

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

**PARENT PART 1**

- S. Introduction .....
- A. Living arrangements/student characteristics
- B. Disability Characteristics
- C. Health insurance
- D. School status and secondary school experiences.....
- E. Family involvement
- F. Services
- G. Youth behaviors and Parent Expectations
- H. Household
- I. Screen for continuation, overlap items, tracing questions.

**PARENT CONTINUATION, PART 2A**

- J. Social and extracurricular activities/Youth Behaviors
- K. Secondary school experiences continued, Postsecondary education .....
- L. Employment
- M. Youth's household .....
- N. Closing and tracing questions

**YOUTH CONTINUATION, PART 2B**

- O. Youth Introduction
- P. Social and extracurricular activities
- Q. Health
- R. Secondary school experiences/involvement
- S. Postsecondary education .....
- T. Employment .....
- U. Risk behaviors
- V. Youth's feelings and expectations
- W. Youth's household .....
- X. Closing

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

**INTRODUCTION**

S1. Hello, my name is \_\_\_\_\_. May I please speak with [NAME OF PARENT/GUARDIAN ON SAMPLE FILE]. IF THERE ARE TWO NAMES, E.G., MR. AND MRS. JOHN JONES OR JOHN AND MARY JONES, ASK FOR THE FEMALE. IF FEMALE IS UNAVAILABLE, ASK FOR SECOND NAME. IF YOUTH ANSWERS AND NEITHER RESPONDENT IS AVAILABLE, ASK FOR ANY OTHER ADULT IN THE HOUSEHOLD. IF THERE IS NO PARENT/GUARDIAN NAME ON THE SAMPLE FILE, ASK FOR “the parent or guardian of [YOUTH’S NAME]”.

GO TO S2b	YES, SUBJECT IS AVAILABLE	1
	SUBJECT(S) NOT AVAILABLE, BUT WILL BE AVAILABLE AT ANOTHER TIME, SET APPOINTMENT	2
GO TO S2a	SUBJECT NO LONGER AVAILABLE	3
IF POSSIBLE, INDICATE LANGUAGE RESPONDENT IS SPEAKING, THEN GO TO TERMINATION SCRIPT	LANGUAGE BARRIER	4

S2a. I’m calling as part of a national study being conducted for the U.S. Department of Education about students who have received special education services in school. You may have gotten a letter about it. The school district that serves [YOUTH] is part of the study and [YOUTH] is one of the students included in the study. Who would be the best adult to talk with about [YOUTH] and [YOUTH’s] experiences in school? (IF RESPONDENT SAYS S/HE DIDN’T GET THE LETTER, SAY “MAYBE IT HASN’T GOTTEN TO YOU YET” AND CONTINUE.)

GO TO CHECKPOINT BEFORE S3	PERSON SPEAKING WITH	1
GO TO S5	NAMES OTHER PERSON	2
GO TO S4	SOMEONE ELSE, NOT NAMED	3
CONDOLENCE SCRIPT	YOUTH IS DECEASED	4
GO TO S6a	DON’T KNOW	-1
TERMINATION SCRIPT	REFUSED	-2

S2b. I'm calling as part of a national study being conducted for the U.S. Department of Education that is trying to learn about the experiences of students over time. [YOUTH] is part of this study, and we spoke with you about [him/her] almost 2 years ago. Are you still the best adult to talk with about [YOUTH] and [his/her] experiences?

GO TO S8	YES	1
GO TO S2c	NO	2
CONDOLENCE SCRIPT	YOUTH IS DECEASED	3
GO TO S6a	DON'T KNOW	-1
TERMINATION SCRIPT	REFUSED	-2

S2c. Who would be the best adult to talk with about [YOUTH] and [his/her] experiences in school? DO NOT READ CATEGORIES.

GO TO S5	NAMES OTHER PERSON	1
GO TO S4	SOMEONE ELSE, NOT NAMED	2
GO TO S6a	DON'T KNOW	-1
TERMINATION SCRIPT	REFUSED	-2

**CHECKPOINT:** IF THERE IS NO NAME FOR THE PERSON SPEAKING WITH ON THE SAMPLE FILE, ASK S3. IF THERE IS A NAME FOR THE PERSON SPEAKING WITH ON THE SAMPLE FILE, GO TO S8.

S3. Could you please tell me your name? RECORD NAME.

NAME: \_\_\_\_\_

**CHECKPOINT:** GO TO S8.

S4. Could you tell me the name of [that person/the person] who could best talk about [YOUTH] and [YOUTH's] experiences in school? RECORD NAME.

NAME: \_\_\_\_\_

S5. ASK TO SPEAK TO PERSON NAMED AS BEST ADULT TO SPEAK TO.

GO TO S7	SUBJECT IS AVAILABLE	1
	SUBJECT WILL CALL BACK	2
	SUBJECT NOT AVAILABLE, SET APPOINTMENT	3
GO TO TERMINATION SCRIPT	LANGUAGE BARRIER	4
	REFUSED	-2

S6a. I have some questions about [YOUTH] and [YOUTH's] school experiences that will take about **XX** minutes. Could I ask you those questions?

GO TO S6b	YES	1
	WILL ANSWER, NOT NOW, SET APPOINTMENT	2
TERMINATION SCRIPT	REFUSED	-2

S6b. Could you please tell me your name? RECORD NAME.

NAME: \_\_\_\_\_

**CHECKPOINT: GO TO S9.**

S7. I'm calling as part of a national study being conducted for the U.S. Department of Education about students who receive special education services in school. You may have gotten a letter about it. The school district that serves [YOUTH] is part of the study and [YOUTH] is one of the students in the study. IF RESPONDENT SAYS HE OR SHE DIDN'T GET THE LETTER, SAY "Maybe it hasn't gotten to you yet" AND CONTINUE.

S8. I have some questions about [YOUTH] and [YOUTH's] school experiences that will take about **XX** minutes.

S9. 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, [YOUTH], or your family, and no information you give will be shared with [YOUTH's] school. If you have any questions or concerns about the study, I can give you a toll-free number to call. IF ASKED: PROVIDE TOLL-FREE NUMBER.

If this is a good time to talk, we can start the interview now. IF RESPONDENT HESITATES, SAY: Why don't we start and then I can always call back if you need to stop before we finish.

**CHECKPOINT: IF RESPONDENT IS SAME RESPONDENT AS EARLIER WAVE (S2b = 1), GO TO A1, ELSE GO TO S10.**

S10. INDICATE SEX OF RESPONDENT. ASK IF NECESSARY.

GO TO S11	FEMALE	1
GO TO S12	MALE	2

S11a. To start, what is your relation to [YOUTH]? CIRCLE ONE

GO TO S11b	MOTHER	1
GO TO CHECKPOINT BEFORE A1	BIOLOGICAL MOTHER	2
	ADOPTIVE MOTHER	3
GO TO S11c	STEPMOTHER	4
	FOSTER MOTHER	5
GO TO A1	LEGAL GUARDIAN	6
GO TO S11c	SISTER/STEPSISTER	7
	AUNT	8
	GRANDMOTHER	9
	OTHER (SPECIFY) _____	10
GO TO A1	DON'T KNOW	-1
	REFUSED	-2

S11b. Are you [YOUTH's] biological, adoptive, step or foster mother?

GO TO CHECKPOINT BEFORE A1	BIOLOGICAL MOTHER	1
	ADOPTIVE MOTHER	2
GO TO S11c	STEPMOTHER	3
	FOSTER MOTHER	4
	DON'T KNOW	-1
	REFUSED	-2

S11c. Are you [YOUTH's] legal guardian

GO TO CHECKPOINT BEFORE A1	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT: GO TO CHECKPOINT BEFORE A1.**

S12a. To start, what is your relation to [YOUTH]? CIRCLE ONE.

GO TO S12b	FATHER	1
GO TO CHECKPOINT BEFORE A1	BIOLOGICAL MOTHER	2
	ADOPTIVE FATHER	3
GO TO S12c	STEPFATHER	4
	FOSTER FATHER	5
GO TO A1	LEGAL GUARDIAN	6
GO TO S11c	BROTHER/STEPBROTHER	7
	UNCLE	8
	GRANDFATHER	9
	OTHER (SPECIFY) _____	10
GO TO A1	DON'T KNOW	-1
	REFUSED	-2

S12b. Are you [YOUTH's] biological, adoptive, step or foster father?:

GO TO CHECKPOINT BEFORE A1	BIOLOGICAL FATHER	1
	ADOPTIVE FATHER	2
	STEP FATHER	3
	FOSTER FATHER	4
	DON'T KNOW	-1
	REFUSED	-2

S12c. Are you [YOUTH's] legal guardian?

GO TO CHECKPOINT BEFORE A1	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

**CONDOLENCE SCRIPT:** I'm terribly sorry. Please accept our condolences. I'll make sure you aren't contacted by the study again. Thank you. TERMINATE CALL.

**TERMINATION SCRIPT:** Thank you very much for your time.

**GO TO SECTION A**

**A. STUDENT CHARACTERISTICS**

**CHECKPOINT:** IF THERE IS A WAVE 1 INTERVIEW FOR YOUTH GO TO A5. IF NO WAVE 1 INTERVIEW GO TO A1.

SEELS

A1. I'd like to ask you some questions about [YOUTH]. Is [YOUTH] male or female?

MALE	1
FEMALE	2
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF BIRTHDATE IS IN SAMPLE FILE, ASK A2, ELSE GO TO A2b.

SEELS

A2a. I have [YOUTH's] birthdate as [BIRTHDATE FROM SAMPLE FILE]. Is that correct?

GO TO A3a.	YES	1
ASK A2b	NO	2
GO TO A3a	DON'T KNOW	-1
	REFUSED	-2

SEELS

A2b. What is [YOUTH's] birthdate? RECORD BIRTHDATE.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM      DD      YY

**VERIFICATION CHECK.**

IF BIRTHDATE MAKES YOUTH LESS THAN 13 OR MORE THAN 18 YEARS OLD, CONFIRM THAT YOU ARE TALKING ABOUT THE YOUTH ON THE SAMPLE FILE. IF UNCLEAR, SAY: I may have an error here. Let me check with my supervisor and I will call you back. Thank you.

Census, SEELS

A3a. Is [YOUTH] of Hispanic, Latino, or other Spanish origin?

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

Census, SEELS

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] .... READ CATEGORIES. CODE ALL THAT APPLY. IF RESPONDENT SAYS MIXED RACE OR BI- OR MULTIRACIAL, ASK WHICH RACES THE YOUTH REPRESENTS AND CODE EACH.

	White,	1
	African-American or Black,	2
	American Indian or Alaska Native,	3
	Asian,	4
	Native Hawaiian, or Other Pacific Islander	5
DON'T READ	OTHER? (SPECIFY) _____	6
	DON'T KNOW	-1
	REFUSED	-2

NELS:88, ECLS-K, SEELS

A4a. Is any language other than English regularly spoken in your home?

GO TO A4b	YES	1
GO TO A5a	NO	2
GO TO A4b	DON'T KNOW	-1
	REFUSED	-2

NELS:88, ECLS-K, SEELS

A4b. What is the main language [YOUTH] usually speaks at home? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

ENGLISH	1
SPANISH	2
ALBANIAN	3
CAMBODIAN	4
CHINESE	5
CROATIAN	6
FARSI	7
FRENCH	8
GERMAN	9
GREEK	10
HEBREW	11
HMONG	12
ITALIAN	13
JAPANESE	14
KOREAN	15
LAOTIAN	16
PORTUGUESE	17
TAGALOG (FILIPINO LANGUAGE)	18
RUSSIAN	19
VIETNAMESE	20
SIGN LANGUAGE/ASL/MANUAL COMMUNICATION	21
YOUTH DOES NOT SPEAK A LANGUAGE	22
ARABIC	23
BULGARIAN	24
CHECHOSLOVAKIAN	25
CREOLE	26
CROATIAN	27
DUTCH	28
FARSI	29
FINNISH	30
HUNGARIAN	31
PERSIAN	32
POLISH	33
PUNJABI	34
SWAHILI	35
SAMOAN	36
THAI	37
TURKISH	38
ROMANIAN	39
URDU	30

OTHER (SPECIFY) _____	31
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** CHECKPOINT: IF THERE IS A WAVE 1 INTERVIEW FOR YOUTH ASK A5a. IF NO WAVE 1 INTERVIEW GO TO A6a.

SEELS

A5a. I have [YOUTH's] birthdate as [BIRTHDATE FROM SAMPLE FILE]. Is that correct?

GO TO A6a	YES	1
ASK A5b	NO	2
	DON'T KNOW	-1
	REFUSED	-2

A5b. What is [YOUTH's] birthdate? RECORD BIRTHDATE.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YY

**VERIFICATION CHECK.**

IF MONTH AND YEAR DO NOT MATCH THE BIRTHDATE ON FILE, CONFIRM THAT YOU ARE ASKING ABOUT [NAME OF YOUTH]. IF STILL A DISCREPANCY SAY: I may have an error here. Let me check with my supervisor and I will call you back. Thank you.

SEELS

A6a. My next questions are about YOUTH's living situation. Where does YOUTH live now? IF ASKED, WE MEAN THE PLACE YOUTH USUALLY SPENDS AT LEAST 5 NIGHTS A WEEK. DO NOT READ CATEGORIES UNLESS NEEDED. CODE ALL THAT APPLY. PROBE FOR: WHAT TYPE OF PLACE IS THAT?

WITH [HIS/HER] PARENTS	1
WITH A NON FAMILY LEGAL GUARDIAN	2
WITH A RELATIVE/AN ADULT FAMILY MEMBER OTHER THAN A SPOUSE OR PARENT.	3
IN FOSTER CARE	4
ON HIS/HER OWN/ALONE	5
WITH A SPOUSE OR ROOMMATE	6
IN A RESIDENTIAL OR BOARDING SCHOOL OTHER THAN A COLLEGE	7
IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING	8
IN MILITARY HOUSING	9
IN A GROUP HOME, OTHER ASSITED LIVING CENTER, OR SUPERVISED APARTMENT	10
IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES	11
IN A MENTAL HEALTH FACILITY	12
IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER	13
TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR	14
OTHER, SPECIFY _____	15
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF YOUTH IS OLDER THAN 18 AND RESPONDENT IS A PARENT OR LEGAL GUARDIAN (S11a OR S12a=1, 2, 3, 4, 5, OR 6 OR S11c OR S12c=1 AND A6a=1, 2 OR 4) OR RESPONDENT IS OTHER FAMILY MEMBER (S11a OR S12a=7, 8, OR 9) AND A6A=2 OR 3 ASK A6b. ELSE GO TO A6b1.

NLTS

A6b. Do you want YOUTH to be living there now, or do you wish [he/she] could live somewhere else?

WANTS YOUTH TO BE LIVING THERE	1
WANTS YOUTH TO BE LIVING ELSEWHERE	2
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF YOUTH LIVES WITH ANOTHER RELATIVE OR NON FAMILY LEGAL GUARDIAN (A6a=2 OR 3) ASK A6b1. IF YOUTH LIVES IN FOSTER CARE (A6a=4) GO TO A6b2. ELSE GO TO A6c.

A6b1. Is YOUTH living in a foster care arrangement?

GO TO SECTION B	GO TO A5f	YES	1
		NO	2
		DON'T KNOW	-1
		REFUSED	-2

A6b2. How long has [he/she] been in this foster care arrangement? ENTER NUMBER AND/OR CODE.

GO TO SECTION B	NUMBER OF	YEARS	1
		MONTHS	2
		WEEKS	3
		DON'T KNOW	-1
		REFUSED	-2

NELS:88

A6c. Has [he/she] lived anywhere else in the last 2 years? EXCLUDING CAMPS AND VACATIONS

ASK A6d	YES	1
GO TO CHECKPOINT BEFORE A6e	NO	2
	DON'T KNOW	-1
	REFUSED	-2

A6d. Where else has YOUTH lived in the past 2 years? DO NOT READ CATEGORIES. CODE ALL THAT APPLY. PROBE FOR: WHAT TYPE OF PLACE IS THAT?

WITH [HIS/HER] PARENTS	1
WITH [HIS/HER] LEGAL GUARDIAN	2
WITH ANOTHER RELATIVE/ AN ADULT FAMILY MEMBER OTHER THAN A SPOUSE OR PARENT.	3
IN FOSTER CARE	4
ON HIS/HER OWN/ALONE	5
WITH A SPOUSE OR ROOMMATE	6
IN A RESIDENTIAL OR BOARDING SCHOOL OTHER THAN A COLLEGE	7
IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING	8
IN MILITARY HOUSING	9
IN A GROUP HOME, OTHER ASSITED LIVING CENTER, OR SUPERVISED APARTMENT	10
IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES	11
IN A MENTAL HEALTH FACILITY	12
IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER	13
TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR	14
OTHER, SPECIFY _____	15
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF YOUTH LIVES WITH ANOTHER RELATIVE OR NON FAMILY LEGAL GUARDIAN (A6a=3) ASK A5e. IF YOUTH LIVES IN FOSTER CARE (A6a=4) GO TO A5f. ELSE GO TO SECTION B.

A5e. Is YOUTH living in a foster care arrangement now?

GO TO SECTION B	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

A5f. How long has [he/she] been in this foster care arrangement? ENTER NUMBER AND/OR CODE.

GO TO SECTION B	NUMBER OF	YEARS	1
		MONTHS	2
	WEEKS	3	
	DON'T KNOW	-1	

**B. DISABILITY CHARACTERISTICS**

**CHECKPOINT:** CHECKPOINT: IF THERE IS A WAVE 1 INTERVIEW FOR YOUTH GO TO B3a. IF NO WAVE 1 INTERVIEW ASK B1a.

NLTS, SEELS

B1a. [YOUTH] is included in this study because [his/her] school or school district indicated at the beginning of the 2000 school year that [he/she] may have received special education services and had an IEP (INDIVIDUAL EDUCATION PROGRAM). With what physical, sensory, learning or other disabilities or problems has [YOUTH] been diagnosed? DO NOT READ CATEGORIES. (ALWAYS PROBE: Does [he/she] have any other disabilities or learning problems? That could include a speech problem.) CODE ALL THAT APPLY IN COLUMN A (ON NEXT PAGE).

**CHECKPOINT:** IF B1a NE 00 (NO DISABILITY) OR 02 (ADD) ASK B1a1 ELSE GO TO B1b.

NLTS, SEELS

B1a1. Has [YOUTH] been diagnosed with attention deficit disorder or attention deficit/hyperactivity disorder? These are sometimes called ADD and ADHD.

CODE B1a=2, THEN GO TO B1b.	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF B1a = 00 (NO DISABILITY) GO TO B1c. ELSE GO TO B1b.

SEELS

B1b. (IF MORE THAN ONE DISABILITY IN B1a) Which of the disabilities or problems you told me about is [YOUTH's] main problem or disability? CODE **ONE** RESPONSE IN COLUMN B.

		<b>A</b>	<b>B</b>
GO TO B1c	HAS NO PROBLEM/DISABILITY/NOT GETTING SPECIAL SERVICES	00	
	ASTHMA	01	01
	ATTENTION DEFICIT DISORDER/ ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD) (ADHD)	02	02
	AUTISM	03	03
	(BLINDNESS) COMPLETE BLINDNESS	04	04
	CEREBRAL PALSY	05	05
	DEAFNESS	06	06
	DEAFNESS AND BLINDNESS	07	07
	DOWN SYNDROME	08	08
	DYSLEXIA	09	09
	EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, HAVING EMOTIONAL PROBLEMS, SED)	10	10
	HARD OF HEARING/HEARING IMPAIRMENT	11	11
	HEALTH IMPAIRMENT (SPECIFY DISEASE) _____	12	12
	LEARNING DISABILITY (LD)	13	13
	MENTAL RETARDATION (EMR, TMR, SMR, MR);	14	14
	PHYSICAL OR ORTHOPEDIC IMPAIRMENT	15	15
	SPEECH IMPAIRMENT/COMMUNICATION IMPAIRMENT	16	16
	SPINA BIFIDA	17	17
	TRAUMATIC BRAIN INJURY (TBI)	18	18
	VISUAL IMPAIRMENT/PARTIAL SIGHT	19	19
	DEVELOPMENTAL DELAY	20	20
	OTHER (SPECIFY) _____	98	98

**CHECKPOINT** : CONSISTENCY CHECK WITH DISABILITY ON FILE. IF PARENT SAYS [YOUTH] DOES NOT HAVE ANY PROBLEMS OR DISABILITIES (B1a=00), ASK B1c. ELSE GO TO CHECKPOINT BEFORE B1e.

SEELS

B1c. Records from the school or school district indicate that at the beginning of the school year [YOUTH] had received special help for [DISABILITY/IES ON FILE]. Is [any of] that still correct? CODE ONE.

IF 1 DISABILITY ON FILE, GO BACK AND CODE IN B1a. IF MORE THAN 1 DISABILITY, ASK: Which of those are correct? AND THEN CODE IN B1a. IF MORE THAN 1 DISABILITY IN B1a, ASK B1b, THEN GO TO B2a.	YES	1
GO TO B1d	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B1d. Did [YOUTH] ever have [this/any of these] learning [problem/s] or [disability/ies]?

GO TO B2a	YES	1
GO TO CHECKPOINT BEFORE B3a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** CONSISTENCY CHECK WITH DISABILITY CATEGORY ON FILE. IF DISABILITY FILE INDICATES [YOUTH] HAS VISUAL IMPAIRMENT AND THIS CATEGORY HAS NOT BEEN MENTIONED BY THE PARENT (B1a NE 04, 07 OR 19), GO TO B1e. ELSE GO TO CHECKPOINT BEFORE B1f.

B1e. Records from the school or school district indicate that [YOUTH] has a visual impairment. Is that correct? CODE RESPONSE. ALSO CODE CORRECT RESPONSE IN B1a

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

**CHECKPOINT:** CONSISTENCY CHECK WITH DISABILITY CATEGORY ON FILE. IF DISABILITY FILE INDICATES [YOUTH] HAS HEARING IMPAIRMENT AND THIS CATEGORY HAS NOT BEEN MENTIONED BY THE PARENT (B1a NE 06 OR 07, OR 11), GO TO B1f. ELSE GO TO B2a.

SEELS

B1f. Records from the school or school district indicate that [YOUTH] has a hearing impairment. Is that correct? CODE RESPONSE. ALSO CODE CORRECT RESPONSE IN B1a

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

NLTS, NEILS, SEELS

B2a. Thinking about the first or earliest disability, about how old was [YOUTH] when [he/she] started having [this difficulty/these difficulties] or [condition/s]? (ENTER NUMBER FOR AGE OR GRADE LEVEL AND/OR CODE, AS APPROPRIATE.)

	UNDER 1 YEAR	0
_____	YEARS OF AGE	1
AGE OR		
_____	GRADE LEVEL	2
GRADE		
	DON'T KNOW	-1
	REFUSED	-2

THIS IS WHERE THOSE WITH A WAVE 1 INTERVIEW WILL BEGIN THIS SECTION IN WAVE 2

**Now I want to ask about how well [YOUTH] does some things. I'm going to start with hearing.**

**CHECKPOINT** : IF B1a=HEARING IMPAIRMENT (11), DEAFNESS (06), DEAFNESS/BLINDNESS (07), GO TO CHECKPOINT BEFORE B3b, ELSE ASK B3a.

NEILS, SEELS

B3a. Would you say [YOUTH]... READ CATEGORIES, CODE ONE. IF ASKED, THIS ASSESSMENT SHOULD BE MADE OF YOUTH'S HEARING WITHOUT ANY HEARING DEVICES LIKE A HEARING AID.

GO TO B4a	Hears normally, or	1
GO TO CHECKPOINT BEFORE B3b	Has a hearing problem?	2
DON'T READ, GO TO B4a.	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT** : ASK B3b OF ONLY THOSE WITH HEARING PROBLEMS (B1a=HEARING IMPAIRMENT (11), DEAFNESS (06), DEAFNESS/BLINDNESS (07) OR B3a=2 ELSE GO TO B4a.

NEILS, SEELS

B3b. Is [YOUTH'S] hearing loss ... READ CATEGORIES. CODE ONE.

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

NEILS, SEELS

B3c. Has a hearing aid or other kind of hearing device been prescribed for [him/her]?

GO TO B3e	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B3d. How well does [YOUTH] hear with the hearing device? Would you say [he/she]...  
 READ CATEGORIES. CODE ONE.

	Hears normally,	1
	Has a little trouble hearing,	2
	Has a lot of trouble hearing, or	3
	Doesn't hear at all?	4
DON'T READ	DOESN'T HAVE ONE	5
	WON'T WEAR IT	6
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B3e. Does [YOUTH] have a cochlear implant? IF ASKED, A COCHLEAR IMPLANT IS A  
 SURGICALLY IMPLANTED ELECTRONIC DEVICE THAT CAN RESTORE PARTIAL  
 HEARING TO PEOPLE WITH SOME HEARING IMPAIRMENTS.

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

B3f. How well does [he/she] communicate by any means? Would you say [he/she] ... READ  
 CATEGORIES. CODE ONE.

	Has no trouble communicating	1
	Has a little trouble communicating,	2
	Has a lot of trouble communicating, or	3
GO TO B3j	Doesn't communicate at all?	4
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

NEILS, SEELS

B3g. [IF A4b=21 (SIGN LANGUAGE) ADD: 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 ... READ CATEGORIES. CODE ONE RESPONSE FOR EACH.

		YES	NO	DON'T KNOW	REFUSED
a.	[IF A4b=21 (SIGN LANGUAGE), CODE B3ga AS 1 AND DO NOT READ] Sign language or manual communication?	1	2	-1	-2
b.	Lip reading?	1	2	-1	-2
c.	Cued speech?	1	2	-1	-2
d.	Oral speech?	1	2	-1	-2
e.	A communication board or book?	1	2	-1	-2
f.	Anything else to help [him/her] communicate? SPECIFY	1	2	-1	-2

**CHECKPOINT:** IF B3gd=1 (ORAL SPEECH), ASK B3h, ELSE GO TO CHECKPOINT BEFORE B3i.

NEILS, SEELS

B3h. How clearly does [YOUTH] speak? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

Has no trouble speaking clearly,	1
Has a little trouble speaking	2
Has a lot of trouble speaking, or	3
Doesn't speak at all?	4
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF B3h=3 OR 4 (TROUBLE SPEAKING) AND B3Gd=1 (ORAL SPEECH) AND B3Ga-c AND f=2, -1 OR -2 (USES ORAL SPEECH ONLY) GO TO B3j. ELSE GO TO B3i.

SEELS

B3i. How well does [he/she] carry on a conversation? Would you say [he/she] ... READ CATEGORIES. CODE ONE. [IF NEEDED: CARRYING ON A CONVERSATION BY ANY MEANS

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

SEELS

B3j. How well does [he/she] understand what people say to [him/her] [IF A4a=1 (LANGUAGE OTHER THAN ENGLISH REGULARLY SPOKEN), ADD: in [his/her] primary language]? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

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

**CHECKPOINT:** IF B3ga=1 (SIGN LANGUAGE) OR A4b=21, (SIGN LANGUAGE), ASK B3k. ELSE GO TO B4a.

NEILS, SEELS

B3k. Is the sign language that [YOUTH] is using or learning to use... READ CATEGORIES. CODE ONE.

American Sign Language,	1
Signed English, or	2
Some other sign language or manual communication system? (SPECIFY)	3
_____	
DON'T KNOW	-1
REFUSED	-2

NEILS

B3l. Do any members of [YOUTH's] household use sign language or manual communication to communicate with [him/her]?

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

**VISION**

NEILS

B4a. Now I'm going to ask about [YOUTH's] vision. Does [YOUTH] have glasses or contacts?

GO TO B4b	YES	1
GO TO B4c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B4b. How well can [he/she] see with glasses or contacts? Would you say [he/she] ...  
 READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE B4d	Sees normally,	1
	Has a little trouble seeing, or	2
	Has a lot of trouble seeing?	3
DON'T READ; GO TO B4c	DOESN'T HAVE THEM/ LOST THEM	4
	WON'T WEAR THEM	5
DON'T READ; GO TO CHECKPOINT BEFORE B5a	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B4c. IF B4b=4 OR 5 ASK: How well can [he/she] see without glasses or contacts. ELSE ASK:  
 How well can [he/she] see? Would you say [he/she] ... READ CATEGORIES. CODE  
 ONE.

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

**CHECKPOINT:** IF B1a=19 (PARTIALLY SIGHTED) OR 04 (BLINDNESS) OR 07 (DEAFNESS/BLINDNESS) OR B4b=3 OR B4c=3 (A LOT OF TROUBLE SEEING), ASK B4d. ELSE GO TO CHECKPOINT BEFORE B5a.

SEELS

B4d. Does [YOUTH] use... READ CATEGORIES. CODE ONE FOR EACH ITEM.

		YES	NO	DON'T KNOW	REFUSED
a.	Braille	1	2	-1	-2
b.	Portable Braille note taker or writer	1	2	-1	-2
c.	Large print type	1	2	-1	-2
d.	Optical devices such as near vision magnification, telescopic devices, and bioptic lenses.	1	2	-1	-2
e.	Mobility devices, such as cane or electronic travel aids.	1	2	-1	-2
f.	Assistive technology, such as voice synthesizers or software to enlarge the size of the print on the computer screen.	1	2	-1	-2
g.	Any other devices to help [him/her] see or read? SPECIFY _____	1	2	-1	-2

**CHECKPOINT:** IF B1a=HEARING IMPAIRMENT (11), DEAFNESS (06), DEAFNESS/BLINDNESS (07), OR B3a=2 (HAS HEARING PROBLEM), GO TO B6a. ELSE ASK B5a. [NOTE: RESPONDENT ALREADY ANSWERED SIMILAR QUESTIONS IN B3 SECTION.]

B5a. My next questions are about [YOUTH's] ability to use language. How clearly does [he/she] speak? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

GO TO B5d	Has no trouble speaking clearly,	1
	Has a little trouble speaking clearly,	2
GO TO B5b	Has a lot of trouble speaking clearly, or	3
	Doesn't speak at all?	4
DON'T READ;	DON'T KNOW	-1
GO TO B5c	REFUSED	-2

SEELS

B5b. How well does YOUTH communicate by any means? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Has no trouble communicating,	1
	Has a little trouble communicating,	2
	Has a lot of trouble communicating, or	3
GO TO B5e	Doesn't communicate at all?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B5c. [IF A4b=21 (SIGN LANGUAGE) ADD: 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.] How does [he/she] communicate with you? Does [he/she] use ... READ CATEGORIES. CODE ALL THAT APPLY.

GO TO B5e	Words?	1
	Sounds that are not words?	2
	Gestures, including pointing?	3
	DO NOT READ IF A4b=21: Sign language or manual communication?	4
	A communication board or book?	5
	A computer?	6
	Anything else? SPECIFY: _____	7
DON'T READ GO TO B5e	DON'T KNOW	-1
	REFUSED	-2

SEELS

B5d. How well does [YOUTH] carry on a conversation? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

GO TO B6a	Has no trouble carrying on a conversation,	1
	Has a little trouble carrying on a conversation,	2
GO TO B5e	Has a lot of trouble carrying on a conversation, or	3
	Doesn't carry on a conversation at all?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

SEELS

B5e. How well does [he/she] understand what people say to [him/her] [IF A4a=1 (LANGUAGE OTHER THAN ENGLISH REGULARLY SPOKEN), ADD: in [his/her] primary language]? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

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

**PHYSICAL ABILITIES**

NEILS, SEELS

B6a. Next, I want to ask about [YOUTH's] physical abilities. How well does [he/she] use [his/her] arms and hands for things like using a spoon or holding a pencil? Would you say [he/she] ... READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH ARM/HAND, CODE THE ARM/HAND THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN ARM. IF ASKED, WE MEAN WITHOUT ADAPTATIONS. IF YOUTH IS MISSING ONE OR BOTH ARMS OR HANDS CODE AS A 4.

	Uses both arms and hands normally,	1
	Has a little trouble using one or both,	2
	Has a lot of trouble using one or both, or	3
	Has no use at all of one or both arms or hands?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B6b. How well does [he/she] use [his/her] arms and hands for things like throwing, lifting, or carrying? Would you say [he/she] ... READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH ARM/HAND, CODE THE ARM/HAND THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN ARM. . IF ASKED, WE MEAN WITHOUT ADAPTIONS. IF YOUTH IS MISSING ONE OR BOTH ARMS OR HANDS CODE AS A 4.

	Uses both arms and hands normally,	1
	Has a little trouble using one or both,	2
	Has a lot of trouble using one or both, or	3
	Has no use at all of one or both of arms or hands?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B6c. How well does [YOUTH] use [his/her] legs and feet? Would you say [he/she] ... READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH LEG/FOOT, CODE THE LEG/FOOT THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN LEG. . IF ASKED, WE MEAN WITHOUT ADAPTIONS. IF YOUTH IS MISSING ONE OR BOTH LEGS OR FEET CODE AS A 4.

GO TO B7a	Uses both legs and feet normally,	1
ASK B6d	Has a little trouble using one or both,	2
	Has a lot of trouble using one or both, or	3
	Has no use at all of one or both legs and feet?	4
DON'T READ; ASK B6d	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B6d. Does [he/she] use any equipment to help [him/her] get around, such as crutches, a walker, or a wheelchair? CODE ONE.

GO TO B6e	YES	1
GO TO B7a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B6e. What is the equipment [he/she] uses? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

CRUTCHES	1
WALKER	2
LEG BRACES	3
WHEELCHAIR	4
CANE	5
OTHER SPECIFY _____	6
DON'T KNOW	-1
REFUSED	-2

HEALTH

NHIS, SEELS

B7a. Now, I have some questions about [YOUTH's] health. Would you say [his/her] general health is ... READ CATEGORIES. CODE ONE.

	Excellent,	1
	Very good,	2
	Good,	3
	Fair, or	4
	Poor?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NHIS, SEELS

B7b. Is [he/she] now taking any prescription medicine for a condition or problem related to [his/her] disability?

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

SEELS

B7c. 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?

GO TO B7d	YES	1
GO TO CHECKPOINT BEFORE B7f	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B7d. What is the name of the prescription medicine [YOUTH] is taking to control [his/her] behavior or change [his/her] mood? CODE ALL THAT APPLY.

GO TO CHECKPOINT BEFORE B7F	STIMULANT, UNSPECIFIED	1
	ADDERAL (AMPHETAMINES)	2
	CYLERT (PEMOLINE)	3
	DEXEDRINE (DEXTRO-AMPHETAMINE)	4
	RITALINE (METHYLPHENIDATE)	5
	ANTIDEPRESSANT/ANTIANSXIETY, UNSPECIFIED	6
	ANAFRANIL (CLOMIPRAMINE)	7
	EFFEXOR (VENIAFAXINE)	8
	LUVOX (FLUVOXAMINE)	9
	PAXIL (PAROXETINE)	10
	PROZAC (FLUOXETINE)	11
	SERZONE (NEFAZODONE)	12
	SENEQUAN (DOXEPIN)	13
	TOFRANIL (IMIPRAMINE)	14
	WELLBUTRIN (BUPROPION)	15
	ZOLOFT (SERTRALINE)	16
	MOOD STABILIZER, UNSPECIFIED	17
	CIBALITH-S (LITHIUM CITRATE)	18
	DEPAKOTE (DIVALPROAX SODIUM)	19
	ESKALITH (LITHIUM CARBONATE)	20
	LAMICTAL (LAMOTRIGINE)	21
	LITHOBID (LITHIUM CARBONATE)	22
	NEURONTIN (GABAPERTIN)	23
	TEGRETOL (CARBAMAZEPINE)	24
	ANTIPSYCHOTIC, UNSPECIFIED	25
	CLOZARIL (CLOZAPINE)	26
	HALDOL (HALOPERIDOL)	27
	RISPERDAL (RISPERIDONE)	28
	SEROQUEL (QUETIAPINE)	29
	THIORIZDAZINE	30
	ZPREXA (OLANZAPINE)	31
	ORAP (PIMOZIDE)	32
GO TO B7e	DON'T KNOW	-1
	REFUSED	-2

SEELS

B7e. Was the medicine prescribed to control ... READ CATEGORIES. CODE ALL THAT APPLY.

Attention, behavior or activity level?	1
Emotions, such as depression or anxiety?	2
Mood?	3
Anything else?	4
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF B7a=1 (EXCELLENT HEALTH), GO TO C1. ELSE GO TO B7f.

SEELS

B7f. Does [YOUTH] use any kind of medical equipment or device, like an oxygen tank or a catheter? THIS DOES NOT INCLUDE MOBILITY DEVICES, LIKE A WHEELCHAIR, WALKER, CANE, ETC.

	YES	1
GO TO CHECKPOINT BEFORE B7h	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B7g. What is the equipment or device[s]? DO NOT READ CATEGORIES. CODE AND/OR WRITE ANSWER.

OXYGEN TANK	1
CATHETER	2
FEEDING TUBE	3
VENTILATOR	4
OTHER, SPECIFY _____	5
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF SAMPLE FILE DISABILITY IS MULTIPLE OR ORTHOPEDIC OR HEALTH IMPAIRMENT OR MENTAL RETARDATION OR IF PARENT IDENTIFIES THESE DISABILITIES (B1a=12, 14, OR 15) AND B3c=2 (NO HEARING AID), AND B5c NE 05 OR 06 (NO COMMUNICATION BOARD OR COMPUTER), AND B6d=2 (NO MOBILITY DEVICE) AND B7f=2 (NO MEDICAL DEVICES), ASK B7h.  
 IF B7b=1 (TAKES MEDICATION) AND B3c=2 (NO HEARING AID), AND B5c NE 05 OR 06 (NO COMMUNICATION BOARD OR COMPUTER), AND B6d=2 (NO MOBILITY DEVICE) AND B7f=2 (NO MEDICAL DEVICES), ASK B7h. ELSE GO TO C1.

SEELS

B7i. Does [YOUTH] use any equipment or devices because of [his/her] disability?

GO TO B7i	YES	1
GO TO C1	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B7j. What equipment or devices? DO NOT READ CATEGORIES. CODE ONE AND/OR WRITE ANSWER.

PROTECTIVE HELMET	1
COMPUTER	2
CALCULATOR	3
OTHER, SPECIFY _____	4
DON'T KNOW	-1
REFUSED	-2

### C. HEALTH INSURANCE

My next questions are about health insurance.

**CHECKPOINT:** IF YOUTH IS 18 YEARS OR OLDER AND A6a=5, 6, OR 9 (ON OWN, WITH SPOUSE OR ROOMATE OR IN MILITARY HOUSING GO TO CHECKPOINT BEFORE D1A. ELSE ASK C1.

NEILS, NSAF, SEELS

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

GO TO CHECKPOINT BEFORE C4a	YES	1
GO TO C2	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NSAF, SEELS

C2. Is [he/she] covered by government-assisted or public health insurance, such as \_\_\_\_\_. (FILL IN STATE NAMES FOR MEDICAID AND OTHER LOW-INCOME INSURANCE PROGRAMS)?

GO TO CHECKPOINT BEFORE C4a	YES	1
GO TO C3	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NSAF, SEELS

C3. Is [he/she] covered by any other health insurance program?

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

**CHECKPOINT:** IF C1, C2, or C3=1 (YES), ASK C4a. ELSE, GO TO CHECKPOINT BEFORE C6.

NEILS, NSAF, SEELS

C4a. Is any of [YOUTH's] health insurance with an HMO (Health Maintenance Organization)?  
 IF ASKED, AT AN HMO YOU MUST GENERALLY RECEIVE CARE FROM HMO DOCTORS; OTHERWISE THE EXPENSE IS NOT COVERED UNLESS YOU WERE REFERRED BY THE HMO.

GO TO C5	YES	1
GO TO C4b	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NSAF, SEELS

C4b. Is any of [his/her] coverage managed care?

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

C5. Does the insurance cover any of the costs of: ... READ CATEGORIES. CODE ONE RESPONSE FOR EACH. [IF ASKED, INCLUDES PARATIAL COVERAGE]

		YES	NO	DON'T KNOW	REFUSED
a.	Dental care?	1	2	-1	-2
b.	Vision care?	1	2	-1	-2
c.	Medicines or prescriptions?	1	2	-1	-2

**CHECKPOINT:** IF THERE IS A WAVE 1 INTERVIEW GO TO SECTION D. IF NO WAVE 1 INTERVIEW AND IF B1b= 13 (LD) AND/OR 16 (SPEECH ONLY) AND B7a=1 OR 2 (EXCELLENT OR VERY GOOD HEALTH) GO TO C7a, OR IF B1a=00 (PARENT SAYS NO DISABILITY) GO TO CHECKPOINT BEFORE D1a. ELSE ASK C6.

NEILS, SEELS

C6. Have you ever had to change insurance plans or buy extra insurance for [YOUTH] because of [his/her] special needs?

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

NEILS, SEELS

C7a. In the past 2 years have you tried to get your insurance or health plan to pay for something for [YOUTH] because of [his/her] disability, but they wouldn't pay? DOES NOT INCLUDE DEDUCTIBLE THAT ARE A REGULAR FEATURE OF AN INSURANCE POLICY OR PLAN.

	YES	1
GO TO D1a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

C7b. What wouldn't your insurance pay for? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

	DIAGNOSTIC PROCEDURES OR TESTS OR EVALUATIONS	1
	MEDICATION	2
	MENTAL HEALTH SERVICES	3
	SPECIALISTS	4
	SPECIAL EQUIPMENT/DEVICES/MEDICAL EQUIPMENT	5
	SURGERY	6
	EDUCATION/EDUCATIONAL THERAPY	7
	OTHER THERAPY SERVICES, E.G., OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY	8
	ALTERNATIVE THERAPIES; E.G., ACUPUNCTURE, MASSAGE THERAPY, BIOFEEDBACK	9
	OTHER, SPECIFY: _____	10
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

**D. SCHOOL STATUS AND SCHOOL EXPERIENCES**

My next questions are about [YOUTH'S] school experiences this school year, that is, the 2002-2003 school year.

**CHECKPOINT:** IF SAMPLE FILE INDICATES THAT YOUTH HAS ALREADY GRADUATED OR TAKEN TEST AND RECEIVED CERTIFICATE OR DIPLOMA GO TO D4a (POSTSECONDARY ITEMS). ELSE ASK D1a.

**ENROLLED IN ELEMENTARY, MIDDLE, JUNIOR, OR SENIOR HIGH SCHOOL**

D1a. Has [YOUTH] been enrolled in an elementary, middle, junior or senior high school this school year?

GO TO D1b	YES	1
GO TO D2a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D1b. Which of the following best describes the school [he/she] has attended this school year? READ CATEGORIES. CODE ONE. IF MORE THAN ONE: My questions are about the school [he/she] went to most recently. IF ATTENDING TWO SCHOOLS CONCURRENTLY CHOOSE SCHOOL THAT YOUTH SPENDS MORE TIME AT. [IF RESPONDENT VOLUNTEERS INFORMATION ABOUT COMMUNITY BASED OR LIFE SKILLS EDUCATION OR TRAINING SAY: WE WILL GET TO THAT SHORTLY.]

GO TO D1c	A regular school that serves a wide variety of students,	1
	A school that serves only students with disabilities,	2
	A magnet school that specializes in a particular subject area or theme,	3
	A vocational/technical (voc-tech) school,	4
	A charter school,	5
	An alternative school, or	6
	Another kind of school? SPECIFY: _____	7
DO NOT READ CODE D2a AS YES (1) AND CODE APPROPRIATE SETTING IN D2b THEN GO TO D2C	HOME INSTRUCTION BY A PROFESSIONAL	8
	HOME SCHOOLING BY A PARENT	9
	MEDICAL FACILITY CONVALESCENT HOSPITAL OR INSTITUTION FOR PEOPLE WITH DISABILITIES	10
	MENTAL HEALTH FACILITY	11
	CORRECTIONAL OR JUVENILE JUSTICE FACILITY	12
DO NOT READ GO TO D1c	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1c. Was this the first school year [he/she] attended this school?

GO TO D1d	YES	1
GO TO D1j	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1d. Why did [YOUTH] go to a new school this year? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

ASK D1e	CHANGING GRADE LEVELS REQUIRED THAT S/HE CHANGE SCHOOLS, E.G. FROM ELEMENTARY TO MIDDLE SCHOOL.	1
GO TO D1j	THE FAMILY MOVED	2
	YOUTH CHANGED HOUSEHOLDS OR LIVING ARRANGEMENTS	3
	FAMILY CHOSE A DIFFERENT SCHOOL ARRANGED FOR [YOUTH] THAT THEY THOUGHT WOULD BE BETTER FOR [HIM/HER]	4
	SCHOOL SYSTEM ASSIGNED [YOUTH] TO A DIFFERENT SCHOOL BECAUSE OF PROGRAM AT THE NEW SCHOOL	5
	HOSPITALIZED	6
	INCARCERATED	7
	OTHER, SPECIFY: _____	8
	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1e. 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? NOTE IF ASKED, THIS CAN BE ANYTHING DONE BY THE SENDING OR RECEIVING SCHOOL.

GO TO D1f	YES	1
GO TO D1g	NO	2
GO TO D1h	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1f. Do you think that what the school did to get [him/her] ready for the move was ...  
 READ CATEGORIES. CIRCLE ONE.

GO TO D1h	More than [he/she] needed	1
	Less than [he/she] needed	2
	About right?	3
	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1g. Do you think the move would have been easier for [him/her] if the school had done something to help [him/her] get ready?

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

SEELS

D1h. 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?

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

SEELS

D1i. How do you think the transition to this new school has gone for [him/her]? Overall, would you say it's been ... READ CATEGORIES. CODE ONE.

Very easy,	1
Somewhat easy,	2
Somewhat hard, or	3
Very hard?	4
DON'T KNOW	-1
REFUSED	-2

SEELS

D1j. Is [he/she] in middle school or junior or senior high school now?

GO TO D1o	YES	1
GO TO D1k	NO	2
GO TO D2a	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

D1k. Is [he/she] not in school now because [he/she] ... READ CATEGORIES, IF RESPONDENT SAYS YES TO 1, 2 OR 3 DO NOT CONTINUE TO READ 4-8. CODE ALL THAT APPLY.

GO TO D1o	Is on school vacation	1
GO TO D1n	Graduated	2
GO TO D1l	Took a test and received a diploma or a certificate without taking all of his/her high school classes	3
GO TO D1m	Dropped out or just stopped going	4
GO TO D1o	Was suspended (TEMPORARY)	5
	Was expelled (PERMANENT)	6
	Was older than the school age limit, or	7
DO NOT READ GO TO D1o	Some other reason. SPECIFY _____	8
	DON'T KNOW	-1
	REFUSED	-2

D1l. Was it a diploma or a certificate?

GO TO D1o	DIPLOMA	1
	CERTIFICATE	2
	DON'T KNOW	-1
	REFUSED	-2

NLTS

D1m. What were [his/her] reasons for leaving school? CIRCLE ALL THAT APPLY

ACADEMIC DIFFICULTY; POOR GRADES, NOT DOING WELL	1
PROBLEMS WITH BEHAVIOR	2
DISLIKE OF SCHOOL EXPERIENCE, SCHOOL TOO DANGEROUS	3
ECONOMIC REASONS	4
EMPLOYMENT, SEEK OR ACCEPT JOB	5
ENTERED CRIMINAL JUSTICE SYSTEM	6
FAILED REQUIRED TEST/FAILED GRADUATION EXAM	7
LACK OF APPROPRIATE CURRICULUM	8
LACK OF CHILDCARE	9
LACK OF TRANSPORTATION	10
LANGUAGE DIFFICULTY	11
MARRIAGE	12
MILITARY, JOINED ARMED FORCES	13
NEEDED AT HOME	14
PARENT/GUARDIAN INFLUENCE	15
POOR RELATIONSHIPS WITH FELLOW STUDENTS	16
POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF	17
PREGNANCY	18
RELIGION	19
SUBSTANCE ABUSE	20
FRIENDS WERE DROPPING OUT	21
MOVED	22
ILLNESS/DISABILITY	23
OTHER (SPECIFY)	24
DON'T KNOW	-1
REFUSED	-2

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

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

SEELS

D1o. IF D1j =1: What grade is [YOUTH] in this year? IF D1j NE1: What grade was [YOUTH] in this past year? DO NOT READ CATEGORIES, CODE ONE. PROBE FOR UNGRADED, IF PARENT UNSURE.

UNGRADED CLASS	0
FIRST GRADE	1
SECOND GRADE	2
THIRD GRADE	3
FOURTH GRADE	4
FIFTH GRADE	5
SIXTH GRADE	6
SEVENTH GRADE	7
EIGHTH GRADE	8
NINTH GRADE	9
TENTH GRADE	10
ELEVENTH GRADE	11
TWELFTH GRADE	12
THIRTEENTH GRADE	13
MULTI-GRADE, SPECIFY: _____	14
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF [D1j=1 (INSCHOOL NOW) OR D1j NE 1 AND D1k=1] AND D1o=12 OR 13 (12<sup>TH</sup> OR 13<sup>TH</sup> GRADE) OR IF D1j=1 AND YOUTH IS IN AN UNGRADED CLASS (D1o=0) AND IS OLDER THAN 18, ASK D1o1. ELSE GO TO D1p.

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

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

SSS, SEELS

D1p. [IF D1j NE 1 ASK: Was; ELSE ASK: Is] the school located in the neighborhood where you live?

GO TO D1r	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1q. [IF D1j NE 1 ASK: Did; ELSE ASK: Does] YOUTH live at the school? IF ASKED, WE MEAN AT LEAST DURING THE WEEKDAYS.

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

SEELS

D1r. [IF D1j NE 1 ASK: What was the full name of the school YOUTH was enrolled in this (D1k=1 past) year? ELSE: What is the full name of [YOUTH's] school]? 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.

NAME OF SCHOOL: \_\_\_\_\_  
OR

DON'T KNOW -1  
REFUSED -2

SEELS

D1s. Where is that located? (IF STREET ADDRESS UNAVAILABLE, GET CITY/STATE; DO NOT PROBE FOR FULL STREET ADDRESS.)

LOCATION: \_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY/STATE

DON'T KNOW -1  
REFUSED -2

**CHECKPOINT:** IF D1k=2 OR 3 (GRADUATED OR TOOK TEST) GO TO CHECKPOINT BEFORE D4a. ELSE ASK D1t.

SEELS

D1t. Do you expect that [YOUTH] will be enrolled in school or receiving instruction in the fall?  
[IF ASKED, that is the 2001-2002 school year]

GO TO CHECKPOINT BEFORE D1u	YES	1
GO TO CHECKPOINT BEFORE D4a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF D1k=6 (PERMANENTLY EXPELLED) GO TO D1v. ELSE ASK D1u.

SEELS

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] [IF D1j=1, is now] [ELSE, has this past school year]?

GO TO D5a	Yes	1
	No	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

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

NAME OF SCHOOL: \_\_\_\_\_

SEELS

D1w. Where is that located?

LOCATION: \_\_\_\_\_  
STREET ADDRESS
CITY/STATE

**CHECKPOINT:** IF D1a NE 1 (NOT IN SCHOOL IN PAST YEAR) GO TO D2a. IF D1j NE 1 (NOT IN SCHOOL NOW) AND D1k NE 1 (NOT SUMMER) OR 2 (GRADUATED) OR 3 (TOOK A TEST), OR IF SAMPLE FILE DOES NOT SAY YOUTH GRADUATED OR TOOK A TEST AND RECEIVED DIPLOMA, ASK D2a. ELSE GO TO CHECKPOINT BEFORE D3a.

**ENROLLED IN SECONDARY INSTITUTION**

D2a. Has [he/she] received any elementary, middle, junior or senior high school level instruction in any [IF D1a=1 ADD: other] setting during this school year? For example, that could include instruction in a hospital, correctional facility, or a home school.

GO TO 2b	YES	1
	NO	2
GO TO CHECKPOINT BEFORE D3a	DON'T KNOW	-1
	REFUSED	-2

D2b. Which of the following best describes the setting where [YOUTH] received this instruction? Was it ...READ CATEGORIES. CODE ONE. IF MORE THAN 1 SETTING, CODE MOST RECENT SETTING.

	Homebound instruction by a professional	1
	Home schooling by a parent [CAN INCLUDE ANY NONPROFESSIONAL, EG GRANDPARENT, FRIEND, OLDER SIBLING]	2
	A hospital or hospital school	3
	A medical facility, convalescent hospital or institution for people with disabilities	4
	A mental health facility	5
	A correctional facility or a juvenile justice facility	6
	Or another kind of place? SPECIFY: _____	7
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

D2c. Is [he/she] receiving this instruction now?

GO TO D2g	YES	1
GO TO D2d	NO	2
GO TO D2g	DON'T KNOW	-1
	REFUSED	-2

D2d. Is [he/she] not in school now because [he/she] ... READ CATEGORIES. IF RESPONDENT SAYS YES TO 1, 2 OR 3 DO NOT CONTINUE TO READ 4-8. CODE ALL THAT APPLY.

GO TO D2g	Is on school vacation	1
	Graduated	2
GO TO D2e	Took a test and received a diploma or a certificate without taking all of his/her high school classes	3
GO TO D2f	Dropped out or just stopped going	4
GO TO D2g	Was suspended (TEMPORARY)	5
	Was expelled (PERMANENT)	6
	Was older than the school age limit, or	7
DON'T READ GO TO D2g	Some other reason. SPECIFY _____	8
	DON'T KNOW	-1
	REFUSED	-2

D2e. Was it a diploma or a certificate?

GO TO D2g	DIPLOMA	1
	CERTIFICATE	2
	DON'T KNOW	-1
	REFUSED	-2

NLTS

D2f. What were [his/her] reasons for leaving? CIRCLE ALL THAT APPLY.

ACADEMIC DIFFICULTY; POOR GRADES, NOT DOING WELL	1
PROBLEMS WITH BEHAVIOR	2
DISLIKE OF SCHOOL EXPERIENCE, SCHOOL TOO DANGEROUS	3
ECONOMIC REASONS	4
EMPLOYMENT, SEEK OR ACCEPT JOB	5
ENTERED CRIMINAL JUSTICE SYSTEM	6
FAILED REQUIRED TEST/FAILED GRADUATION EXAM	7
LACK OF APPROPRIATE CURRICULUM	8
LACK OF CHILDCARE	9
LACK OF TRANSPORTATION	10
LANGUAGE DIFFICULTY	11
MARRIAGE	12
MILITARY, JOINED ARMED FORCES	13
NEEDED AT HOME	14
PARENT/GUARDIAN INFLUENCE	15
POOR RELATIONSHIPS WITH FELLOW STUDENTS	16
POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF	17
PREGNANCY	18
RELIGION	19
SUBSTANCE ABUSE	20
FRIENDS WERE DROPPING OUT	21
MOVED	22
ILLNESS/DISABILITY	23
OTHER (SPECIFY)	24
DON'T KNOW	-1
REFUSED	-2

D2g. [IF D2c =1: What grade is [YOUTH] in this year?] {IF D2c NE1: What grade was [YOUTH] in this past year?} DO NOT READ CATEGORIES, CODE ONE. PROBE FOR UNGRADED, IF PARENT UNSURE.

UNGRADED CLASS	0
FIRST GRADE	1
SECOND GRADE	2
THIRD GRADE	3
FOURTH GRADE	4
FIFTH GRADE	5
SIXTH GRADE	6
SEVENTH GRADE	7
EIGHTH GRADE	8
NINTH GRADE	9
TENTH GRADE	10
ELEVENTH GRADE	11
TWELFTH GRADE	12
THIRTEENTH GRADE	13
MULTI-GRADE, SPECIFY: _____	14
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF D2c=1 (INSCHOOL NOW) AND D2g=12 OR 13 OR IF D2c=1 AND D2G=0 (UNGRADED) AND YOUTH IS OLDER THAN 18, ASK D2g1. ELSE GOTO D2h.

D2g1. Do you expect that [he/she] will graduate or finish school this year?

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

**CHECKPOINT: IF D2b=2 (HOME SCHOOLED) GO TO D2j. ELSE ASK D2h.**

D2h. [IF D2b=3,4,5,6, OR 7 (GETS SCHOOLING IN INSTITUTION) ASK: What is the full name of the place [YOUTH] received schooling this year?]  
 [IF D2b = 1 (HOMEBOUND INSTRUCTION) ASK: What is the full name of the school or district providing the home bound instruction.]  
 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.

NAME OF SCHOOL: \_\_\_\_\_

DON'T KNOW -1  
 REFUSED -2

D2i. Where is that located? (IF STREET ADDRESS UNAVAILABLE, GET CITY/STATE; DO NOT PROBE FOR FULL STREET ADDRESS.)

LOCATION: \_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY/STATE

DON'T KNOW -1  
 REFUSED -2

D2j. Do you expect that [YOUTH] will be enrolled in school or receiving instruction in the fall? [IF ASKED, that is the 2001-2002 school year]

GO TO D2k	YES	1
GO TO CHECKPOINT BEFORE D4a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

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] [D2c=1, is now] [D2c NE 1, has this past school year]?

GO TO CHECKPOINT BEFORE D4a	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D2l. What is the full name of the school you think [YOUTH] will be attending next year ?  
 PROBE FOR FULL NAME OF SCHOOL.

NAME OF SCHOOL: \_\_\_\_\_

DON'T KNOW -1  
 REFUSED -2

D2m. Where is that located?

LOCATION: \_\_\_\_\_  
STREET ADDRESS CITY/STATE

DON'T KNOW -1  
 REFUSED -2

**CHECKPOINT:** IF YOUTH HAD NOT GRADUATED OR TAKEN A TEST FOR DIPLOMA IN PRIOR WAVE AND D1a NE 1 AND D2a NE1 (WERE NOT IN SECONDARY SCHOOL AT ANY TIME THIS YEAR) ASK D3a. ELSE GO TO CHECKPOINT BEFORE D4a.

D3a. When did [YOUTH] leave school? Was it this school year (since September), last school year, or was it before that?

THIS SCHOOL YEAR (2002-2003)	1
LAST SCHOOL YEAR (2001-2002)	2
BEFORE THAT (2000-2001)	3
NEVER IN SCHOOL	4
DON'T KNOW	-1
REFUSED	-2

D3b. When [he/she] left school did [he/she] graduate, drop out or stop going, was [he/she] suspended or expelled [ADD IF YOUTH IS 18 OR OLDER: was [he/she] older than the school age limit] or was it for some other reason?

GO TO D3d	GRADUATE	1
GO TO D3C	DROP OUT OR JUST STOP GOING	2
GO TO D3d	TEMPORARILY SUSPENDED	3
	PERMANENTLY EXPELLED,	4
	AGE OUT/OLDER THAN AGE LIMIT	5
	SOME OTHER REASON. SPECIFY _____	6
	DON'T KNOW	-1
	REFUSED	-2

D3c. What were [his/her] reasons for leaving? CIRCLE ALL THAT APPLY

ACADEMIC DIFFICULTY; POOR GRADES, NOT DOING WELL	1
PROBLEMS WITH BEHAVIOR	2
DISLIKE OF SCHOOL EXPERIENCE, SCHOOL TOO DANGEROUS	3
ECONOMIC REASONS	4
EMPLOYMENT, SEEK OR ACCEPT JOB	5
ENTERED CRIMINAL JUSTICE SYSTEM	6
FAILED REQUIRED TEST/FAILED GRADUATION EXAM	7
LACK OF APPROPRIATE CURRICULUM	8
LACK OF CHILDCARE	9
LACK OF TRANSPORTATION	10
LANGUAGE DIFFICULTY	11
MARRIAGE	12
MILITARY, JOINED ARMED FORCES	13
NEEDED AT HOME	14
PARENT/GUARDIAN INFLUENCE	15
POOR RELATIONSHIPS WITH FELLOW STUDENTS	16
POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF	17
PREGNANCY	18
RELIGION	19
SUBSTANCE ABUSE	20
FRIENDS WERE DROPPING OUT	21
MOVED	22
ILLNESS/DISABILITY	23
OTHER (SPECIFY)	24
DON'T KNOW	-1
REFUSED	-2

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D3d. What was the full name of the last school YOUTH was enrolled in? (WE WANT MOST RECENT SECONDARY SCHOOL ENROLLMENT. PROBE FOR FULL NAME OF SCHOOL.)

NAME OF SCHOOL: \_\_\_\_\_

OR

DON'T KNOW -1

REFUSED -2

D3e. Do you expect that [YOUTH] will be enrolled in middle, junior or senior high school in the fall? [IF ASKED, that is the 2001-2002 school year.]

GO TO D3f	Yes	1
GO TO CHECKPOINT BEFORE D4a	No	2
	DON'T KNOW	-1
	REFUSED	-2

D3f. What is the full name of the school you think [YOUTH] will be attending next year?  
PROBE FOR FULL NAME OF SCHOOL.

NAME OF SCHOOL: \_\_\_\_\_

OR [YOUTH] WILL BE SCHOOLED AT HOME/HOME/BOUND INSTRUCTION  
1  
GO TO CHECKPOINT BEFORE D7a.

D3g. Where is that located?

LOCATION: \_\_\_\_\_  
STREET ADDRESS CITY/STATE

D3h. Where is that located? (IF STREET ADDRESS UNAVAILABLE, GET CITY/STATE; DO NOT PROBE FOR FULL STREET ADDRESS.)

LOCATION: \_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY/STATE

DON'T KNOW -1  
REFUSED -2

**CHECKPOINT:** IF D1a AND D2a NE 1 (NOT IN SCHOOL THIS YEAR) GO TO D4a. IF D1j AND D2c NE 1 (YOUTH NOT IN SCHOOL NOW) AND D1k OR D2d NE 1 (NOT SUMMER VACATION) GO TO D4a. ELSE GO TO CHECKPOINT BEFORE D5a.

**POSTSECONDARY**

D4a. Since leaving high school, has [he/she] gone to any of the following types of schools? READ CATEGORIES, CIRCLE ONE NUMBER IN EACH ROW.

FOR EACH YES IN COLUMN A, GO IMMEDIATELY TO COLUMN B. AND ASK D4b.

D4b. Is [he/she] going to a...READ SCHOOL TYPE now? READ CATEGORIES, CIRCLE ONE NUMBER IN EACH ROW.

		A. ATTENDED SINCE HIGH SCHOOL				B. ATTENDS NOW			
		YES	NO	D K	Ref	YES	N O	D K	Ref
1.	Two year or community college	1	2	-1	-2	1	2	-1	-2
2.	Beyond high school level vocational, business or technical school	1	2	-1	-2	1	2	-1	-2
3.	A four year college	1	2	-1	-2	1	2	-1	-2

**CHECKPOINT:** IF D1a OR D2a=1 (IN SCHOOL THIS YEAR) GO TO D5a. IF D3a=1 OR 2 (LEFT SCHOOL THIS OR LAST YEAR) GO TO D5a. ELSE GO TO E7a.

SEELS

D5a. In the last 2 years how many times has YOUTH changed schools? RECORD EITHER NUMBER OF CHANGES OR NUMBER OF SCHOOLS ATTENDED. 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.

_____	CHANGES	1
NUMBER OF	SCHOOLS ATTENDED	2
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF D5a NUMBER IS GREATER THAN 0 ASK D5b. ELSE GO TO D5c.

D5b. [IF D5a=1 ASK: Was that a change because] [IF D5a>1 ASK: How many of those changes were because] of a promotion to the next grade, for example from elementary to middle school? IF ONLY ONE CHANGE AND THE ANSWER IS NO, CODE ZERO; IF YES, CODE 1

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

D5c. During the past 2 years did YOUTH attend summer school? [EITHER SUMMER CODE AS A YES.]

YES	1
NO	2
In Year Round School	3
DON'T KNOW	-1
REFUSED	-2

SSS, NHES96, SEELS

D5d. [IF THERE IS A WAVE 1 INTERVIEW ASK: Has YOUTH been suspended or expelled from school in the past 2 years?] [IF THERE IS NO WAVE 1 INTERVIEW ASK: Has [he/she] ever been suspended or expelled from school? IF ASKED, WOULD INCLUDE NOT IN-SCHOOL SUSPENSION.

ASK D5e	YES	1
GO TO CHECKPOINT BEFORE D5f	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NSAF, NHES96, SEELS

D5e. Was that suspended or expelled or both? DO NOT READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE D5f	SUSPENDED	1
	EXPELLED	2
	BOTH	3
GO TO CHECKPOINT BEFORE D6a	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF D1a OR D2a NE 1 (NOT IN SECONDARY SCHOOL THIS PAST YEAR) GO TO E1a. IF D5e=1 (SUSPENDED) GO TO D5f. IF D5e=2 (EXPELLED) GO TO D5g. IF D5e=3 (BOTH) GO TO D5f.

NSAF, NHES96, SEELS

D5f. Did [he/she] get suspended during this school year?

IF D5e=3 (BOTH SUSPENDED AND EXPELLED), GO TO D5g, ELSE GO TO CHECKPOINT BEFORE D6a.	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NHES96, SEELS

D5g. Did [he/she] get expelled during this school year?

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

**CHECKPOINT 1:** IF D1a OR D2a NE 1 (YOUTH NOT IN SCHOOL THIS YEAR) GO TO CHECKPOINT BEFORE D6b. ELSE GO TO CHECKPOINT 2.

**CHECKPOINT 2:** IF NO WAVE 1 INTERVIEW ASK D6a. ELSE GO TO CHECKPOINT BEFORE D6b.

D6a. Our records show that [YOUTH] received special education services and had an IEP at the beginning of the 2000-2001 school year. IF D1j or D2c =1 ASK: Does [he/she] still receive special education services and have an IEP? IF D1j AND D2c NE1, NOT IN SCHOOL NOW, Did she/he receive special education services and have an IEP this year? [IF NEEDED: that is the 2002-2003 school year?]

GO TO D6f	YES	1
GO TO CHECKPOINT BEFORE D6d.	NO	2
GO TO CHECKPOINT BEFORE D6j.	Never was in Special Ed.	3
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF D3a=1 OR 2 AND YOUTH RECEIVED SPECIAL ED IN PRIOR WAVE GO TO D6b. IF D3A=1 OR 2 AND YOUTH DID NOT RECEIVE SPECIAL ED IN PRIOR WAVE GO TO D6c. IF D1a OR D2a=1 AND YOUTH RECEIVED SPECIAL ED IN PRIOR WAVE (SAMPLE FILE) GO TO D6b. IF D1a OR D2a=1 AND YOUTH WAS NOT RECEIVING SPECIAL ED IN PRIOR WAVE GO TO D6c. ELSE GO TO CHECKPOINT BEFORE D6j.

**YOUTH RECEIVED SPECIAL ED SERVICES IN WAVE 1**

D6b. Our records show that [YOUTH] received special education services and had an IEP in the 2000-2001 school year. [IF D1j or D2c=1 ASK: Does [he/she] still receive special education services and have an IEP?] [IF D1j AND D2c NE1, NOT IN SCHOOL NOW, Did [she/he] receive special education services this year?] [IF NEEDED: that is the 2002-2003 school year?]

GO TO D6F	YES	1
GO TO CHECKPOINT BEFORE D6d.	NO	2
GO TO CHECKPOINT BEFORE D6j	NEVER WAS IN SPECIAL EDUCATION.	3
	DON'T KNOW	-1
	REFUSED	-2

**YOUTH DID NOT RECEIVE SPECIAL ED SERVICES IN WAVE 1**

D6c. [IF D3a=1 OR 2 ASK: Did YOUTH receive special education services in the year he left school?] [ELSE ASK: Did YOUTH receive special education services and have an IEP this year?]

GO TO D6f	YES	1
GO TO CHECKPOINT BEFORE D6d.	NO	2
GO TO CHECKPOINT BEFORE D6j.	Never was in Special Ed.	3
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF D3a=1 OR 2 GO TO D6e. ELSE ASK D6d.

D6d. Did [he/she] stop receiving special education services this year (since September), last school year, or was it before that?

THIS SCHOOL YEAR (2002-2003)	1
LAST SCHOOL YEAR (2001-2002)	2
BEFORE THAT (2000-2001)	3
NEVER IN SCHOOL	4
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT 1:** IF B1d=2 OR SAMPLE FILE INDICATES PARENT SAYS NEVER DISABILITY GO TO D6l. IF D6a, b, OR c=3 (NEVER WAS IN SPECIAL ED) GO TO CHECKPOINT BEFORE D6j. ELSE GO TO CHECKPOINT 2.

**CHECKPOINT 2:** IF D6a, b OR c=2 (NOT IN SPECIAL ED THIS SCHOOL YEAR) ASK D6e. ELSE GO TO D6f.

D6e. Why is [he/she] no longer receiving special education services? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

NO LONGER NEEDS SPECIAL EDUCATION/SPECIAL SERVICES	1
MET IEP GOALS	2
YOUTH WAS DECLASSIFIED, SCHOOL SAYS NO LONGER NEEDS SERVICES	3
NO LONGER ELIGIBLE, DOESN'T QUALIFY	4
SCHOOL DOESN'T HAVE THE PROGRAMS [YOUTH] NEEDS	5
PARENT DOESN'T WANT [YOUTH] IN SPECIAL EDUCATION	6
STUDENT DID NOT WANT TO BE IN SPECIAL EDUCATION	7
STUDENT CHANGED SCHOOLS, DID NOT REQUEST SPECIAL SERVICES, [YOUTH] NOT IDENTIFIED AS NEEDING SPECIAL SERVICES	8
STUDENT NOW HAS A 504 PLAN	9
DOESN'T THINK STUDENT EVER WAS IN SPECIAL EDUCATION	10
YOUTH HOME SCHOOLED BY PARENT	11
DON'T KNOW	-1
REFUSED	-2

D6f. In the past 2 years has your family been through mediation because of a conflict with the school about YOUTH's special education program?

GO TO D6G	YES	1
GO TO CHECKPOINT BEFORE D6h.	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D6g. What was the outcome of the mediation? Did you ... READ CATEGOREIS.

GO TO D6h	Receive the services you asked for,	1
	Not receive the services you asked for,	2
	Partially receive what you asked for,	3
GO TO D6i	Have a hearing, or	4
GO TO D6h	Something else? (SPECIFY) _____	5
	DON'T KNOW	-1
	REFUSED	-2

D6h. In the past 2 years has your family been through a hearing because of conflict with the school about YOUTH's special education program?

GO TO D6i	YES	1
	NO	2
GO TO CHECKPOINT BEFORE D6j	DON'T KNOW	-1
	REFUSED	-2

D6i. What was the outcome of the hearing? Did you ... READ CATEGORIES.

Receive the services you asked for,	1
Not receive the services you asked for,	2
Partially receive what you asked for,	3
Go for mediation, or	4
Something else? (SPECIFY) _____	5
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF D3a=1 OR 2 GO TO E7. IF D6a or b=1 (GETTING SPECIAL ED SERVICES NOW) GO TO D6k. IF B1d=2 OR SAMPLE FILE INDICATES PARENT SAYS NEVER DISABILITY GO TO D6k. ELSE ASK D6j.

D6j. 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?

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

**CHECKPOINT:** IF THERE IS A WAVE 1 INTERVIEW FOR YOUTH GO TO D6L. IF THERE IS NO WAVE 1 INTERVIEW AND D6a OR b=3 (NEVER WAS IN SPECIAL ED) GO TO D6I. ELSE (THOSE WITH NO WAVE 1 INTERVIEW AND HAS BEEN IN SPECIAL ED) ASK D6k.

D6k. When did [YOUTH] first begin receiving special education services in school? CODE ONE AND ENTER AGE OR GRADE IF APPROPRIATE. IF ASKED, OR IF RESPONDENTS 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.

_____ AGE OR	YEARS OF AGE	1
_____ GRADE	GRADE LEVEL	2
	NEVER RECEIVED SPECIAL EDUCATION SERVICES.	3
	DON'T KNOW	-1
	REFUSED	-2

D6l. Now I would like to ask you about [YOUTH's] grades during this school year. Does [he/she] get grades?

ASK D6m	YES	1
GO TO D6n	NO	2
	FOR SOME SUBJECTS	3
	DON'T KNOW	-1
	REFUSED	-2

NHES96 (response change)

D6m. Overall, across all subjects, has [he/she] mostly gotten... READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE D6o	A's,	1
	A's and B's,	2
	B's,	3
	B's and C's,	4
	C's,	5
	C's and D's,	6
	D's,	7
	D's and F's,	8
	F's, or	9
GO TO D6n	[YOUTH's] school does not give these grades?	10
DON'T READ GO TO CHECKPOINT BEFORE D6o	IF RESPONSE DOES NOT FIT THESE CATEGORIES, EG A's AND F's SPECIFY RESPONSE.	11
DON'T READ, GO TO D6n	DON'T KNOW	-1
	REFUSED	-2

NHES96

D6n. Overall would you describe [his/her] work at school as... READ CATEGORIES. CODE ONE.

	Excellent	1
	Above average,	2
	Average,	3
	Below average, or	4
	Failing?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF D2b=2 (HOME SCHOOLED BY PARENT) GO TO E2a. IF D2b=1 (HOME SCHOOLED BY A PROFESSIONAL) GO TO E1d. ELSE GO TO D6o.

SSS, a-b; NELS c-d

D6o. Thinking about this school year, would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with ... READ CATEGORIES. CODE ONE RESPONSE FOR EACH ITEM.

		Very Satisfied	Satisfied	Some what Dissatisfied	Very Dissatisfied	DK	Ref
a.	[YOUTH'S] school	1	2	3	4	-1	-2
b.	[His/her] teachers	1	2	3	4	-1	-2
c.	IF YOUTH IS CURRENTLY IN SPECIAL EDUCATION (D6a=1 OR D6b=1) READ ITEM, ELSE GO TO D6o-d. [His/her] special education services	1	2	3	4	-1	-2
d.	[IF D6oc IS ASKED: Other] [IF D6oc IS NOT ASKED: The] education [he/she] has received	1	2	3	4	-1	-2
f.	How well school keeps you informed about [YOUTH's] behavior and academic performance	1	2	3	4	-1	-2

**SECTION E. FAMILY INTERACTION / INVOLVEMENT**

**CHECKPOINT:** IF D2a=1 (SCHOOLED IN ANOTHER SETTING), GO TO E1d. ELSE GO TO E1a.

SSS; NHES 96, SEELS

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? READ FIRST ITEM. CODE IN COLUMN A.

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? CODE IN COLUMN B.

IF NO, READ NEXT ITEM. IF ASKED, CAN INCLUDE VISITS TO THE SCHOOL FOR OTHER CHILDREN IN THE FAMILY AS WELL.

		A				B					
		Y	N	DK	R	1-2 times	3-4 times	5-6 times	More than that	DK	R
a.	Attend a general school meeting, for example, back to school night or a meeting of a parent-teacher organization?	1	2	-1	-2	3	4	5	6	-1	-2
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.	1	2	-1	-2	3	4	5	6	-1	-2
c.	Volunteer at the school, for example, chaperoning a class field trip, or serving on a committee?	1	2	-1	-2	3	4	5	6	-1	-2
d.	Gone to a parent/teacher conference with YOUTH's teacher, other than an Individual education Plan or IEP meeting?	1	2	-1	-2	3	4	5	6	-1	-2

**CHECKPOINT:** IF STUDENT IS CURRENTLY IN SPECIAL EDUCATION PROGRAM (D9a OR D6a1 OR D6b=1) GO TO E2a. IF SAMPLE FILE OR B1a=00 (PARENT SAYS NO DISABILITY) GO TO CHECKPOINT BEFORE E5a. ELSE GO TO E5a.

SEELS

E2a. During either this or last school year did you or another adult in your household go to a meeting about an Individualized Education Plan, or IEP, for [his/her] special education program or services? ...

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

SEELS

E2b. During either 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? ...

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

E2c. During either this or last school year have you or another adult in your 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? ...

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

E2d. During either this or last school year 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?

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

**CHECKPOINT:** IF PARENT HAS NOT ATTENDED ANY IEP OR TRANSITION PLAN MEETINGS E2a NE 1 AND E2c NE 1, GO TO E4a. ELSE GO TO E3a

SEELS

E3a. Did the school mostly come up with the goals on [his/her] IEP [IF E2c=1 ADD: and transition plan] or was it mostly you and/or YOUTH who came up with the goals? CAN READ CATEGORIES, CODE ONE RESPONSE.

	MOSTLY SCHOOL	1
	MOSTLY RESPONDENT, AND/OR YOUTH [CAN INCLUDE ANOTHER ADULT IN HOUSEHOLD],	2
	A COMBINATION OF ALL TOGETHER?	3
DON'T READ	OTHER SPECIFY	4
	DON'T KNOW ABOUT ANY GOALS	5
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF YOUTH AND RESPONDENT BOTH ATTENDED IEP OR TRANSITION MEETINGS (IF E2a AND E2b=1 AND/OR E2c AND E2d=1) ASK E3b. IF YOUTH DID NOT ATTEND EITHER MEETING, BUT PARENT DID (IF E2a=1 OR E2c=1 AND E2b AND E2d NE 1) GO TO E3c. ELSE GO TO CHECKPOINT BEFORE E4a.

E3b. Which of the following best describes YOUTH's role in [his/her] [IF E2b=1 ADD: IEP] [IF E2d=1 ADD: and transition planning]. READ CATEGORIES AND CODE ONE.

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

SEELS

E3c. How do you feel about your family's involvement in the decisions about [YOUTH'S] IEP [IF E2c=1 ADD: and transition plan]? Do you feel you ... READ CATEGORIES. CODE ONE RESPONSE.

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

**CHECKPOINT:** IF E2a AND E2b NE 1 (PARENT AND YOUTH HAVE NOT ATTENDED IEP MEETING) GO TO E4a. ELSE GO TO CHECKPOINT BEFORE E4b.

E4a. Has there been an IEP meeting about YOUTH's special education program or services this or last school year?

DON'T READ	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF PARENT OR YOUTH HAVE NOT ATTENDED TRANSITION MEETINGS (E2c AND E2d NE 1) ASK E4b. ELSE GO TO E4c.

E4b. Has the school done any planning for what YOUTH will do after high school? READ CATEGORIES. CODE ONE.

GO TO E4c	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE E4d	REFUSED	-2

E4c. How useful has this planning been in helping YOUTH prepare for life after high school? Would you say it has been:...READ CATEGORIES. CODE ONE.

DON'T READ	Very useful,	1
	Somewhat useful,	2
	Not very useful, or	3
	Not at all useful	4
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF PARENT AND YOUTH ATTENDED ANY MEETINGS (E2a OR E2b OR E2c OR E2d=1) ASK E4d. ELSE GO TO E5.

E4d. To what extent do you agree or disagree with the statement: YOUTH's IEP [IF E2c OR E2d OR E4b=1 ADD: and transition plan] goals are challenging and appropriate. Would you say:...READ CATEGORIES. CODE ONE.

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

**CHECKPOINT:** IF S11a OR S12a=1, 2, 3, 4, 5, OR 6 OR S11c OR S12c=1 AND A6a NE 1, 2, OR 4 OR S11a OR S12a=7, 8, OR 9 AND A6a NE 3 (YOUTH DOESN'T LIVE WITH RESPONDENT NOW) OR D1q=1 OR D2b=3, 4, 5, OR 6 (ATTENDS RESIDENTIAL SCHOOL OR OTHER INSTITUTIONAL SCHOOL), GO TO E7a. ELSE GO TO E5a.

NELS, SEELS

E5a. Adults differ in how much they talk to their children about school. During this school year how often [D1j OR D2c NE 1: did] [ELSE: do] you or another adult in the household talk with [YOUTH] about (his/her) experiences in school? Would you say ... READ CATEGORIES. CODE ONE.

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

E5b. How often do you talk with YOUTH about what [he/she] plans to be doing after high school? Would you say ... READ CATEGORIES. CODE ONE.

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

NHES96; NELS, SEELS

E6. During this school year, how often [D1j OR D2c NE 1: did] [ELSE: have] you or another adult in the household [help/helped] [YOUTH] with [his/her] homework? Would you say ... READ CATEGORIES. CODE ONE.

	Never,	1
	Less than once a week,	2
	1 to 2 times a week,	3
	3 to 4 times a week, or	4
	5 or more times a week?	5
DON'T READ	NOT APPLICABLE; CHILD DOESN'T GET HOMEWORK	6
	DON'T KNOW	-1
	REFUSED	-2

E7a. Do you or another household member belong to any support groups for those with disabilities or their families? READ CATEGORIES. CODE ONE.

	YES	1
	NO,	2
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

E7b. In the past 2 years, have you, or has anyone in your family participated in any [IF E5=1 other] parent meetings, programs, or trainings for families of students with disabilities?

GO TO E6b	YES	1
GO TO E7	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

E7c. Were any of the meetings, programs, or trainings sponsored by a parent training and information center, such as the ... INPUT LIST OF STATE NAMES FOR PARENT CENTERS.

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

SEELS

E7d. How helpful was the information or training you received? Would you say it was ... READ CATEGORIES. CODE ONE.

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

## F. SERVICES

My next questions are about services YOUTH might be receiving.

### CHECKPOINT:

**IF YOUTH IS IN SECONDARY SCHOOL THIS PAST SCHOOL YEAR (D1a OR D2a=1) ASK F1a. ELSE GO TO F8a.**

IF B3a=1 (HEARS NORMALLY) DO NOT ASK F1A-b (AUDIOLOGY SERVICES).

IF DISABILITY ON SAMPLE FILE OR B1a DOES NOT HAVE ORTHOPEDIC IMPAIRMENT, OTHER HEALTH IMPAIRMENT, MULTIPLE IMPAIRMENTS OR BLINDNESS OR VISUAL IMPAIRMENT (B1b NE 4, 5, 7, 12, 15, 17, 18, OR 19), AND B4b OR B4c=1 (SEES NORMALLY) AND B6a=1 AND B6b=1 (USES HANDS NORMALLY) AND B6c=1 (USES LEGS AND FEET NORMALLY), DO NOT ASK F1a-g (ORIENTATION AND MOBILITY SERVICES).

IF DISABILITY ON SAMPLE FILE IS JUST LD OR SPEECH (B1b=13 OR 16 ONLY) AND IF B7a=1 OR 2 OR 3 (HEALTH IS EXCELLENT, VERY GOOD, OR GOOD), DO NOT ASK F8a-o (RESPIRE CARE) OR B8a-l (NURSING CARE). ELSE ASK ALL ITEMS IN F1a-a THROUGH q.

NHIS, NLTS, SEELS

F1a. At anytime during the last 12 months has [YOUTH] received any of the following services?

READ EACH ITEM TO CODE RESPONSE IN COLUMN A.

FOR EACH YES, ALSO READ F1b IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN B, THEN READ F1c IMMEDIATELY FOR THAT SERVICE AND CODE IN COLUMN C.

F1b. Was any of that from or through [his/her] school or district?

F1c. Is [he/she] getting that service now?

F1.

	<i>Service</i>	<b>A.</b> RECEIVED SERVICE IN PAST 12 MONTHS				<b>B.</b> FROM OR THROUGH SCHOOL OR DISTRICT			
		Y	N	DK	R	Y	N	DK	R
a.	Speech or language therapy, or communication services	1	2	-1	-2	1	2	-1	-2
b.	Audiology services for hearing problems	1	2	-1	-2	1	2	-1	-2
c.	Psychological or mental health services or counseling	1	2	-1	-2	1	2	-1	-2
d.	Physical therapy	1	2	-1	-2	1	2	-1	-2
e.	Social work services	1	2	-1	-2	1	2	-1	-2
f.	Occupational therapy or life skills therapy or training	1	2	-1	-2	1	2	-1	-2
g.	Orientation and mobility services	1	2	-1	-2	1	2	-1	-2
h.	Medical services for diagnosis or evaluation related to [his/her] disability	1	2	-1	-2	1	2	-1	-2
i.	Personal assistant/or an in-the-home or in-the-classroom aide	1	2	-1	-2	1	2	-1	-2
j.	Tutor	1	2	-1	-2	1	2	-1	-2
k.	Reader or interpreter, including sign language	1	2	-1	-2	1	2	-1	-2
l.	Nursing care	1	2	-1	-2	1	2	-1	-2
m.	Assistive technology services or devices, such as help getting or using any kind of equipment that helps people a disability, for example a special calculator or reading machine.	1	2	-1	-2	1	2	-1	-2
n.	Transportation (DO NOT READ IF B1a =00, OR SAMPLE FILE [NO DISABILITY], ELSE ADD: because of [his/her] disability)	1	2	-1	-2	1	2	-1	-2
o.	Respite care	1	2	-1	-2	1	2	-1	-2
p.	Career counseling, help in finding a job, training in job skills or vocational education?	1	2	-1	-2	1	2	-1	-2
q.	Financial aid, like paying for college classes and training.	1	2	-1	-2	1	2	-1	-2
r.	Other services (DO NOT READ IF B1a=00 OR SAMPLE FILE SAYS NO DISABILITY), ELSE ADD: because of [his/her] disability	1	2	-1	-2	1	2	-1	-2

**CHECKPOINT:** IF THERE ARE ANY YESSES IN RECEIVING SERVICES ASK F2a, ELSE GO TO F4.

F2a. Does YOUTH have a case manager or someone who coordinates the services he receives, that can include a family member or friend?

GO TO F2b	YES	1
GO TO F3	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F2b. Is that... READ CATEGORIES AND CODE AS MANY AS APPLY.

Someone at the school?	1
A professional outside of school	2
You or another family member, or	3
Someone else SPECIFY	4
DON'T KNOW	-1
REFUSED	-2

F3. Overall do you think YOUTH is getting enough services?

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

F4. 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: READ CATEGORGIES. CODE ONE.

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

F5. Where does your family usually learn about services that might be appropriate for YOUTH? CODE AS MANY AS APPLY.

SCHOOL	1
PROFESSIONAL CONSULTANT	2
PHYSICIAN	3
OTHER PARENTS/PARENT GROUP	4
FAMILY MEMBERS	5
WEB, COMPUTER	6
TRAININGS, WORKSHOPS, CONFERENCES	7
NEWSLETTERS, MAGAZINES	8
OTHER, SPECIFY	9
DON'T KNOW	-1
REFUSED	-2

F6a. Is YOUTH on the waiting list for any services?

GO TO F6b	YES	1
GO TO F7	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F6b. Which services is [he/she] on a waiting list for? DO NOT READ CATEGORIES. CODE ALL THAT APPLY

<i>Service</i>	
SPEECH OR LANGUAGE THERAPY	01
AUDIOLOGY SERVICES FOR HEARING PROBLEMS	02
PSYCHOLOGICAL OR MENTAL HEALTH SERVICES OR COUNSELING	03
PHYSICAL THERAPY	04
SOCIAL WORK SERVICES	05
OCCUPATIONAL THERAPY OR LIFE SKILLS THERAPY	06
ORIENTATION AND MOBILITY SERVICES	07
MEDICAL SERVICES FOR DIAGNOSIS OR EVALUATION	08
PERSONAL ASSISTANT/OR AN IN-THE-HOME OR IN-THE-CLASSROOM AIDE	09
TUTOR	10
READER OR INTERPRETER, INCLUDING SIGN LANGUAGE	11
NURSING CARE	12
ASSISTIVE TECHNOLOGY SERVICES OR DEVICES, SUCH AS HELP SELECTING, GETTING, OR USING ANY KIND OF EQUIPMENT THAT HELPS PEOPLE WORK AROUND OR COMPENSATE FOR THEIR DISABILITY. THIS CAN RANGE FROM LOW-TECH ITEMS LIKE CALCULATORS AND TAPE RECORDERS TO HIGH-TECH ITEMS LIKE VOICE-ACTIVATED SOFTWARE AND READING MACHINES.	13
TRANSPORTATION (DO NOT READ IF B1a=2 [NO DISABILITY], ELSE ADD: BECAUSE OF [HIS/HER] DISABILITY)	14
RESPIRE CARE	15
SERVICE COORDINATION OR CASE MANAGEMENT	16
OTHER SERVICES (DO NOT READ IF B1c=2 [NO DISABILITY], ELSE ADD: BECAUSE OF [HIS/HER] DISABILITY. SPECIFY	17
DON'T KNOW	-1
REFUSED	-2

F7. Have any of the following been a problem in getting or dealing with services? (IF NECESSARY, ADD: Thinking across all services).

READ EACH ITEM. CODE RESPONSE IN COLUMN A.

GO TO SECTION G			Y	N	DK	R
	a.	Cost of services	1	2	-1	-2
	b.	Where services are provided	1	2	-1	-2
	c.	Services not being available	1	2	-1	-2
	d.	Poor service quality	1	2	-1	-2
	e.	Scheduling conflicts	1	2	-1	-2
	f.	Language problems	1	2	-1	-2
	g.	Lack of time for services	1	2	-1	-2
	h.	Transportation	1	2	-1	-2
	i.	YOUTH not being eligible for the service	1	2	-1	-2
	j.	READ IF YOUTH HAS PHYSICAL IMPAIRMENT (SAMPLE FILE OR B1b=04, 15, OR 17): physical accessibility of services	1	2	-1	-2
	k.	Getting information about services	1	2	-1	-2
	l.	Anything else? SPECIFY	1	2	-1	-2

**SERVICES FOR THOSE NOT CURRENTLY IN SECONDARY SCHOOL**

My next questions are about services or training YOUTH might have received any time since high school, other than from an employer.

F8a. Any time since high school has YOUTH had any career counseling, help in finding a job, training in job skills or vocational education, other than from an employer?

GO TO F8b	YES	1
GO TO F10a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F8b. Since high school has [he/she] had ... READ LIST.

	<i>Service</i>	Y	N	DK	R
a.	Testing to find out his/her work interests or abilities.	1	2	-1	-2
b.	Training in specific job skills, for example food services, or computer skills, or training for another kind of job.	1	2	-1	-2
c.	Training in basic skills needed for work, like counting change, telling time or using transportation to get to work.	1	2	-1	-2
d.	Career counseling, like help in figuring out jobs YOUTH might be suited to.	1	2	-1	-2
e.	Help in learning to look for a job, such as how to write a resume or interview for a job.	1	2	-1	-2
f.	Job shadowing, such as visiting a workplace and watching the way a job is done.	1	2	-1	-2
g.	Apprenticeships or internships.	1	2	-1	-2
h.	Help in finding a job.	1	2	-1	-2
i.	Anything else? SPECIFY	1	2	-1	-2

F8c. Who has given YOUTH job training or help since high school? (PROBE: Anyone else?)  
 (READ CATEGORIES IF NECESSARY. CODE ALL THAT APPLY)

A regular high school	01
A special school for youth with disabilities	02
A 4- or 2-year college	03
Postsecondary vocational, business or technical school	04
A family member or friend	05
Youth's employer (other than military and sheltered workshop)	06
The Vocational Rehabilitation agency (VR) VOC REHAB)	07
Developmental Disabilities agency DD	08
Other agency serving persons with disabilities	09
Goodwill/sheltered workshop	10
The military	12
JTPA, Job Corps, other federal job training program	13
Group home or supported living program	14
DO NOT READ: CORRECTIONAL FACILITY	15
Other (SPECIFY)	16
DON'T KNOW	-1
REFUSED	-2

**VOCATIONAL SUPPORT NOW**

F9a. Is YOUTH getting any career counseling, help in finding a job, training in job skills or vocational education now, other than from an employer?

GO TO F9b	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE F9f	REFUSED	-2

F9b. What kinds of job training or help is [he/she] getting now? Is [he/she] getting ... READ LIST.

		Receives Service Now			
	Service	Y	N	DK	R
a.	Testing to find out his/her work interests or abilities.	1	2	-1	-2
b.	Training in specific job skills, for example food services, or computer skills, or training for another kind of job.	1	2	-1	-2
c.	Training in basic skills needed for work, like counting change, telling time or using transportation to get to work.	1	2	-1	-2
d.	Career counseling, like help in figuring out jobs YOUTH might be suited to.	1	2	-1	-2
e.	Help in learning to look for a job, such as how to write a resume or interview for a job.	1	2	-1	-2
f.	Job shadowing, visiting a workplace and watching the way a job is done.	1	2	-1	-2
g.	Apprenticeships or internships.	1	2	-1	-2
h.	Help in finding a job.	1	2	-1	-2
i.	Anything else. SPECIFY	1	2	-1	-2

**CHECKPOINT:** IF ONLY 1 SOURCE MENTIONED IN F8c GO TO CHECKPOINT BEFORE F9d. ELSE ASK F9c.

F9c. Who is giving YOUTH job training or help? (PROBE: Anyone else?) (OK TO R READ CATEGORIES. CODE ALL THAT APPLY

A regular high school	01
A special school for youth with disabilities	02
A 4- or 2-year college	03
Postsecondary vocational, business or technical school	04
A family member or friend	05
Youth's employer (other than military and sheltered workshop)	06
The Vocational Rehabilitation agency (VR) VOC REHAB)	07
Developmental Disabilities agency DD	08
Other agency serving persons with disabilities	09
Goodwill/sheltered workshop	10
The military	12
JTPA, Job Corps, other federal job training program	13
Group home or supported living program	14
DO NOT READ: CORRECTIONAL FACILITY	15
Other (SPECIFY)	16
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF SERVICES PROVIDED BY OTHER THAN FAMILY OR FRIENDS (F9c NE 5) ASK F9d. ELSE GO TO F9e.

F9d. Does your family or YOUTH pay for the career counseling, help in finding a job, training in job skills or vocational education, or is it paid for some other way? .

FAMILY/YOUTH PAYS	1
PAID FOR SOME OTHER WAY	2
DON'T KNOW	-1
REFUSED	-2

F9e. Do you think [he/she] is getting enough job training or help?

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

**CHECKPOINT:** GO TO F9f WHETHER OR NOT GETTING HELP NOW. USE PAST TENSE PHRASE FOR THOSE WHO ARE NOT CURRENTLY RECEIVING JOB HELP.

F9f. How useful do you think this job training or help [has been/is] to [his/her] getting a job? Would you say ... READ CATEGORIES. CODE ONE.

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

NOTE: ALL RESPONDENTS GET THIS, REGARDLESS OF WHETHER THEY HAVE RECEIVED JOB TRAINING OR HELP.

**VOCATIONAL SUPPORT – UNMET NEED**

F10a. Do you think YOUTH needs any [IF F8a=1 YES TO JOB TRAINING SINCE HS. OR NOW, SAY: other] job training or help now? .

GO TO F10b	YES	1
GO TO F11a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F10b. What [other] kinds of job training or help do you think YOUTH needs? OK TO READ CATEGORIES IF NECESSARY?

Testing to find out his/her work interests or abilities.	1
Training in specific job skills, for example food services, or computer skills, or training for another kind of job.	2
Training in basic skills needed for work, like counting change, telling time or using transportation to get to work.	3
Career counseling, like help in figuring out jobs YOUTH might be suited to.	4
Help in learning to look for a job, such as how to write a resume or interview for a job.	5
Job shadowing, visiting a workplace and watching the way a job is done.	6
Apprenticeships or internships.	7
Help in finding a job.	8
Other. SPECIFY	9
DON'T KNOW	-1
REFUSED	-2

F10c. Has anyone been trying to get [IF F9a=1 JOB TRAINING NOW, ADD: other] job training or help for YOUTH?

GO TO F10d	YES	1
GO TO F11a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F10d. Is YOUTH on the waiting list anywhere to get [IF F9a=1 ADD: other] job training or help?

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

**LIVING SKILLS - ANY**

NLTS

F11a. Any time since high school has YOUTH had any instruction in or help with doing things like manage money, cook, or keep house, or any other training in independent living skills or occupational therapy, not including instruction from family members or friends? .

GO TO F11b	YES	1
GO TO CHECKPOINT BEFORE F14a	OF COURSE NOT, HE WOULD NEVER NEED SUCH A THING (OR SIMILAR)	2
GO TO F13a	NO	3
	DON'T KNOW	-1
	REFUSED	-2

F11b. Since high school has [he/she/] had training in or help with ... READ LIST.

	<i>Service</i>	Y	N	DK	R
a.	Using transportation	1	2	-1	-2
b.	Home care skills, such as cooking and cleaning	1	2	-1	-2
c.	Financial issues, such as managing [his/her] money	1	2	-1	-2
d.	Self care skills, such as brushing [his/her] teeth	1	2	-1	-2
e.	Relationship skills, such as getting along with others	1	2	-1	-2
f.	parenting skills	1	2	-1	-2
g.	Self advocacy skills, IF ASKED WE MEAN HOW TO EXPLAIN [HIS/HER] DISABILITY TO OTHERS, OR ASK FOR WHAT HE/SHE NEEDS	1	2	-1	-2

F11c. Who has given YOUTH training in or help with independent living skills since high school? (PROBE: Anyone else?) (READ CATEGORIES IF NECESSARY. CODE ALL THAT APPLY.

A regular high school	01
A special school for youth with disabilities	02
A 4- or 2-year college	03
Postsecondary vocational school, trade, or business school	04
A private occupational therapist	05
Developmental disabilities agency, DD	06
Vocational Rehabilitation agency (VR, Voc Rehab)	07
Another agency serving persons with disabilities	08
Group home or supported living program	09
Hospital or health program	10
DO NOT READ: CORRECTIONAL FACILITY	11
Other (SPECIFY)	12
DON'T KNOW	-1
REFUSED	-2

**LIVING SKILLS NOW**

F12a. Is YOUTH getting any training in or help with independent living skills now? .

GO TO F12b	YES	1
GO TO F12f	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F12b. Is [he/she] getting training in or help with: READ LIST.

	<i>Service</i>	Y	N	DK	R
a.	Using transportation	1	2	-1	-2
b.	Home care skills, such as cooking and cleaning	1	2	-1	-2
c.	Financial issues, such as managing [his/her] money	1	2	-1	-2
d.	Self care skills, such as brushing [his/her] teeth	1	2	-1	-2
e.	Relationship skills, such as getting along with others	1	2	-1	-2
f.	Parenting skills	1	2	-1	-2
g.	Self advocacy skills, IF ASKED WE MEAN HOW TO EXPLAIN [HIS/HER] DISABILITY TO OTHERS, OR ASK FOR WHAT HE/SHE NEEDS	1	2	-1	-2

**CHECKPOINT:** IF ONLY ONE SOURCE MENTIONED IN F11c, GO TO F12d, ELSE ASK F12c.

F12c. Who is giving YOUTH training in or help with independent living skills? (PROBE: Anyone else?) OK TO READ CATEGORIES. CODE ALL THAT APPLY.

A regular high school	01
A special school for youth with disabilities	02
A 4- or 2-year college	03
Postsecondary vocational school, trade, or business school	04
A private occupational therapist	05
Developmental disabilities agency, DD	06
Vocational Rehabilitation agency (VR, Voc Rehab)	07
Another agency serving persons with disabilities	08
Group home or supported living program	09
Hospital or health program	10
DO NOT READ: CORRECTIONAL FACILITY	11
Other (SPECIFY)	12
DON'T KNOW	-1
REFUSED	-2

F12d. Does your family or YOUTH pay for training in or help with independent living skills or is it paid for some other way?

FAMILY/YOUTH PAYS	1
PAID FOR SOME OTHER WAY	2
DON'T KNOW	-1
REFUSED	-2

F12e. Do you think [he/she] is getting enough training in or help with independent living skills?

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

**CHECKPOINT:** GO TO F12f WHETHER OR NOT GETTING HELP NOW. USE PAST TENSE PHRASE FOR THOSE WHO ARE NOT CURRENTLY RECEIVING JOB HELP.

F12f. How useful do you think this training in or help with independent living skills [has been/is]?

Very useful	1
Somewhat useful	2
Not very useful	3
Not at all useful	4
DON'T KNOW	-1
REFUSED	-2

NOTE: ALL RESPONDENTS GET THIS, REGARDLESS OF WHETHER THEY HAVE RECEIVED LIVING SKILLS TRAINING OR HELP.

**LIVING SKILLS – UNMET NEEDS**

F13a. Do you think YOUTH needs any [IF F12a=1 (GETTING HELP NOW) ADD: other] training in or help with independent living skills now? .

GO TO F13b	YES	1
GO TO F13e	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F13b. What [IF F12a=1, ADD: other] kinds of training in or help with independent living skills do you think YOUTH needs? OK TO READ CATEGORIES IF NECESSARY. CODE ALL THAT APPLY.

	Using transportation	1
	Home care skills, such as cooking and cleaning	2
	Financial issues, such as managing [his/her] money	3
	Self care skills, such as brushing [his/her] teeth	4
	Relationship skills, such as getting along with others	5
	Parenting skills	6
	Self advocacy skills	7
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

F13c. Has anyone been trying to get [IF F12a=1 INDEPENDENT LIVING SKILLS NOW, ADD: other] training in or help with independent living skills or help for YOUTH?

	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE F14a	REFUSED	-2

F13d. Is YOUTH on the waiting list anywhere to get [IF F12a=1, ADD: other] training in or help with independent living skills? .

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

**SUPERVISED GROUP HOME OR OTHER ASSISTED LIVING**

**CHECKPOINT:** IF SAMPLE FILE OR PARENT SAYS YOUTH DOES NOT HAVE A DISABILITY (B1a=00), OR IF YOUTH IS ONLY LD, AND/ OR SPEECH IMPAIRED ON SAMPLE FILE, OR B1a=13 OR 16 ONLY, OR IF YOUTH IS IN SECONDARY SCHOOL NOW (D1j OR D2c=1), OR IF YOUTH LIVES IN A GROUP HOME OR ALONE OR WITH SPOUSE OR ROOMMATE OR IN COLLEGE OR MILITARY HOUSING (A6a=5, 6, 8, 9, OR 10) GO TO CHECKPOINT BEFORE F14a. ELSE ASK F13e.

F13e. Has YOUTH ever lived away from home where [he/she] was supervised by other adults, such as in a supervised group home?

GO TO F13f	YES	1
	NO	2
GO TO CHECKPOINT BEFORE F14a	OF COURSE NOT, HE WOULD NEVER NEED SUCH A THING (OR SIMILAR)	3
GO TO F13f	DON'T KNOW	-1
	REFUSED	-2

F13f. Has anyone been trying to arrange for YOUTH to live away from home in a supervised group home or board and care situation?

GO TO F13g	YES	1
GO TO CHECKPOINT BEFORE F14a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F13g. Is [he/she] on a waiting list for a supervised living arrangement?

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

My next questions are about other services YOUTH might be receiving.

**CHECKPOINT:** IF B3a=1 (HEARS NORMALLY) DO NOT ASK F14A-b (AUDIOLOGY SERVICES).

IF DISABILITY ON SAMPLE FILE OR DOES NOT HAVE ORTHOPEDIC IMPAIRMENT, OTHER HEALTH IMPAIRMENT, MULTIPLE IMPAIRMENTS OR BLINDNESS OR VISUAL IMPAIRMENT (B1b NE 4, 5, 12, 15, 17, 18, OR 19), AND B4b OR B4c=1 (SEES NORMALLY) AND B6a=1 AND B6b=1 (USES HANDS NORMALLY) AND B6c=1 (USES LEGS AND FEET NORMALLY), DO NOT ASK F14A-g (ORIENTATION AND MOBILITY SERVICES).

IF DISABILITY ON SAMPLE FILE IS JUST LD OR SPEECH (B1b=13 OR 16 ONLY) AND IF B7a =1 OR 2 OR 3 (HEALTH IS EXCELLENT, VERY GOOD, OR GOOD), DO NOT ASK F8a-o (RESPIRE CARE) OR B8a-l (NURSING CARE). ELSE ASK ALL ITEMS IN F14A-a THROUGH o.

NHIS, NLTS

F14a. Anytime since high school has [YOUTH] received any of the following services?

READ EACH ITEM TO CODE RESPONSE IN COLUMN A,

FOR EACH YES, ALSO READ F14b IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN B,

F14b. Is [he/she] getting that now?

FOR EACH YES IN F14b, READ F14c IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN C

F14c. Does YOUTH or your family pay for any part of it?

	<b>Service</b>	<b>A. RECEIVED SERVICES ANY TIME SINCE HIGH SCHOOL</b>				<b>B. GETTING SERVICE NOW</b>				<b>C. FAMILY PAY FOR ANY PART OF IT</b>			
		Y	N	DK	R	Y	N	DK	R	Y	N	DK	R
a.	Speech or language therapy, or communication services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
b.	Audiology services for hearing problems	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
c.	Psychological or mental health services or counseling	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
d.	Physical therapy	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
e.	Social work services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
f.	Occupational therapy or life skills therapy or training	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
g.	Orientation and mobility services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
h.	Medical services for diagnosis or evaluation related to [his/her] disability	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
i.	Personal assistant/or an in-the-home or in-the-classroom aide	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
j.	Reader or interpreter, including sign language	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
k.	Nursing care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
l.	Assistive technology services or devices, such as help getting or using any kind of equipment that helps people a disability, for example a special calculator or reading machine.	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
m.	Transportation (DO NOT READ IF SAMPLE FILE OR B1a=00 [NO DISABILITY], ELSE ADD: because of [his/her] disability)	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
n.	Respite care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
o.	Financial aid, like paying for college classes or training.	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
o.	Other services (DO NOT READ IF SAMPLE FILE OR B1a=00 [NO DISABILITY], ELSE ADD: because of [his/her] disability)	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2

**CHECKPOINT:** ASK F14d IF THERE ARE ANY YESSES IN F14b (GETTING SERVICE NOW). ELSE GO TO F14e.

F14d. Overall, do you think YOUTH is getting enough services?

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

ALL SHOULD GO HERE WHETHER OR NOT THEY RECEIVED ANY SERVICES

F14e. Do you think [he/she needs] any [other] services?

GO TO F14f	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE F15a	REFUSED	-2

F14f. What services do you think [he/she] needs? ONLY READ SERVICES IF NECESSARY, PROBE FOR: Anything else?

CODE RESPONSES IN COLUMN F.

FOR EACH YES IN COLUMN F, ALSO READ F14g IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN G.

F14g. Have you, someone in your family, or YOUTH tried to get this service?

FOR EACH YES IN F14g, READ F14h IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN H.

F14h. Is YOUTH on a waiting list for this service?

F14.

	<b>Service</b>	<b>F. SERVICES NEEDED</b>				<b>G. TRIED TO GET THIS SERVICE</b>				<b>H. ON A WAITING LIST</b>			
		Y	N	DK	R	Y	N	DK	R	Y	N	DK	R
a.	Speech or language therapy, or communication services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
b.	Audiology services for hearing problems	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
c.	Psychological or mental health services or counseling	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
d.	Physical therapy	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
e.	Social work services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
f.	Occupational therapy or life skills therapy or training	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
g.	Orientation and mobility services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
h.	Medical services for diagnosis or evaluation related to [his/her] disability	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
i.	Personal assistant/or an in-the-home or in-the-classroom aide	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
j.	Reader or interpreter, including sign language	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
k.	Nursing care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
l.	Assistive technology services or devices, such as help selecting, getting, or using any kind of equipment that helps people work around or compensate for their disability. This can range from low-tech items like calculators and tape recorders to high-tech items like voice-activated software and reading machines.	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
m.	Transportation (DO NOT READ IF SAMPLE FILE OR B1a=00 [NO DISABILITY], ELSE ADD: because of [his/her] disability)	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
n.	Respite care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
o.	Other services (DO NOT READ IF SAMPLE FILE OR B1a=00 [NO DISABILITY], ELSE ADD: because of [his/her] disability) SPECIFY	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2

**CHECKPOINT:** IF THERE ARE ANY YESSSES (1) IN F14a a-q ASK F15a. ELSE GO TO F15b.

F15a. Overall, how much effort did it take for you or your family to get services for YOUTH during the last 12 months?. Would you say: READ CATEGORGIES CODE ONE.

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

F15b. Where does your family usually learn about services that might be appropriate for YOUTH? CODE AS MANY AS APPLY.

SCHOOL	1
PROFESSIONAL CONSULTANT	2
PHYSICIAN	3
OTHER PARENTS/PARENT GROUP	4
FAMILY MEMBERS	5
WEB, COMPUTER	6
TRAININGS, WORKSHOPS, CONFERENCES	7
NEWSLETTERS, MAGAZNES	8
OTHER, SPECIFY	9
DON'T KNOW	-1
REFUSED	-2

F15c. Have any of the following been a problem in arranging for or managing services during the last 12 months? READ EACH ITEM.

		Y	N	DK	R
a.	Cost of services	1	2	-1	-2
b.	Where services are provided	1	2	-1	-2
c.	Services not being available	1	2	-1	-2
d.	Services not being accessible, IF ASKED, WE MEAN THAT PLACES FOR SERVICES HAVE STAIRS OR OTHER OBSTACLES FOR PEOPLE WITH DISABILITIES	1	2	-1	-2
e.	Poor service quality	1	2	-1	-2
f.	Scheduling conflicts	1	2	-1	-2
g.	Language problems, INCLUDES SIGN LANGUAGE ISSUES	1	2	-1	-2
h.	Lack of time for services	1	2	-1	-2
i.	Transportation	1	2	-1	-2
j.	YOUTH not being eligible for the service	1	2	-1	-2
k.	Lack of information about services	1	2	-1	-2
l.	Anything else? SPECIFY	1	2	-1	-2

**CHECKPOINT:** IF THERE ARE ANY YESSES (1) IN F14b GETTING SERVICES NOW) ASK F16a. ELSE GO TO SECTION G.

F16a. Does YOUTH have a case manager or someone who coordinates the services [he /she] receives, this could include a family member or friend? .

GO TO F16b	YES	1
	NO	2
GO TO F16e	DON'T KNOW	-1
	REFUSED	-2

F16b. Is that... READ CATEGORIES AND CODE AS MANY AS APPLY.

Someone at the school?	1
A professional outside of school	2
You or another family member, or	3
Someone else SPECIFY	4
DON'T KNOW	-1
REFUSED	-2

F16c. How useful do you think case management services [have been/are]? Would you say...  
 READ CATEGORIES

	Very useful	1
	Somewhat useful	2
	Not very useful	3
	Not at all useful	4
DO NOT READ	DON'T KNOW	-1
	REFUSED	-2

F16d. Do you think YOUTH is getting enough case management services?

	YES	1
GO TO SECTION G	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F16e. Do you feel your family or YOUTH needs a case manager or someone who coordinates the services [he /she] receives?

GO TO F16f	YES	1
GO TO SECTION G	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F16f. Have you, someone in your family, or YOUTH tried to get this service?

	YES	1
GO TO SECTION G	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F16g. Is YOUTH on a waiting list for this service?

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

### G. BEHAVIORS

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

SSQ, ECLSK, NEILS

- 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?" CIRCLE THE APPROPRIATE CODE FOR EACH ITEM.

		Never	Some-times	Very Often	DK	Ref
a. SSQ ECLSK	Join group activities without being told to	0	1	2	-1	-2
b. SSQ ECLSK	Make friends easily	0	1	2	-1	-2
c. SSQ	End disagreements with you calmly	0	1	2	-1	-2
d. SSQ	Seem self-confident in social situations such as parties or group outings	0	1	2	-1	-2
e. SSQ	Avoid situations that are likely to result in trouble	0	1	2	-1	-2
f. SSQ	DO NOT ASK IF B3i=4 OR B5d=4 (DOESN'T CARRY ON CONVERSATIONS): Start conversations rather than waiting for others to start. [IF NEEDED: can include sign language, and other means of communication]	0	1	2	-1	-2
g. SSQ	Receive criticism well	0	1	2	-1	-2
h.	Behave at home in a way that causes problems for the family	0	1	2	-1	-2
i. SSQ ECLSK	Control temper when arguing with peers [IF NEEDED: with peers other than siblings]	0	1	2	-1	-2
j. NEILS	Keep working at something until [he/she] is finished, even if it takes a long time	0	1	2	-1	-2
k. SSQ	DO NOT ASK IF B3h=4 OR B5a=4 (DOESN'T SPEAK AT ALL) Speak in an appropriate tone at home [IF NEEDED: what family considers appropriate for that child]	0	1	2	-1	-2

SEELS

G2. People have a variety of strengths and interests. How good would you say YOUTH is at...READ FIRST ITEM. Would you say very good, pretty good, not very good, or not at all good? CODE ONE RESPONSE. READ REMAINING ITEMS, CODING ONE RESPONSE FOR EACH ITEM.

		Very good	Pretty good	Not very good	Not at all good	DK	Ref
a.	Being well organized	4	3	2	1	-1	-2
b.	A performing art, like music, theater, or dance	4	3	2	1	-1	-2
c.	A creative art, like drawing or writing poetry	4	3	2	1	-1	-2
d.	Being sensitive to other people's feelings	4	3	2	1	-1	-2
e.	Mechanical skills, like building or fixing things	4	3	2	1	-1	-2
f.	Using a computer	4	3	2	1	-1	-2
g.	A physical or athletic activity	4	3	2	1	-1	-2
h.	Having a sense of humor	4	3	2	1	-1	-2

NLTS SEELS

G3a. How well does [YOUTH] do each of the following things 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, not at all well?

		Very Well	Pretty Well	Not Very Well	Not At All Well	Child not allowed	DK	Ref
a.	Tell time on a clock with hands	4	3	2	1		-1	-2
b.	Read and understand common signs, like Stop, Men, Women, or Danger	4	3	2	1		-1	-2
c.	Count change	4	3	2	1	5	-1	-2
d.	Look up telephone numbers in the phone book and use the phone	4	3	2	1	5	-1	-2
e.	Get places outside the home, like to school, to a nearby store or park, or to a neighbor's house	4	3	2	1	5	-1	-2
f.	Use public transportation to get around town, like a bus or taxi	4	3	2	1	5	-1	-2
g.	Buy his/her own clothes at a store	4	3	2	1	5	-1	-2
h.	Arrange a plane or train trip to go out of town	4	3	2	1	5	-1	-2

**CHECKPOINT:** IF YOUTH IS YOUNGER THAN 17 YEARS OLD AND LIVES AT HOME (A6a=1, 2, 3, OR 4) ASK G3b. ELSE GO TO CHECKPOINT BEFORE G4.

NLTS

G3b. When the following chores need doing, about how often, on his/her own, does YOUTH ...  
 READ STATEMENTS. CODE ONE RESPONSE FOR EACH. Would you say always,  
 usually, sometimes, or never?

		Always	Usually	Some- times	Never	DK	REF
a.	Fix your own breakfast or lunch	4	3	2	1	-1	-2
b.	Do laundry	4	3	2	1	-1	-2
c.	Straighten up [his/her] own room or living area	4	3	2	1	-1	-2
d.	Buy a few things at the store [he/she] needs	4	3	2	1	-1	-2

**CHECKPOINT:** IF YOUTH DOES NOT LIVE AT HOME (A6a NE 1, 2, 3, OR 4) ASK G4.  
 ELSE GO TO CHECKPOINT BEFORE G5.

NLTS

G4. About how often do you talk with YOUTH by phone or in person? Do you talk with  
 [him/her] ... READ CATEGORIES. CODE ONE

About every day,	1
A few times a week,	2
About once a week,	3
Every few weeks,	4
Every few months, or	5
Less often than that?	6
DON'T KNOW	-1
REFUSED	-2

## **PARENT EXPECTATIONS**

My next questions are about your future expectations for [YOUTH].

**CHECKPOINT 1:** IF YOUTH IS 15 THROUGH 17 YEARS OLD GO TO CHECKPOINT 2 BEFORE G5. IF YOUTH IS 18 OR OLDER GO TO SECTION H (HOUSEHOLD).

**CHECKPOINT 2:** IF D1k=2 OR 3 OR D2d=2 OR 3 (GRADUATED FROM HIGH SCHOOL OR TOOK TEST FOR DIPLOMA) GO TO CHECKPOINT BEFORE G6. ELSE ASK G5.

NLTS, NHES 93 similar

- G5. How likely do you think it is that [YOUTH] will get a regular high school diploma? Do you think [he/she] ... READ CATEGORIES. CODE ONE.  
 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.

	Definitely will,	1
	Probably will,	2
GO TO CHECKPOINT BEFORE G9	Probably won't, or	3
	Definitely won't?	4
DON'T READ, GO TO CHECKPOINT BEFORE G6	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF D4a 1, 2, OR 3 = 1 (TAKEN POST SECONDARY CLASSES) GO TO G7. ELSE ASK G6

NHES 96

- G6. How likely do you think it is that [he/she] will attend school after high school? Do you think [he/she] ... READ CATEGORIES. CODE ONE. IF ASKED, CAN INCLUDE TECHNICAL OR TRADE SCHOOL.

	Definitely will,	1
	Probably will,	2
GO TO CHECKPOINT BEFORE G9	Probably won't, or	3
	Definitely won't?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

- G7a. How likely do you think it is that [he/she] will complete a technical or trade school program? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't,	3
	Definitely won't, or	4
	Already has?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NLTS

G7b. How likely do you think it is that [he/she] will graduate from a 2-year or community college? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't,	3
	Definitely won't, or	4
	Already has?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NLTS, NHES 96, NHES 93

G8a. How likely do you think it is that [he/she] will graduate from a 4-year college? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't,	3
	Definitely won't, or	4
	Already has?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF SAMPLE FILE FROM WAVE 1 OR IF B1a=04 OR 07 OR 19 (VISUAL IMPAIRMENT) OR IF WAVE 1 HAD A DRIVERS LICENSE) GO TO G10. ELSE ASK G9.

G9. How likely do you think it is that [YOUTH] will get a driver's license? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
DON'T READ	CHILD ALREADY HAS DRIVER'S LICENSE	5
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF A6=5 OR 6 (LIVES NOW ALONE OR WITH ROOMMATE) GO TO CHECKPOINT BEFORE G12a. ELSE ASK G10.

NLTS

G10. 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] ... READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE G12	Definitely will,	1
GO TO G11	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NLTS

G11. How likely do you think it is that [he/she] eventually will live away from home on [his/her] own with supervision? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

DON'T READ	Definitely will,	1
	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF JOB (EVER) IN LAST WAVE GO TO G12b. ELSE ASK G12a.

NLTS

G12a. How likely do you think it is that [YOUTH] eventually will get a paid job? Do you think [he/she] ... READ CATEGORIES. CODE ONE. IF ASKED: MEANS ANY PAID JOB, DOES NOT NEED TO MAKE ENOUGH TO SUPPORT SELF, CAN INCLUDE SHELTERED OR SUPPORTED EMPLOYMENT.

GO TO G12b	Definitely will,	1
	Probably will,	2
GO TO SECTION H	Probably won't,	3
	Definitely won't, or	4
	They already have a paid job?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

G12b. 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] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

## H. HOUSEHOLD CHARACTERISTICS

**CHECKPOINT:**

IF WAVE 1 INTERVIEW COMPLETED GO TO CHECKPOINT 1 BEFORE H5a.  
IF NO WAVE 1 INTERVIEW GO TO NEXT CHECKPOINT BEFORE H1.

**CHECKPOINT :**

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), GO TO H1. IF RESPONDENT IS NOT THE PARENT OR GUARDIAN (S11a NE 1, 2, 3, 4, 5 OR 6 AND S12a NE 1, 2, 3, 4, 5 OR 6) AND YOUTH LIVES WITH RESPONDENT (A6a=2, 3, OR 4), GO TO H1. ELSE GO TO I1a.

NHES93 similar, NLTS, SEELS

H1. Now I have some questions about your household. How many people live in your household? RECORD NUMBER AND/OR CODE.

_____	1
NUMBER OF HOUSEHOLD MEMBERS	
DON'T KNOW	-1
REFUSED	-2

NHES93 similar, NLTS, SEELS

H2a. How many children are there in the household, by that we mean those younger than 18,, [IF YOUTH IS YOUNGER THAN 18 ADD: not including [YOUTH]? RECORD NUMBER AND/OR CODE. CAN INCLUDE YOUTH'S CHILDREN

IF NUMBER=0 GO TO H3a, ELSE GO TO H2b	_____	1
	NUMBER OF CHILDREN	
	DON'T KNOW	-1
	REFUSED	-2

NHIS, NLTS, SEELS

H2b. [IF H2a>1: Do any of these children] [IF H2a=1: Does this child] have a disability, developmental delay, or other special need?

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

NHES93 similar, NLTS, SEELS

H3a. How many adults, those 18 and older, are there in the household, including you, [IF YOUTH IS 18 OR OLDER ADD: but not including YOUTH]? RECORD NUMBER AND/OR CODE.

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

NHIS, NLTS

H3b. [IF H3a=1: Do you have] [IF H3a>1: Do you or any of these adults have] a disability, developmental delay, or other special need?

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

**CHECKPOINT:** IF THE RESPONDENT IS NOT THE MOTHER OR LEGAL GUARDIAN (S11a NE 1-6) OR THE FATHER (S12a NE 1-6) and S11c NE 1 AND S12c NE 1, ASK H4a, OTHERWISE GO TO CHECKPOINT BEFORE H5a.

NSAF, SEELS

H4a. Does [YOUTH'S] mother or father or legal guardian live in this household?

GO TO H4b	YES	1
GO TO CHECKPOINT BEFORE H5a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NSAF, SEELS

H4b. Is that [YOUTH'S] mother, father, or legal guardian? CODE ONE.

MOTHER	1
FATHER	2
BOTH MOTHER AND FATHER	3
LEGAL GUARDIAN	4
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT 1:** IF RESPONDENT IS YOUTH'S PARENT OR GUARDIAN (S11a OR S12a=1, 2, 3, 4, 5, OR 6) GO TO CHECKPOINT 2 BEFORE H5a. IF RESPONDENT IS NOT THE PARENT (S11a AND S12a NE 1, 2, 3, 4, 5, OR 6) AND YOUTH LIVES WITH RESPONDENT (A6a=2, 3, OR 4) GO TO CHECKPOINT 2. ELSE GO TO I1a.

**CHECKPOINT 2:** IF RESPONDENT IS PARENT OR LEGAL GUARDIAN (S11a OR S12a=1, 2, 3, 4, 5, OR 6 OR S11c OR S12c=1) ASK H5a ABOUT RESPONDENT. IF PARENT OR LEGAL GUARDIAN LIVES IN HOUSEHOLD (H4a=1), THE FOLLOWING QUESTIONS ARE ABOUT HIM OR HER. IF BOTH MOTHER AND FATHER LIVE IN HOUSEHOLD (H4b=1 AND 2), ASK ABOUT MOTHER, IF ONLY MOTHER OR FATHER (H4b=1 OR 2), ASK ABOUT THAT PARENT. IF LEGAL GUARDIAN (H4b=3) ASK ABOUT GUARDIAN. WORDING IN BRACKETS TO BE USED IF H4a=1 (RESPONDENT IS NOT PARENT OR LEGAL GUARDIAN, BUT PARENT OR GUARDIAN LIVES IN THE HOUSEHOLD). IF H4a NE 1 (NO PARENT OR GUARDIAN IN HOUSEHOLD), ASK ABOUT RESPONDENT.

NEILS

H5a. [IF DID NOT ASK H1a ADD: Now I have some questions about your household.] Do you now have a partner or spouse living with you? [IF H5b=1: Does [YOUTH's] mother have a partner or spouse living in the household?] [IF H5b NE 1 AND H5b=2: Does [YOUTH'S] father have a partner or spouse living in the household?] [If H5b=3: Does [YOUTH'S] legal guardian have a partner or spouse living in the household?]

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

**CHECKPOINT:** IF NO WAVE 1 INTERVIEW GO TO H6b. ELSE GO TO H10a.

NELS

H5b. Are you ... [Is he/she ... ] READ CATEGORIES. CODE ONE..

	Married,	1
	In a marriage-like relationship,	2
	Divorced,	3
	Separated,	4
	Widowed, or	5
	Single, never married?	6
DON'T READ	OTHER (SPECIFY) _____	7
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF H5a=1 (SPOUSE OR PARTNER LIVING WITH FAMILY), GO TO H6. ELSE GO TO H7.

NHES96

H6. What is your [IF H5b=1: spouse's] [ELSE: partner's] relationship to [YOUTH]? DO NOT READ CATEGORIES. CODE ONE RESPONSE. IF JUST SAYS "MOTHER" OR "FATHER," PROBE FOR BIOLOGICAL, ADOPTIVE, STEP, FOSTER.

BIOLOGICAL MOTHER	1
BIOLOGICAL FATHER	2
ADOPTIVE MOTHER	3
ADOPTIVE FATHER	4
STEPMOTHER	5
STEP FATHER	6
FOSTER MOTHER	7
FOSTER FATHER	8
LEGAL GUARDIAN	9
SISTER/STEPSISTER	10
BROTHER/STEPBROTHER	11
AUNT	12
UNCLE	13
GRANDMOTHER	14
GRANDFATHER	15
UNRELATED	16
OTHER (SPECIFY) _____	17
DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF RESPONDENT IS THE SAME AS IN AN EARLIER WAVE, H8a. ELSE ASK H7.

NELS, NSAF, NHES96, SEELS

H7. What is the highest year or grade you [YOUTH'S] [mother/father/legal guardian] finished in school? DO NOT READ CATEGORIES. CODE ONE.

8TH GRADE OR LESS	01
9TH GRADE OR ABOVE, NOT A HIGH SCHOOL GRADUATE	02
HIGH SCHOOL GRADUATE OR GED	03
POST HIGH SCHOOL EDUCATION, NO DEGREE	04
VOC/TECH DEGREE OR CERTIFICATE	05
2-YEAR COLLEGE DEGREE/AA DEGREE	06
4-YEAR COLLEGE DEGREE/BA, BS DEGREE	07
SOME POST BA, BS WORK, NO DEGREE	08
MASTER'S DEGREE, E.G., MSW, MA, MFA, MPH, MBA	09
PHD, MD, JD, LLB, OR OTHER PROFESSIONAL GRADUATE DEGREE	10
OTHER (SPECIFY) _____	11
DON'T KNOW	-1
REFUSED	-2

NSAF, SEELS

H8a. Do you have a paid job now? [Does [YOUTH'S] [mother/father/legal guardian] have a paid job now?]

ASK H8b	YES	1
	NO	2
GO TO CHECKPOINT BEFORE H9	DON'T KNOW	-1
	REFUSED	-2

NSAF, NHES96, SEELS

H8b. In an average week, about how many hours do you [does [YOUTH'S] [mother/father/legal guardian] work for pay. RECORD HOURS AND/OR CODE. IF RESPONDENT SAYS "HOURS VARY" OR HAS A HARD TIME DECIDING ON NUMBER OF HOURS, CODE AS DON'T KNOW AND GO TO H10c.

GO TO CHECKPOINT BEFORE H9	_____ HOURS WORKED FOR PAY/WEEK	1
ASK H8c	DON'T KNOW	-1
GO TO CHECKPOINT BEFORE H9	REFUSED	-2

NSAF, NHES96, SEELS

H8c. Would you say you usually work [he/she usually works] ... READ CATEGORIES. CODE ONE.

	Less than 20 hours a week,	1
	20 to 35 hours a week, or	2
	More than 35 hours a week?	3
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT:** IF HAS A SPOUSE/PARTNER (H5a=1) GO TO H9a. ELSE GO TO H11a.

NOTE: IF H5b=1 (MARRIED), ITEMS WILL READ "SPOUSE," OTHERWISE, READ "PARTNER."

NEILS, NSAF, NHIS, SEELS

H9. What is the highest year or grade your [his/her] [spouse/partner] finished in school? DO NOT READ CATEGORIES. CODE ONE.

8TH GRADE OR LESS	1
9TH GRADE OR ABOVE, NOT A HIGH SCHOOL GRADUATE	2
HIGH SCHOOL GRADUATE OR GED	3
POST HIGH SCHOOL EDUCATION, NO DEGREE	4
2-YEAR COLLEGE DEGREE/AA DEGREE	5
4-YEAR COLLEGE DEGREE/BA, BS DEGREE	6
SOME POST BA, BS WORK, NO DEGREE	7
MASTER'S DEGREE, E.G., MSW, MA, MFA, MPH, MBA	8
PHD, MD, JD, LLB, OR OTHER PROFESSIONAL GRADUATE DEGREE	9
OTHER (SPECIFY) _____	10
DON'T KNOW	-1
REFUSED	-2

NSAF, SEELS

H10a. Does your [his/her] [spouse/partner] have a paid job now?

ASK H10b	YES	1
	NO	2
GO TO H11a	DON'T KNOW	-1
	REFUSED	-2

NSAF, SEELS

H10b. In an average week, about how many hours does your [his/her] [spouse/partner] work for pay? RECORD HOURS AND/OR CODE. IF RESPONDENT SAYS "HOURS VARY" OR HAS A HARD TIME DECIDING ON NUMBER OF HOURS, CODE AS DON'T KNOW AND GO TO H13c.

GO TO H11a	_____ HOURS WORKED FOR PAY/WEEK	1
GO TO H10c	DON'T KNOW	-1
	REFUSED	-2

NSAF, SEELS

H10c Would you say your [his/her] [spouse/partner] usually works... READ CATEGORIES. CODE ONE.

Less than 20 hours a week,	1
20 to 35 hours a week, or	2
More than 35 hours a week?	3
DON'T KNOW	-1
REFUSED	-2

NEILS, NSAF, SEELS

H11a. My next questions are about government benefits you or others in your household may have received. 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?

-IGNORE-

GO TO H11b	YES	1
GO TO H12a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, ECLSK similar, SEELS

H11b. Do you or anyone in the household now receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program now?

GO TO H12a	YES	1
GO TO H12a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

H12a. Did you, or anyone in the household, receive food stamps in the past 2 years?

GO TO H12b	YES	1
GO TO H13a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, similar NSAF, SEELS

H12b. Do you, or anyone in the household, receive food stamps now?

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

NEILS, similar NSAF, SSA, SEELS

H13a. Did [YOUTH] get money from the Supplemental Security Income or SSI program in the past 2 years?

GO TO H13b	YES	1
GO TO H14a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

H13b. Does [YOUTH] receive money for from the Supplemental Security Income or SSI program now?

GO TO H14a	YES	1
GO TO H13c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SSA similar, SEELS

H13c. Did the household stop getting money from SSI for [YOUTH] because ...  
READ CATEGORIES. CODE ONE.

DON'T READ	Your household income was too high, or [YOUTH] no longer qualified?	1
		2
	BOTH; INCOME TOO HIGH AND CHILD NO LONGER ELIGIBLE	3
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NHIS similar, SEELS

H14a. 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 ... READ CATEGORIES. CODE ONE.

GO TO H14b	\$25,000 or less, or	1
GO TO H14c	More than \$25,000?	2
DON'T READ, GO TO H15	DON'T KNOW	-1
	REFUSED	-2

H14b. Was it... READ CATEGORIES. CODE ONE CATEGORY.

GO TO H15		\$5,000 or less,	1
		\$5,001 to \$10,000,	3
		\$10,001 to \$15,000,	3
		\$15,001 to \$20,000, or	4
		\$20,001 to \$25,000?	5
DON'T READ		DON'T KNOW	-1
		REFUSED	-2

SEELS

H14c. Was it ... READ CATEGORIES. CODE ONE CATEGORY.

GO TO H14d	\$50,000 or less, or	1
GO TO H14e	More than \$50,000?	2
DON'T READ, GO TO H15	DON'T KNOW	-1
	REFUSED	-2

SEELS

H14d. Was it... READ CATEGORIES. CODE ONE CATEGORY.

GO TO H15		\$25,001 to \$30,000,	1
		\$30,001 to \$35,000,	2
		\$35,001 to \$40,000,	3
		\$40,001 to \$45,000, or	4
		\$45,001 to \$50,000?	5
DON'T READ		DON'T KNOW	-1
		REFUSED	-2

SEELS

H14e. Was it ... READ CATEGORIES. CODE ONE CATEGORY.

	\$50,001 to \$60,000,	1
	\$60,001 to \$70,000,	2
	\$70,001 to \$80,000,	3
	\$80,001 to \$90,000,	4
	\$90,001 to \$100,000, or	5
	Over \$100,000?	6
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

SEELS

H15. My next question is about household transportation. How difficult is it for YOUTH to get where [he/she] needs to go? Would you say ... READ CATEGORIES. CODE ONE.

	Very difficult,	1
	Somewhat difficult,	2
	Somewhat easy, or	3
	Very easy?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

SEELS

H16. Has there been any time during the last 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?

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

**I. SCREEN FOR CONTINUATION, OVERLAP ITEMS, TRACING QUESTIONS**

11a. My next questions are about jobs YOUTH may have had, schools [he/she] may have gone to, and about [his/her] feelings about [him/her]self and [his/her] life. The questions are similar to those I've been asking you, where [he/she] will be asked to answer using scales, like, very well, pretty well, not very well or not at all well. The interview would probably last about 20 to 30 minutes. Do you think that YOUTH would be able to accurately answer these kinds of questions over the telephone?

GO TO CHECKPOINT BEFORE I1b	YES	1
GO TO I1a1	NO	2
	DON'T KNOW	-1
	REFUSED	-2

11a1 Would [he/she] be able to accurately answer these kinds of questions using a written questionnaire

GO TO CHECKPOINT BEFORE I1b	YES	1
GO TO PARENT CONTINUATION - PART 2a, SECTION J	NO	2
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT: IF YOUTH IS LESS THAN 18 YEARS OLD ASK I1b. ELSE GO TO I2.**

11b. I also have some questions about [his/her] involvement in risk behaviors, like smoking, drinking and sexual activity. Is it all right for me to ask YOUTH questions like that?

GO TO I2	YES	1
GO NEXT CHECKPOINT	NO	2
	DON'T KNOW	-1
	REFUSED	-2

**CHECKPOINT: IF I1b NE 1 (PARENT DOES WANT YOUTH ASKED RISK ITEMS, SAY: Then I will not be asking [him/her] those types of questions.**

QUESTIONS FOR PARENTS OF YOUTH WHO CAN ANSWER FOR THEMSELVES; IF YOUTH UNABLE TO ANSWER INTERVIEW WILL CONTINUE WITH PART 2 SECTION J

I2a. Before I go, could you tell me, did YOUTH had a job in the last 2 years

GO TO I2b	YES	1
GO TO I4	NO	2
	DON'T KNOW	-1
	REFUSED	-2

I2b. Does he/she have a paid job now that I should ask [him/her] about?

GO TO I3	YES	1
GO TO I4	NO	2
	DON'T KNOW	-1
	REFUSED	-2

I3. About how much is YOUTH paid at this job? (PROBE: Is that per hour?) IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER AND CODE ONE.

PAY PER	HOUR	1
	WEEK	2
	MONTH	3
	YEAR	4
	MNIMUM WAGE	0
	DON'T KNOW	-1
	REFUSED	-2

I4. Does YOUTH belong to any school or other groups, like a sports team, or band?

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

I5. 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 e-mail address?

GO TO I6a	YES	1
GO TO CHECKPOINT BEFORE I6b	NO	2
	DON'T KNOW	-1
	REFUSED	-2

16a. What is your e-mail address? ENTER E-MAIL ADDRESS OR CODE.

\_\_\_\_\_ EMAIL ADDRESS

DON'T KNOW	-1
REFUSED	-2

**CHECKPOINT:** IF ADDRESS IS IN FILE, GO TO I6b. IF NO ADDRESS IN FILE, GO TO I7c.

16b. I have your mailing address as [READ ADDRESS FROM FILE]. Is that correct?

GO TO I7a	YES	1
GO TO I6c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

16c. IF NO ADDRESS IN FILE OR IF ADDRESS IS NOT CORRECT: What is your street address?

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DON'T KNOW	-1
REFUSED	-2

17a. Could you please tell me the name of someone who is likely to know where you are if you move? RECORD NAME OR INDICATE REFUSAL.

GO TO END	REFUSED	-2
-----------	---------	----

17b. What is their address? RECORD ADDRESS.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DON'T KNOW	-1
------------	----

17c. What is their phone number? RECORD PHONE NUMBER.

Phone: \_\_\_\_\_

DON'T KNOW	-1
NOT APPLICABLE, NO PHONE	0

17d. What is their e-mail address? RECORD E-MAIL ADDRESS.

E-MAIL: \_\_\_\_\_

DON'T KNOW	-1
NOT APPLICABLE, NO E-MAIL	0

18. What is this person's relationship to [YOUTH]?

MOTHER	1
ADOPTIVE MOTHER	2
STEPMOTHER	3
FOSTER MOTHER	4
LEGAL GUARDIAN	5
SISTER/STEPSISTER	6
AUNT	7
GRANDMOTHER	8
FATHER	9
ADOPTIVE FATHER	10
STEPFATHER	11
FOSTER FATHER	12
LEGAL GUARDIAN	13
BROTHER/STEPBROTHER	14
UNCLE	15
GRANDFATHER	16
COUSIN	17
FAMILY FRIEND/NEIGHBOR	18
OTHER (SPECIFY) _____	19

**CHECKPOINT:** IF RESPONDENT IS FOSTER PARENT (S11a OR S12a=5), ASK I9a. ELSE GO TO I10a.

I9a. Is there someone else who would know where [YOUTH] has moved if [he/she] is no longer in your foster care? PROBE FOR SOCIAL WORKER ASSIGNED TO CHILD.

	YES	1
GO TO I10a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

I9b. What is their name and address? RECORD NAME AND ADDRESS.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	DON'T KNOW	-1
GO TO END	REFUSED	-2

I9c. What is their phone number? RECORD PHONE NUMBER.

Phone: \_\_\_\_\_

	DON'T KNOW	-1
	NOT APPLICABLE, NO PHONE	0

I9d. What is their e-mail address? RECORD E-MAIL ADDRESS.

E-MAIL: \_\_\_\_\_

	DON'T KNOW	-1
	NOT APPLICABLE, NO E-MAIL	0

GO TO END

I10a. Is there someone else who also would know where you are if you move?

	YES	1
GO TO END	NO	2
GO TO END	DON'T KNOW	-1
GO TO END	REFUSED	-2

I10b. What is their name and address? RECORD NAME AND ADDRESS.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

	DON'T KNOW	-1
GO TO END	REFUSED	-2

I10c. What is their phone number? RECORD PHONE NUMBER.

Phone: \_\_\_\_\_

	DON'T KNOW	-1
	NOT APPLICABLE, NO PHONE	0

I10d. What is their email address? RECORD E-MAIL ADDRESS.

E-MAIL: \_\_\_\_\_

	DON'T KNOW	-1
	NOT APPLICABLE, NO E-MAIL	0

11. What is this person's relationship to [YOUTH]? CODE ONE.

MOTHER	1
ADOPTIVE MOTHER	2
STEPMOTHER	3
FOSTER MOTHER	4
LEGAL GUARDIAN	5
SISTER/STEP SISTER	6
AUNT	7
GRANDMOTHER	8
FATHER	9
ADOPTIVE FATHER	10
STEPFATHER	11
FOSTER FATHER	12
LEGAL GUARDIAN	13
BROTHER/STEP BROTHER	14
UNCLE	15
GRANDFATHER	16
COUSIN	17
FAMILY FRIEND/NEIGHBOR	18
OTHER (SPECIFY) _____	19

**YOUTH TRACING QUESTIONS**

I12a. Thank you very much for taking time to answer these questions and help us with this important study.

What is the address and telephone number where I am most likely to reach YOUTH?  
 RECORD NAME AND ADDRESS.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	DON'T KNOW	-1
GO TO END	REFUSED	-2

I12b. What is the phone number? RECORD PHONE NUMBER. IF YOUTH HAS NO HOME PHONE NUMBER, PROBE FOR ANOTHER NUMBER WHERE [HE/SHE] COULD BE REACHED, SUCH AS A WORK NUMBER OR A FRIEND'S NUMBER. CODE IF WORK OR OTHER NUMBER

Phone: \_\_\_\_\_

WORK PHONE NUMBER	1
FRIEND'S PHONE NUMBER	2
OTHER, SPECIFY _____	3
DON'T KNOW	-1
NOT APPLICABLE, NO PHONE	0

I12c. Does [he/she] have an email address? What is [his/her] email address? RECORD E-MAIL ADDRESS.

E-MAIL: \_\_\_\_\_

DON'T KNOW	-1
NOT APPLICABLE, NO E-MAIL	0

113. May I speak with youth now?

GO TO O. INTRODUCTION OF YOUTH CONTINUATION	YOUTH IS AVAILABLE	1
GO TO CHECKPOINT 1	YOUTH CAN BE REACHED AT THIS NUMBER BUT NOT AVAILABLE NOW	2
GO TO I13A	YOUTH CAN BETTER BE REACHED AT ANOTHER NUMBER	-1
GO TO END	DON'T KNOW	-1
GO TO END	REFUSED	-2

**CHECKPOINT 1:** ARRANGE A CALLBACK AND TERMINATE WITH: Again, thank you so much for you help in answering these questions.

Again, thank you so much for you help in answering these questions.