. Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have at least one drink of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3** On the days you smoke, about how many cigarettes do you smoke in a day? Please write the number of cigarettes you smoke in a day in the boxes below or mark (X) Don't know OR Does not apply.

Does not apply. I do not smoke cigarettes.

OR

Number of cigarettes in a day.

OR

Don't know

**4a** Have you ever had sexual intercourse?

No

Yes



**4b**

If "Yes", have you had sexual intercourse in the last 3 months?

No

Yes

**4c**

The last time you had sexual intercourse, did you or your partner use a condom?

No

Yes

**4d**

The last time you had sexual intercourse, did you or your partner use or do anything else to keep from getting pregnant?

No

Yes

**5** During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club? Please mark (X) ONE box.

Never

1 day

2 or 3 days

4 or 5 days

6 days or more



6

**During the last 30 days, how many times did you do each of the following?**

*Please mark (X) ONE box on EACH line.*

	Never	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 times or more
a. Use marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use any form of cocaine, including powder, crack, or free base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7

**During the last 30 days, how often have you used any other kind of illegal drugs, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills that you took without a doctor's prescription?** *Please write the number of times in the boxes below or mark (X) Never OR Don't know.*

Number of times.

**OR**

Never

**OR**

Don't know

8

**Do you belong to a gang?**

No

Yes

**Congratulations! You are finished with section E! Please go to the next section.**





- - -



**THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR EXPERIENCES ATTENDING:**

**2-YEAR JUNIOR OR COMMUNITY COLLEGE**



**IMPORTANT NOTE:**

Please use a **BLACK** pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right  Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and **CIRCLE** it.

**1** Since leaving high school, have you taken classes from a 2-year, junior or community college?

- No ► *PLEASE SKIP TO QUESTION 1 NEXT SECTION.*
- Yes ► *PLEASE CONTINUE WITH QUESTION 2 BELOW.*

**2** During the last 2 years, have you taken any classes from a 2-year, junior, or community college?

- No
- Yes

**3** About how long after leaving high school was it before you started going to a 2-year college? Please write a number in **ONE** of the sets of boxes **OR** mark "Don't know".

Number of weeks  Don't know

**OR**

Number of months

**OR**

Number of years



**4a** Are you going to a 2-year or community college now?

Yes ► **4b** If "Yes", are you working toward a diploma, certificate, or license?

- No
- Yes

No ► **4c** If "No", are you not going because you... Please mark (X) ONE box.

- are on vacation.
- graduated or completed the program.
- some other reason (please specify):


**5a** Have you gotten a diploma, certificate, or license from a 2-year or community college?

No  
 Yes ► **5b** If "Yes", how long was the program that you took that led to this diploma, certificate, or license?

<input type="text"/>	<input type="text"/>	<input type="text"/>	hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	weeks	<input type="text"/>	<input type="text"/>	<input type="text"/>	years
<input type="text"/>	<input type="text"/>	<input type="text"/>	days	<input type="text"/>	<input type="text"/>	<input type="text"/>	months				

**6a** Have you been enrolled in a 2-year college continuously during the school year (not counting time off for vacations), or have you been enrolled off and on, taking classes some semesters or quarters but not others? (If you are not going to a 2-year college now, please answer the remaining questions about the time when you did go to a 2-year college.) Please mark (X) ONE box.

- Enrolled continuously during the school year
- Enrolled off and on

**6b** How many total credits have you earned at a 2-year or community college?

Total number of semester credits

**AND/OR**

Total number of quarter credits



**7** Have you attended a 2-year or community college full-time or part-time?

Please mark (X) ONE box.

- Full-time (in class 12 hours or more a week)
- Part-time (in class fewer than 12 hours a week)
- Both, sometimes one, sometimes the other

**8a** Have you taken mostly vocational courses to train for a job, like computer or business courses, or have you taken mostly academic courses, like English or science?

Please mark (X) ONE box.

- Mostly vocational courses
- Mostly academic courses
- Both academic and vocational courses
- Neither, classes are for personal interest

**8b** What is/was your major or primary course of study in a 2-year or community college?

Enter major:

OR

- Undecided

**9a** Have you ever received help with schoolwork from this school, like going to a tutor, a study center, or writing center?

- No

Yes ▶ **9b** If "Yes", what did you get help with? Please mark (X) ALL that apply.

- Tutoring
- Attending study center
- Attending writing center
- Other (Specify, please print):

**10** If you have any kind of learning problem, disability, or special need, was the 2-year or community college aware that you had a disability or special need? Please mark (X) ONE box.

- Not applicable. I don't have a learning problem, disability, or special need ▶ **Please skip to Question 12 on next page.**
- School was aware before I enrolled there
- School was aware after I enrolled there
- School not aware



11a

Have you ever received any services, accommodations, or other help to do your best at school because of a learning problem, disability, or other special need?

No ► If "No", please skip to Question 12 below.

Yes ► **11b** If "Yes", what services, accommodations or other help did you receive? Please mark (X) ALL that apply.

- More time taking tests
- Different settings (like another room) to take tests
- Other testing accommodations
- More time to finish assignments
- Different assignments
- A tutor
- A reader or interpreter
- Note taker in class
- A personal aide or instructional assistant to help you in class
- Large print or Braille materials, large print computer, or magnifier
- Books on tape
- Technology adaptations or supports in classroom
- Physical changes to the classroom such as special desks
- Help with learning strategies or study skills (like a writing center)
- Early registration
- Other (Specify, please print):


12

Besides what the school had available, have you gotten any services or help on your own while you have been at a 2-year college?

- No
- Yes

13

How useful have all the services, accommodations, and help with school work been in helping you stay in school and do your best there? Please mark (X) ONE box.

- Very useful
- Somewhat useful
- Not very useful
- Not at all useful
- Does not apply. I have not received any services or accommodations.





14

**Do you think you have received enough services, accommodations, and help with school work to do your best there? Please mark (X) ONE box.**

- Does not apply. I do not need services or accommodations.
- Definitely getting enough
- Probably getting enough
- Probably not getting enough
- Definitely not getting enough

15

**If you did not receive any services, accommodations, or help with school work, would it have been helpful to you to have services, accommodations, or help? Please mark (X) ONE box.**

- Does not apply, I received services, accommodations or help with school work
- No
- Yes

16

**If you did not receive any services, accommodations, or help with school work, did you ask or apply for any services, accommodations, or help? Please mark (X) ONE box.**

- Does not apply, I received services, accommodations or help with school work
- No
- Yes

**Congratulations! You are finished with section H! Please go to the next section.**





- - -



**THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR EXPERIENCES  
AFTER HIGH SCHOOL ATTENDING:**

**VOCATIONAL, BUSINESS, OR TECHNICAL SCHOOL**



**IMPORTANT NOTE:**

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When asked to mark boxes, make an "X" through the box.

Sample:  Right       Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

**1** Since leaving high school, have you taken any classes from post secondary vocational, business, or technical school?

No ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.

Yes ► PLEASE CONTINUE WITH QUESTION 2 BELOW.

**2** During the last 2 years, have you taken any classes from a post secondary vocational, business, or technical school?

No

Yes

**3** About how long after leaving high school was it before you started going to a vocational, business, or technical school? Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks

Don't know

**OR**

Number of months

**OR**

Number of years



4a

Are you going to a post secondary vocational, business, or technical school now?

Yes



4b

If "Yes", are you working toward a diploma, certificate, or license?

Yes

No

No



4c

If "No", are you not going because you... Please mark (X) ONE box.

are on vacation.

graduated or completed the program.

some other reason (please specify):


5a

Have you gotten a diploma, certificate, or license from a vocational, business, or technical school?

No

Yes



5b

If "Yes", how long was the program that you took that led to this diploma, certificate, or license? Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks

Don't know

OR

Number of months

OR

Number of years

6a

Have you attended school continuously during the school year (not counting time off for vacations), or have you been enrolled off and on, taking classes some semesters or quarters but not others? (If you are not going to a vocational, business, or technical school now, please answer the remaining questions about the time when you did go to such a school.) Please mark (X) ONE box.

Enrolled continuously during the school year

Enrolled off and on

6b

Have you attended school full-time or part-time?

Please mark (X) ONE box.

Full-time (in class 12 hours or more a week)

Part-time (in class fewer than 12 hours a week)



**7** What kind of job(s) have your vocational courses trained you for?

Type of job(s):


**8a** Have you ever received help with schoolwork from this school, like going to a tutor, a study center, or writing center?

No

Yes ▶

**8b**

If "Yes", what did you get help with? *Please mark (X) ALL that apply.*

Tutoring

Attending study center

Attending writing center

Other (Specify, please print):

--

**9** If you have any kind of learning problem, disability, or special need, was the vocational, business, or technical school aware that you had a disability or special need? *Please mark (X) ONE box.*

Not applicable. I don't have a

learning problem, disability, or special need ▶ *Please skip to Question 11 on next page.*

School was aware before I enrolled there

School was aware after I enrolled there

School not aware



10a

Have you ever received any services, accommodations, or other help to do your best at school because of a learning problem, disability, or other special need?

No ► *If "No", please skip to Question 11 below.*

Yes ► **10b** **If "Yes", what services, accommodations or other help did you receive?**  
*Please mark (X) ALL that apply.*

- More time taking tests
- Different settings (like another room) to take tests
- Other testing accommodations
- More time to finish assignments
- Different assignments
- A tutor
- A reader or interpreter
- Note taker in class
- A personal aide or instructional assistant to help you in class
- Large print or Braille materials, large print computer, or magnifier
- Books on tape
- Technology adaptations or supports in classroom
- Physical changes to the classroom such as special desks
- Help with learning strategies or study skills (like a writing center)
- Early registration
- Other (Specify, please print):


11

Besides what the school had available, have you gotten any services or help on your own to help you do your best in school?

- No
- Yes



12

**How useful have all the services, accommodations, and help with school work been in helping you stay in school and do your best there?** *Please mark (X) ONE box.*

- Does not apply. I have not received any services or accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

13

**Do you think you have received enough services, accommodations, and help with school work to do your best there?** *Please mark (X) ONE box.*

- Does not apply. I do not need services or accommodations.
- Definitely getting enough
- Probably getting enough
- Probably not getting enough
- Definitely not getting enough

14

**If you did not receive any services, accommodations, or help with school work, would it have been helpful to you to have services, accommodations, or help?** *Please mark (X) ONE box.*

- Does not apply, I received services, accommodations or help with school work
- No
- Yes

15

**If you did not receive any services, accommodations, or help with school work, did you ask for any services, accommodations, or help?** *Please mark (X) ONE box.*

- Does not apply, I received services, accommodations or help with school work
- No
- Yes

**Congratulations! You are finished with section II! Please go to the next section.**





- - -





9/9/1999

**THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR EXPERIENCES ATTENDING:**

**4-YEAR COLLEGE OR UNIVERSITY**



**IMPORTANT NOTE:**

Please use a **BLACK** pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right       Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and **CIRCLE** it.

**1** Since leaving high school, have you taken any classes from a 4-year college or university?

No    ▶ *PLEASE SKIP TO QUESTION 1 NEXT SECTION.*

Yes    ▶ *PLEASE CONTINUE WITH QUESTION 2 BELOW.*

**2** During the last 2 years, have you taken any classes from a 4-year college or university?

No

Yes

**3** About how long after leaving high school was it before you started going to a 4-year college or university? *Please write a number in ONE of the sets of boxes OR mark "Don't know".*

Number of weeks

Don't know

**OR**

Number of months

**OR**

Number of years



**4a** Are you going to a 4-year college or university now?

Yes ▶ **4b** If "Yes", are you working toward a diploma, certificate, or license?

- No
- Yes

No ▶ **4c** If "No", are you not going because you... Please mark (X) ONE box.

- are on vacation.
- graduated or completed the program.
- some other reason (please specify):


**5** Have you gotten a diploma, certificate, or license from a 4-year college or university?

- Yes
- No

**6a** Have you been enrolled in a 4-year college or university continuously during the school year (not counting time off for vacations), or have you been enrolled off and on, taking classes some semesters or quarters but not others? (If you are not going to a 4-year college or university now, please answer the remaining questions about the time when you did go to a 4-year college or university.) Please mark (X) ONE box.

- Enrolled continuously during the school year
- Enrolled off and on

**6b** How many total credits have you earned at a 4-year college or university?

Total number of semester credits

**AND/OR**

Total number of quarter credits

**7** Have you attended a 4-year college or university full-time or part-time?  
Please mark (X) ONE box.

- Full-time (in class 12 hours or more a week)
- Part-time (in class fewer than 12 hours a week)
- Both, sometimes one, sometimes the other



**8** What is/was your major or primary course of study in a 4-year college or university?

Enter major:

**OR**

Don't know; no major declared yet

**9a** Have you ever received help with schoolwork from this school, like going to a tutor, a study center, or writing center?

No

Yes

**9b**

If "Yes", what did you get help with? Please mark (X) ALL that apply.

Tutoring

Attending study center

Attending writing center

Other (Specify, please print):

**10** If you have any kind of learning problem, disability, or special need, was the 4-year college or university aware that you had a disability or special need? Please mark (X) ONE box.

Not applicable. I don't have a learning problem, disability, or special need ► **Please skip to Question 12 on next page.**

School was aware before I enrolled there

School was aware after I enrolled there

School not aware



**11a**

Have you ever received any services, accommodations, or other help to do your best at school because of a learning problem, disability, or other special need?

No ► *If "No", please skip to Question 12 below.*

Yes ► **11b** If "Yes", what services, accommodations or other help did you receive?  
*Please mark (X) ALL that apply.*

- More time taking tests
- Different settings (like another room) to take tests
- Other testing accommodations
- More time to finish assignments
- Different assignments
- A tutor
- A reader or interpreter
- Note taker in class
- A personal aide or instructional assistant to help you in class
- Large print or Braille materials, large print computer, or magnifier
- Books on tape
- Technology adaptations or supports in classroom
- Physical changes to the classroom such as special desks
- Help with learning strategies or study skills (like a writing center)
- Early registration
- Other (Specify, please print):


**12**

Besides what the school had available, have you gotten any services or help on your own to help you do your best in school?

- No
- Yes



13

**How useful have the services, accommodations, and help with school work been in helping you stay in school and do your best there?** *Please mark (X) ONE box.*

- Does not apply. I have not received any services or accommodations.
- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

14

**Do you think you have received enough services, accommodations, and help with school work to do your best there?** *Please mark (X) ONE box.*

- Does not apply. I do not need services or accommodations.
- Definitely getting enough
- Probably getting enough
- Probably not getting enough
- Definitely not getting enough

15

**If you did not receive any services, accommodations, or help with school work, would it have been helpful to you to have services, accommodations, or help?** *Please mark (X) ONE box.*

- Does not apply, I received services, accommodations or help with school work
- No
- Yes

16

**If you did not receive any services, accommodations, or help with school work, did you ask or apply for any services, accommodations, or help?** *Please mark (X) ONE box.*

- Does not apply, I received services, accommodations or help with school work
- No
- Yes

**Great job! You're finished with Section J! Please continue to the next section.**





- - -



**THIS PART OF THE NLTS2 SURVEY IS ABOUT YOUR WORK EXPERIENCES.**



**IMPORTANT NOTE:**

Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.

Sample:  Right       Wrong

Use block printing when you complete any text or numeric responses.

If you wish to change a response, please mark the correct response and CIRCLE it.

**ANY JOBS**

**1a** Have you ever had a paid job other than work around the house?

No ► PLEASE SKIP TO QUESTION 49a ON PAGE 11.

Yes ► **1b** If "Yes", have you ever been fired from a job ...  
Please mark (X) ONE Box on EACH line.

	Yes	No
a. Since leaving high school?	<input type="checkbox"/>	<input type="checkbox"/>
b. In the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
c. Ever?	<input type="checkbox"/>	<input type="checkbox"/>

**1c** Have you had any paid jobs since leaving high school or in the past 2 years other than work around the house?

No ► PLEASE SKIP TO QUESTION 49a ON PAGE 11.

Yes ► PLEASE CONTINUE WITH QUESTION 2a ON NEXT PAGE.



## JOBS DURING THE LAST 2 YEARS AND SINCE HIGH SCHOOL

**2a** If you had any paid jobs recently, have you had any paid jobs during the past 2 years other than work around the house?

No ► PLEASE SKIP TO QUESTION 3a BELOW.

Yes ► **2b** If "Yes", how many paid jobs have you had altogether during the past 2 years?

Number of paid jobs during the past 2 years

**2c** What is the longest time you have worked at a particular job during the past 2 years? Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks  Don't know

OR   Number of months

OR   Number of years

**3a** Have you had any paid jobs any time since leaving high school other than work around the house?

Does not apply, I am still in high school ► PLEASE SKIP TO QUESTION 4 ON PAGE 3.

No ► PLEASE SKIP TO QUESTION 29a ON PAGE 9.

Yes ► **3b** If "Yes", how many paid jobs have you had since leaving high school? Please write a number in the boxes.

Number of paid jobs since leaving high school

**3c** What is the longest time you have worked at a particular job since leaving high school? Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks  Don't know

OR   Number of months

OR   Number of years





## JOBS HELD NOW

**4** Do you have a paid job NOW, other than work around the house?

- No ► PLEASE SKIP TO QUESTION 29a ON PAGE 8.  
 Yes ► PLEASE CONTINUE WITH QUESTION 5 BELOW.

**5** How many different paid jobs do you have now?

Number of paid jobs now

**6** Thinking about all the jobs you have, about how many hours a week do you usually work?

Number of hours a week usually worked

**7a** What is your job title at this job (where you spend the most time)? (If you have more than one paid job now, please answer the next questions about the job where you spend the most time.) *Please enter your job title.*


**7b** What are your main job duties at this job? *Please describe.*


**8a** About how many hours a week do you usually work at this job?

Number of hours a week usually worked

**8b** If you work part time (less than 35 hours), do you work part time because you want to or would you rather work full time? *Please mark (X) ONE box.*

- Does not apply, I work full time  
 Want to work part time  
 Would rather work full time



**9 About how long have you had this job?**

Please write a number in ONE of the sets of boxes OR mark "Don't know".

Number of weeks  Don't know

OR

Number of months

OR

Number of years

**10 About how much are you paid per hour at this job? Please write amount in the boxes below.**

\$   .   Pay per hour

**11 Are you paid more now than when you started this job?**

- No
- Yes

**12 Have you been promoted or taken on more responsibility since you started this job?**

- No
- Yes

**13 As part of this job, do you get ...**  
Please mark (X) ONE Box on EACH line.

	Yes	No
a. Paid vacation or sick leave?	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c. Retirement benefits, like a 401k?	<input type="checkbox"/>	<input type="checkbox"/>

**14 At this job, do you think ...**  
Please mark (X) ONE Box on EACH line.

	Yes	No
a. You are pretty well paid for your work?	<input type="checkbox"/>	<input type="checkbox"/>
b. You are treated pretty well by others at your job?	<input type="checkbox"/>	<input type="checkbox"/>
c. You have lots of chances to work your way up?	<input type="checkbox"/>	<input type="checkbox"/>
d. You put your education and training to good use?	<input type="checkbox"/>	<input type="checkbox"/>



**15** How well do you get along with coworkers? Please mark (X) ONE box.

- Very well
- Pretty well
- Not very well
- Not at all well

**16** How well do you get along with your boss? Please mark (X) ONE box.

- Very well
- Pretty well
- Not very well
- Not at all well

**17** How much do you usually like your job? Please mark (X) ONE box.

- Very much
- Fairly well
- Not much
- Not at all

**18** About how long did you look for a job before you found the one you have now?  
Please write a number in ONE of the sets of boxes OR mark "Don't know" or "Not applicable".

Number of weeks  Don't know

**OR**

Number of months  Not applicable, didn't really look for this job.

**OR**

Number of years

**19** How did you find this job? Please mark (X) ALL that apply.

- You got the job yourself.
- You used an employment agency or other service program.
- Someone at school helped you.
- A family member helped you.
- A friend or someone else you know helped you (e.g., a neighbor, a friend of a family member).

**20** Has someone from an agency or program stayed in touch with you to check on how you are doing on the job?

- No
- Yes



21a

If you have any kind of learning problem, disability, or special need, did you tell your employer that you have a disability or special need... Please mark (X) ONE box.

- Not applicable. I don't have a learning problem, disability, or special need ► **Please skip to Question 23 on next page.**
- Before you got your job
- After you started your job
- Have not told them

21b

Have you ever received any services, accommodations, or other help from your employer because a learning problem, disability, or other special need?

- No ► **21c** If "no", did you ask for or apply for any accommodations or help?
  - No
  - Yes

- Yes ► **21d** If "yes", what services, accommodations, or other help did you receive (for example, accommodations in your work assignments, schedule, or supervision, a job coach, or adaptations to the equipment you use at work)? Please specify:


21e

How useful have these accommodations been in helping you keep your job and do your best there? Please mark (X) ONE box.

- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

21f

Do you think you are getting enough accommodations or other help at your job?

- No
- Yes

22

At your job, do most of the workers have disabilities?

- No
- Yes



## YOUR PREVIOUS JOB

**23** Did you have a paid job before the one you have now, other than work around the house or a school-sponsored job?

- No ► PLEASE SKIP TO QUESTION 1 NEXT SECTION.  
 Yes ► PLEASE CONTINUE WITH QUESTION 24 BELOW.

**24** At your previous job, did you usually work ...

Please mark (X) ONE box.

- More hours per week than at the job you have now  
 About the same number of hours as the job you have now  
 Fewer hours than at the job you have now

**25** When you left your previous job, was your pay ...

Please mark (X) ONE box.

- More than you get right now  
 Less than you get right now  
 About the same as you get right now

**26** At your previous job, did you get ...

Please mark (X) ONE Box on EACH line.

	Yes	No
a. Paid vacation or sick leave?	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c. Retirement benefits, like a 401k?	<input type="checkbox"/>	<input type="checkbox"/>

**27** At your previous job, did most of the other workers have disabilities?

- No  
 Yes

**28** How did you leave your previous job?

Please mark (X) ONE box.

- You quit.  
 You were fired.  
 You were laid off.  
 It was a temporary job that ended.  
 Some other reason (Specify, please print):

► **IF YOU HAVE A PAID JOB NOW,**  
PLEASE SKIP TO QUESTION 1 NEXT SECTION.

## YOUR MOST RECENT JOB IF YOU ARE NOT WORKING NOW

**29a** Please think about the last job you had -- the job you had most recently (if you had more than one job, please answer about the job where you spent the most time). What was your job title at that job? *Please enter your job title.*


**29b** What were your main job duties at your last job? *Please describe.*


**30a** About how many hours a week did you usually work at your last job?

Number of hours a week usually worked

**30b** If you worked part time (less than 35 hours), did you work part time because you wanted to or would you rather have worked full time? *Please mark (X) ONE box.*

- Does not apply, I worked full time  
 Wanted to work part time  
 Would rather have worked full time

**31** About how long did you have your last job?

*Please write a number in ONE of the sets of boxes OR mark "Don't know".*

Number of weeks       Don't know

**OR**

Number of months

**OR**

Number of years

**32** When you left your last job, about how much were you paid per hour?

*Please write amount in the boxes below.*

\$  .  Paid per hour



**33** Were you being paid more when you left your last job than when you started it?

No  Yes

**34** Were you promoted or did you take on more responsibility while you had your last job?

No  Yes

**35** As part of your last job, did you get ...  
Please mark (X) ONE Box on EACH line.

	Yes	No
a. Paid vacation or sick leave?	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c. Retirement benefits, like a 401k?	<input type="checkbox"/>	<input type="checkbox"/>

**36** At your last job, did you think ...  
Please mark (X) ONE Box on EACH line.

	Yes	No
a. You were pretty well paid for your work?	<input type="checkbox"/>	<input type="checkbox"/>
b. You were treated pretty well by others at your job?	<input type="checkbox"/>	<input type="checkbox"/>
c. You had lots of chances to work your way up?	<input type="checkbox"/>	<input type="checkbox"/>
d. You put your education and training to good use?	<input type="checkbox"/>	<input type="checkbox"/>

**37** At your last job, how well did you get along with your coworkers? Please mark (X) ONE box.

Very well  Pretty well  Not very well  Not at all well

**38** At your last job, how well did you get along with your boss? Please mark (X) ONE box.

Very well  Pretty well  Not very well  Not at all well

**39** How much did you usually like your last job? Please mark (X) ONE box.

Very much  Fairly well  Not much  Not at all

**40** How did you find your last job? Please mark (X) ALL that apply.

- You got the job yourself.
- You used an employment agency or other service program.
- Someone at school helped you.
- A family member helped you.
- A friend or someone else you know helped you (e.g., a neighbor, a friend of a family member).

**41** Did someone from an agency or program stay in touch with you to check on how you were doing on your last job?

No  Yes



42a

If you have any kind of learning problem, disability, or special need, did you tell your employer that you have a disability or special need at your last job... Please mark (X) ONE box.

- Not applicable. I don't have a learning problem, disability, or special need ► **Please skip to Question 45 on below.**
- Before you got your last job
- After you started your last job
- Did not tell them

42b

Did you receive any services, accommodations, or other help from your employer because a learning problem, disability, or other special need?

No ► **43a** If "no", did you ask for or apply for any accommodations or help?  
 No  Yes

Yes ► **43b** If "yes", what services, accommodations, or other help did you receive (for example, accommodations in your work assignments, schedule, or supervision, a job coach, or adaptations to the equipment you use at work)? Please specify:


**43c**

How useful were these accommodations in helping you keep your last job and do your best there? Please mark (X) ONE box.

- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

**43d**

Do you think you got enough accommodations or other help at your last job?

- No
- Yes

44

At your last job, did most of the workers have disabilities?

- No
- Yes

45

How long did you look for a job before you found your last job?

Please write a number in ONE of the sets of boxes OR mark "Don't know" or "Not applicable".

Number of weeks  Don't know

OR

Number of months  Not applicable, I didn't really look for this job

OR

Number of years





46

**How did you leave your last job?**

*Please mark (X) ONE box.*

- You quit.
- You were fired.
- You were laid off.
- It was a temporary job that ended.
- Some other reason, please specify:

47

**Thinking about your recent job, how many different paid jobs did you have at the same time?** *Please write a number in boxes.*

 Number of paid jobs at the same time

48

**If you had more than one job at that time, how many hours did you usually work at all jobs you had then?** *Please write a number in the boxes OR mark "Don't know".*

 Number of hours usually worked at all jobs       Don't know

49a

**Are you looking for a paid job now?**

- No    ► *PLEASE SKIP TO QUESTION 55 NEXT PAGE.*
- Yes    ►

49b

**If "Yes", about how long have you been looking for work?**

*Please write a number in ONE of the sets of boxes OR mark "Don't know".*

 Number of weeks       Don't know

**OR**

 Number of months

**OR**

 Number of years

49c

**What have you done in the past month to find a job?**

*Please mark (X) ALL that apply.*

- Checked with state, private, or school-based employment agencies
- Checked with a military recruiter
- Checked with family and friends
- Checked job listings in newspapers or on-line
- Checked with an employer
- Placed or answered ads
- Applied for jobs
- Nothing
- Other



▶ **IF YOU HAVE BEEN LOOKING FOR WORK,**  
PLEASE SKIP TO QUESTION 1 NEXT SECTION.

50

**If you are not looking for a paid job, why have you decided not to look for work right now?**

*Please mark (X) ALL that apply.*


- I just don't want to look for work right now.
- I am raising children and choose not to work right now.
- I am going to school or am in a training program.
- I don't need or don't want a job right now.
- I don't know how to find a job.
- I am not interested in the kinds of jobs I could get.
- I gave up looking; no one would hire me when I tried to find a job.
- There aren't any jobs available.
- My family doesn't want me to work.
- I don't have any way to get to a job.
- I would lose government benefits if I worked (such as SSI).
- I am waiting to hear about a job or about to start a job.
- Other.

**Great job! You're finished with Section K! Please continue to the next section.**



9/9/1999

**THIS PORTION OF THE NLTS2 SURVEY IS ABOUT LEAVING HIGH SCHOOL.**



**IMPORTANT NOTE:**  
Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.  
Sample:  Right       Wrong  
Use block printing when you complete any text or numeric responses.  
If you wish to change a response, please mark the correct response and CIRCLE it.

**1**

**Are you enrolled in high school now?**

- No    ► *PLEASE CONTINUE WITH QUESTION 2 BELOW.*
- Yes   ► *PLEASE SKIP TO QUESTION 1 NEXT SECTION.*

**2**

**Are you not in high school now because you:**

*Mark (X) one box.*

- |   |   |
|---|---|
| <input type="checkbox"/> Are on high school vacation or break                                     | <input type="checkbox"/> Dropped out or stopped going       |
| <input type="checkbox"/> Graduated with a regular diploma   | <input type="checkbox"/> Were suspended                     |
| <input type="checkbox"/> Graduated with a certificate of completion                               | <input type="checkbox"/> Were expelled                      |
| <input type="checkbox"/> Took a test for a diploma without taking all of your high school classes | <input type="checkbox"/> Older than the age limit           |
|   | <input type="checkbox"/> Some other reason, please specify: |

**3**

**When did you leave high school?**

<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>			/	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>				
month		year						

**4**

**Did you graduate from high school?**

- No    ► *PLEASE CONTINUE WITH QUESTION 5a ON NEXT PAGE.*
- Yes   ► *PLEASE SKIP TO QUESTION 1 NEXT SECTION.*



**5a**

Since leaving high school, have you taken classes or tests to earn a high school diploma or certificate, such as a GED course?

No ▶ *PLEASE SKIP TO QUESTION 1 NEXT SECTION.*

Yes ▶ **5b** If "Yes", did you get a high school diploma or certificate for this work?

No

Yes ▶ **5c** If "Yes", was it a diploma or certificate?

Diploma

Certificate

**6a**

In the past 2 years, have you taken classes or tests to earn a high school diploma or certificate?

No

Yes ▶ **6b** If "Yes", are you taking classes to earn a high school diploma or certificate now?

No


Yes

**Great job! You're finished with Section L. Please continue to the next section.**



**THIS PORTION OF THE NLTS2 SURVEY IS ABOUT SERVICES.**

These questions are about services or help you might be receiving from someone other than family or friends, like help from agencies, schools, therapists, health care providers, or other professionals.



**IMPORTANT NOTE:**  
Please use a BLACK pen. Blue or red pens and pencil cannot be read by our scanners. When asked to mark boxes, make an "X" through the box.  
Sample:  Right       Wrong  
Use block printing when you complete any text or numeric responses.  
If you wish to change a response, please mark the correct response and CIRCLE it.

**1a** Since leaving high school, have you received any services or help, other than from family or friends?

Does not apply, I am still in high school ► *PLEASE SKIP TO QUESTION 2a ON NEXT PAGE.*

No

Yes ► **1b** If "Yes", what kinds of services or help? *Please mark (X) ALL that apply.*

- Vocational or career help (like career counseling, help in finding a job, training in job skills or vocational education) from someone other than from an employer, family, or friend
- Financial aid, like paying for college classes or training
- Educational assistance or tutoring
- Reader or interpreter, such as a sign language interpreter
- Independent living or occupational therapy (like instruction or help with doing things such as managing money, cooking or keeping house)
- Childcare services or parenting skills training
- Mental health, counseling, or psychological services
- Social work services
- Physical therapy
- Devices or assistive technology services (like help getting or using equipment that helps people with a disability or problem, such as a special calculator or reading machine)
- Transportation assistance because of a disability
- Medical services for diagnosis or evaluation related to a disability
- I have not received any services since leaving high school
- Other services (Please specify):



**2a**

**In the past 2 years, have you receiving any services or help other than from family or friends?** (For examples of services, see list in Question 1b.)

No ▶ PLEASE SKIP TO QUESTION 4a BELOW.

Yes ▶ **2b** If "Yes", what services did you receive?


**3a**

**Are you receiving any services now, other than from family or friends?** (For examples of services, see list in Question 1b.)

No ▶ PLEASE SKIP TO QUESTION 4a BELOW.

Yes ▶ **3b** If "Yes", what services are you receiving now?


**3c**

**How often do you tell professionals what you think about the services they provide you?**

Hardly ever     Sometimes     Often

**4a**

**Do you think you need any services?** (For examples of services, see list in Question 1b.)

No ▶ PLEASE SKIP TO THE NEXT SECTION.

Yes ▶ **4b** If "Yes", what service or services do you think you need?


**4c**

**Have you or someone in your family tried to get this service or services?**

No     Yes

**4d**

**Are you on a waiting list?**

No     Yes

**Great job! You're finished with Section M. Please continue to the next section.**







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