NATIONAL LONGITUDINAL TRANSITION STUDY - 2 (NLTS2) WAVE 5 INTERIEW PARENT PART 1

PARENT PART 1

- S. Screening and Introduction
- A. Residential, school, and employment status items
- B. Changing in functioning
- C. Services
- H. Household income
- I. Screen for continuation and closing

PARENT CONTINUATION, PART 2A [See Wave 5, Parent Part 2a Instrument]

- J. Social and extracurricular activities
- K. Postsecondary education
- L. Employment
- M. Youth household characteristics
- N. Closing

YOUNG ADULT CONTINUATION, PART 2B [See Wave 5, Youth Part 2b Instrument]

- O. Introduction
- P. Social and extracurricular activities and health related items
- S. Postsecondary education
- T. [Part 1] Employment [Part 2] Services
- U. Risk behaviors
- V. Youth beliefs
- W. Youth's household characteristics
- X. Closing

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NATIONAL LONGITUDINAL TRANSITION STUDY - 2 (NLTS2) WAVE 5 INTERVIEW PARENT PART 1

INTRODUCTION

INTRO_S1A

Hello, may I speak with {if YOUTH parent indicated youth was capable in prior wave (W1Capable=1), FILL: YOUTH or} {preferred respondent} OR {FILL IF RELATIONSHIP CODE = YOUTH: I'd like to speak with YOUTH. Is he/she available}? (Pause to see if you get transferred. If not, continue):

My name is ______. I'm calling on behalf of the **Department of Education** about the **NLTS2** research study that your family has been participating in. I'd like to speak with {if and parent indicated youth was capable in prior wave (W1Capable=1),, FILL:both YOUTH and} the adult most knowledgeable about YOUTH's work, social activities, and other experiences.

- TI: USE POINTS BELOW TO CONVINCE R TO PARTICIPATE:
 - Need your continued participation in this final round of interviews
 - Shorter interview; still offering \$20 to parent and YOUTH
 - Improved teacher support and training based on the first NLTS study
 - Study wants to help young people in their early adult life
 - (IF NEEDED) YOUTH's opinions are important—can he/she participate this final round?

GO TO T_CHK	CONFIRM: MOST KNOWLEDGEABLE ADULT IS SPEAKING	1
this option will only be operational if youth ≥ 18 and W1Capable=1 GO T_CHK_YOUTH	CONFIRM: YOUTH IS SPEAKING	2
Ask INTRO1A	NO	3
GO TO OTHER_CODES	MORE CODES	9

INTRO1A

INTERVIEWER: RECORD THE TYPE OF "NO" RESPONSE.

	NOT AVAILABLE RIGHT NOW: set cb	1
GO TO RESETKEY_APPT		
Ask INTRO4	RESPONDENT DOES NOT LIVE HERE ANYMORE	2
GO TO INTRO2	DOESN'T KNOW THE SAMPLE MEMBER	3
GO TO INTRO5	WILL NOT LET US SPEAK TO SAMPLE MEMBER	4
GO TO LANG	LANGUAGE BARRIER	5
GO TO WHO_REF	REFUSED	6

GO TO OTHER_CODES	MORE CODES	9
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INTRO2B [Introduction for Tracing Contacts] – when relationship code is NOT respondent

(Hello, my name is ______. We are conducting an important study for the U.S. Department of Education). May I speak with {fill person on the current rosterline –i.e., the "contact"}. Your name was given to us by {fill youthname} or {fill youthname}'s family when we last interviewed them as someone who would know how to contact them if they moved or got a new phone number. Do you know how I can reach YOUTH or his/her parent or guardian or where they are currently living?

GO TO intro4	YES (KNOWS HOW TO REACH SUBJECT)	0
GO TO T_CHK	KNOWLEDGEABLE ADULT SPEAKING	1
GO TO THANK_EVT TERMINATION SCRIPT	KNOWS WHERE SUBJECT CAN BE REACHED BUT WILL NOT PROVIDE INFO (800#)	2
GO TO THANK_EVT TERMINATION SCRIPT	KNOWS SUBJECT BUT DOES NOT KNOW HOW TO REACH HIM/HER	3
GO TO OTHER_CODES	HAS NEVER HEARD OF SUBJECT	4
GO TO LANG	LANGUAGE BARRIER	5
GO TO WHO_REF	REFUSED	6
GO TO OTHER_CODES	MORE CODES	9

INTRO 4 (S1b)

I'm trying to reach YOUTH or the parent or guardian of [YOUTH'S FIRST AND LAST NAME] regarding an important Department of Education research study. Do you have any information that will help me locate these individuals? For example, a telephone number, and address, or the name of someone else who may know how to locate them?

(WILL ADD A ROSTER LINE) goto THANK_EVT and then returns to TW (TI may want to call case)	YES, WILL GIVE INFO	1
GO TO THANK_EVT TERMINATION SCRIPT	NO – NO CONTACT INFORMATION	3
GO TO LANG	LANGUAGE BARRIER	4
GO TO OTHER_CODES	MORE CODES	9

T_CHK (S2b)

IF NEEDED: (Hello, my name is ______. I'm calling on behalf of the U.S. **Department of Education** about the **NLTS2** research study of students and youth.

You may have recently received a letter explaining that we'd be calling and asking you to participate in a shorter interview this year and this will be last round of interviews for this study. We would still like to offer you a check for \$20 upon completion of an interview with us, and an additional \$20 to [YOUTH] for completing [his/her] part of the survey. Are you the best adult to talk with about [YOUTH] and [his/her] work, social activities, and other experiences?

GO to T_CHKDOB	YES	1
Ask T_CHK1a	NO	2
GO TO REMAIL SCREENS (NEDLETS1/REMAIL1 – one week delay – TI to set callback)	WANTS LETTER REMAILED	8
GO TO OTHER CODES	MORE CODES	

T_CHK1A (S2c)

Is there another person who would be the best adult to talk about YOUTH and his/her work, school, and other experiences?

GO TO T_CHKCHL3	YES	1
GO TO T_CHKCHL4	NO, SPEAKING WITH BEST ADULT	2
GO TO WHO_REF	REFUSED	6
GO TO OTHER_CODES	MORE CODES	9

T_CHK_YOUTH

(Hello, my name is ______). I'm calling on behalf of the U.S. Department of Education about the NLTS2 research study of young adults. You may have recently received a letter explaining that we'd be calling and this will be last round of interviews for this study. We would like to offer you a check for \$20 if you complete an interview with us as a token of our appreciation for your participation in this study.

GO TO T CHKPER CONTINUE 1

SEELS A2a

T_CHKDOB (A2a) [IF BIRTHDATE AVAILABLE FROM SAMPLE FILE ASK T_CHKDOB ELSE ASK T_CHKDOB2] I have [YOUTH's/ {FILL: YOUR if INTRO_S1A =2)] birthdate as [BIRTHDATE FROM SAMPLE FILE]. Is that correct?

GO TO T_CHKPER	YES	1
Ask T_CHKDOB2	NO	2
GO TO T_CHKCHL3	DON'T KNOW (ASK IF THEY KNOW SOMEONE WHO DOES)	3
GO TO T_CHKCHL3	REFUSED (ASSUME CORRECT)	4

SEELS A2b

T_CHKDOB2 (A2b) What is {FILL: YOUTH's} birthdate? RECORD BIRTHDATE.

RECORD CORRECT BIRTHDATE.

Ranges: (1-12) (1-31) (1983-1987) MM: @MM / DD: @DD / YY: @YY RANGE: (December 1,1983 to December 1, 1987)

[GO TO VERIFICATION CHECK]

VERIFICATION CHECK: IF BIRTHDATE IS BETWEEN 12/1/83 AND 12/1/87 GO TO T_DOBVRFY, ELSE (IF BIRTHDATE IS NOT BETWEEN 12/1/83 AND 12/1/87) GO TO T_DOBVRFY2

GO TO T_CHKCHL3	DON'T KNOW	-1
GO TO T_CHKCHL4	REFUSED	-2

T_DOBVRFY (RTI added in Wave 2) That would make [fill YOUTH] [fill dobyrs] years old. Is that correct?

GO TO T_CHKPER	YES	1
GO TO T_CHKDOB2	NO (CORRECT DOB AGAIN)	2

T_DOBVRFY2 (RTI added in Wave 2) That would make [fill YOUTH] [fill dobyrs] years old. Is that correct?

IF YES, SAY: [fill YOUTH]'s birthday is not between December 1, 1983 and December 1, 1987. I will have to check with my supervisor to see if we should continue.

INTERVIEWER: PREPARE A PROBLEM SHEET. CATI WILL CODE THIS CASE, A PROBLEM CASE AND PUT IT IN SUPERVISOR'S REVIEW QUEUE.

GO TO Thank_evt	YES	1
(problem queue)		
GO TO T_CHKDOB2	NO (CORRECT DOB AGAIN)	2

T_CHKCHL3 (A2c) Who would be able to provide that information? RECORD NAME AND PHONE NUMBER

Add roster line and then GOTO DIAL_NEW_SUBJ	NAME	
Ask T_CHK1A	DK, REF	-1

DIAL_NEW_SUBJ INTERVIEWER: THE NEW SUBJECT/CONTACT IS AT THE NUMBER <phone_display>? DO YOU NEED TO GO TO THE DIAL SCREEN?

Goto dial1	YES, GOTO TO DIAL1	1
Goto intro_s1a	NO, WE ARE ALREADY AT THIS NUMBER	2
Goto TW	RETURN TO THE MAIN MENU	3

T_CHKCHL4. I want to confirm that we're talking about (YOUTH) and that you feel you are the best adult to talk with about his/her work, school, and other experiences. [IF R CANNOT PROVIDE A CONTACT AND IS NOT THE BEST PERSON, CODE AS REFUSAL.]

Ask T_CHKPER	YES	1
GO TO WHO_REF	REFUSAL	6

T_CHKPER [FILL NAME AND TELEPHONE NUMBER OF PERSON ON THE CURRENT ROSTER LINE]

NAME: < ROL_subjectfirstname> <ROL_subjectmiddlename> <ROL_subjectlastname> <rol_subjectsuffix>

PHONE NUMBER <phone_display>

INTERVIEWER: PLEASE VERIFY THAT THE NAME IS CORRECT. Thank you. I'd like to quickly confirm your name and phone number before we do the interview, in case we get cut off.

	YES, SPEAKING WITH THE PERSON DISPLAYED ABOVE	0
Goto DIAL_NEW_SUBJ after adding roster line	ADD NEW ROSTER LINE FOR NEW ADULT OR YOUTH AND/OR PHONE # - ADDS ROSTER, CAN SET CALLBACK OR CONTINUE WITH INTERVIEW	2
GO TO WHO_REF	REFUSED	6
GO TO OTHER_CODES	MORE CODES	9

CHECKPOINT: IF YOUNG ADULT INTERVIEW [YOUTH IS RESPONDENT], GO TO Z_8_YOUTH.

Informed Consent Screens: Parent and Youth

Z_8 (S8)

(Hello, my name is ______. I am calling on behalf of the U.S. Department of Education for a national research study.)

I have some questions about [fill YOUTH] and [fill YOUTH]'s experiences. We've shortened the interview this year, so it will take about 15-25 minutes, depending on YOUTH's experiences.

This interview is voluntary. Everything you say will be kept completely confidential and you may choose not to answer any question that I ask you. As we have done in the past, in addition to asking you questions about YOUTH, we will also be asking a few questions about you as well.

Nothing you say will ever be reported individually about you, [YOUTH], or your family.

As with any research study that stores information on computers, there is always a risk that confidentiality may be breached; however, we want to assure you that we make every effort we can to keep your information secure-- for example your name and contact information are kept separate from the information that is collected during this study..

As we mentioned in the letter we sent you, we will be combining the information you give us today with the interviews we conducted with you (and your child) in earlier rounds of this study, so that we have a complete picture of [YOUTH's] experiences over the years.

If you have any questions or concerns about the study, I can give you a toll-free number to call. At the end of the interview, I will collect information from you about where to mail the check. [IF ASKED: PROVIDE TOLL-FREE NUMBER 1-866-269-7274]

PROVIDE IF ASKED: If the participant has questions about his/her rights as a study participant, he/she can call RTI's Office of Research Protection toll-free at 1-866-214-2043. [IF THE RESPONDENT REFUSES, USE ESC KEY TO RETURN TO THE MENU

SCREEN]

Z_9 (S9)

If this is a good time to talk, we can start the interview now.

1 = CONTINUE

IF RESPONDENT HESITATES, SAY: Why don't we start and then I can always call back if you need to stop before we finish.

PROVIDE IF ASKED: If the participant has questions about his/her rights as a study participant, he/she can call RTI's Office of Research Protection toll-free at 1-866-214-2043. [IF THE RESPONDENT REFUSES, USE ESC KEY TO RETURN TO THE MENU SCREEN]

Z_8_YOUTH

Before we begin, I need to tell you a few things.

Your taking part in the study is completely voluntary, but if you agree, we would like to talk with you. What you say will be kept private and won't be shared with your parent or guardian.

The questions are about what you have been doing in the way of work or school or other things since high school like how you spend your time, how often you see friends and a few question about things like fighting or getting arrested or smoking, or drinking. If you don't want to answer a question, you can just say "skip that one." The questions should take about 20-30 minutes. At the end of the interview, I will collect information from you about where to mail the check.

As we have done in earlier rounds, we are also going to try to contact your parent to complete a short interview about your experiences too,

As with any research study that stores information on computers, there is always a risk that confidentiality may be breached; however, we want to assure you that we make every effort we can to keep your information secure-- for example your name and contact information are kept separate from the information that is collected during this study. As we mentioned in the letter we sent you, we will be combining the information you give us today with the interviews we conducted with you (and your parents) in earlier rounds of this study, so that we have a complete picture of your experiences over the years.

GO TO Z_8_YOUTHa	YES	1
	WILL ANSWER, NOT NOW, SET APPOINTMENT	2

Can I begin asking you the questions?

Z_8_YOUTHa.

Good. I want to assure you that nothing you say will ever be reported individually about you or your family. If you have any questions or concerns about the study, I can give you a toll-free number to call.

PROVIDE IF ASKED: Respondent can call the study's toll-free number at 1-866-269-7274 with questions about the study. If the participant has questions about his/her rights as a study participant, he/she can also call RTI's Office of Research Protection toll-free at 1-866-214-2043. I've just mentioned the kinds of questions I'll be asking you. Is this a good time for you to talk and is this a good place for you to talk? Or would you like to go to a more private room or phone where I could call you back?

- YES: (GO TO P1 IN YOUNG ADULT INTERVIEW)
- NO: I'd like to set a call-back for a time that is more convenient for you. (TI:SUGGEST A TIME AND SET CALLBACK)

CHECK WITH SUPERVISOR SCRIPT (PROBLEM):

CONFIRM THAT YOU ARE TALKING ABOUT THE YOUTH ON THE SAMPLE FILE. IF UNCLEAR, SAY I may have made an error here. Let me check with my supervisor and I will call you back. Thank you. Be sure to code out case and put in the problem queue.

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.

New option for Youth refusals (on refusal conversion call with youth only)

Refusal_script:

My supervisor asked me to follow-up with you concerning a call that you received from one of our interviewers about a week ago. The call was about a very important study that is being conducted by RTI on behalf of the U.S. Department of Education. I understand that you may have had some concerns about the study that I might be able to address.

IF THE SUBJECT REFUSES, STATE: We respect your decision to not participate in the study. As we previously told you, unless you object, we plan to contact your parent for an interview. Thank you again for your time.

The NLTS2 research study collects information about the education, work, and life experiences of young people nationwide.

- (1) CONTINUE
- (2) YOUTH REFUSES
- (3) YOUTH REFUSES AND SPECIFICALLY REQUESTS NOT TO CONTACT PARENT
- (4) YOUTH WILL CONTINUE BUT REQUESTS NOT TO CONTACT PARENT

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.

Skip to Blaise

CHECKPOINT: ALL CASES ask Z10.

Z10. INDICATE SEX OF RESPONDENT. ASK IF NECESSARY.

GO TO Z12a	MALE	1
Ask Z11a	FEMALE	2

Z11a. [if not prior waverespondent (HasW1Data NE 1)] To confirm [else] To start, [endif] what is relationship to [youth]?

	MOTHER	1
GO TO A1a	BIOLOGICAL MOTHER	2
	ADOPTIVE MOTHER	3
	STEPMOTHER	4
	FOSTER MOTHER	5
	LEGAL GUARDIAN	6
	SISTER/STEPSISTER	7
	AUNT	8
	GRANDMOTHER	9
	OTHER (SPECIFY)	10
	DON'T KNOW	-1
	REFUSED	-2

DELETED PRIOR WAVE Z11b TO Z11c

Z12a. [if not prior waverespondent (HasW1Data NE 1)] To confirm [else] To start, [endif] what is relationship to [youth]?

	FATHER	1
GO TO A1a	BIOLOGICAL FATHER	2
	ADOPTIVE FATHER	3
	STEPFATHER	4
	FOSTER FATHER	5
	LEGAL GUARDIAN	6
	BROTHER/STEPBROTHER	7
	UNCLE	8
	GRANDFATHER	9
	OTHER (SPECIFY)	10
	DON'T KNOW	-1
	REFUSED	-2

DELETED PRIOR WAVE Z12b TO Z12c

A. RESIDENTIAL, SCHOOL, AND EMPLOYMENT STATUS

HIGH SCHOOL STATUS

CHECKPOINT: IF YOUTH HAD NOT GRADUATED OR TOOK A TEST AND RECEIVED A CERTIFCATE IN AN EARLIER WAVE (W1Grad OR W1CERT NE 1), ASK A2a, ELSE GO TO A2c.

NLTS2 PRIOR WAVE P2a

A2a. I'd like to begin by asking you a few questions about YOUTH's high school. Has YOUTH been in high school or taken any high school classes at all this school year, that is from September till now [after 8/15/09: this past school year, that is from September 2008 till June 2009]?

ASK A2b	YES	1
GO TO A2d	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NLTS2 PRIOR WAVE P2b

А

A2b. Is [he/she] in high school or taking any high school classes now?

TI: IF NO (A2b=2), PROBE TO SEE IF YOUTH IS ON SUMMER BREAK. IF ON SUMMER BREAK, CODE AS YES (TAKING CLASSES NOW).

GO TO A1a	YES [OR NO, ON	1
	SUMMER BREAK]	
	NO	2
GO TO A2d	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF W1A2d has a value, then ask A2c. Else, go to A2d.

A2c. [IF YOUTH GRADUATED OR RECEIVED A CERTIFICATE IN AN EARLIER WAVE,: I'd like to begin by asking] [ELSE: Now I have a few questions] about YOUTH's high school. Our records show that YOUTH left high school in the [W1A2d] school year. Is that correct?

GO TO CHECKPOINT	YES	1
BEFORE A2e		
GO TO A2d	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NLTS2 PRIOR WAVE D3a

A2d. When did YOUTH leave high school? PROBE IF NEEDED: Was it this school year (since September), last school year, or was it before that? [after 8/15/09: Was it last school year (2008-2009), the previous school year (2007-2008), or was it before that?]

THIS SCHOOL YEAR (2008-2009)	1
LAST SCHOOL YEAR (2007-2008)	2
BEFORE THAT (EARLIER THAN 2007-2008 BUT SCHOOL YEAR NOT SPECIFIED)	3
2006-2007	4
2005-2006	5
2004-2005	6
2003-2004	7
2002-2003	8
2001-2002	9
2000-2001	10
NEVER IN SCHOOL	11
STILL IN HIGH SCHOOL	12
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT 1: IF YOUTH IS STILL IN HIGH SCHOOL (A2d=12) THEN RESET A2b to IN HIGH SCHOOL (A2b=1) AND GO TO A1a. ELSE CONTINUE TO CHECKPOINT 2.

CHECKPOINT 2: IF YOUTH HAD NOT GRADUATED OR TAKEN A TEST FOR DIPLOMA IN PRIOR WAVE [W1Grad and W1Cert NE 1] ASK A2e. ELSE GO TO A1a.

NLTS2 PRIOR WAVE D3b

A2e. When [he/she] left school did [he/she] graduate, take a test and receive a diploma or certificate without taking all of [his/her] high school classes, drop out or stop going, was [he/she] suspended or expelled, was [he/she] older than the school age limit] or did [he/she] leave for some other reason?

GO TO A2g	GRADUATE	1
GO TO A2g	TAKE A TEST AND RECEIVE A DIPLOMA	2
	OR A CERTIFICATE WITHOUT TAKING ALL OF HIS/HER HIGH SCHOOL CLASSES	
ASK A2f	DROP OUT OR JUST STOP GOING	3
	TEMPORARILY SUSPENDED	4
	PERMANENTLY EXPELLED,	5
GO TO A1a	AGE OUT/OLDER THAN AGE LIMIT	6
	SOME OTHER REASON. SPECIFY	7
	DON'T KNOW	-1
	REFUSED	-2

NLTS2 PRIOR WAVE D3c

A2f. What were [his/her] reasons for leaving? SELECT ALL THAT APPLY.

	ACADEMIC DIFFICULTY; POOR GRADES, NOT DOING WELL	1
	DISLIKE OF SCHOOL EXPERIENCE,	2
	SCHOOL TOO DANGEROUS	3
	FAILED REQUIRED TEST/FAILED GRADUATION EXAM	4
	LACK OF APPROPRIATE CURRICULUM	5
	POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF	6
	POOR RELATIONSHIPS WITH FELLOW STUDENTS	7
	LANGUAGE DIFFICULTY	8
	ECONOMIC REASONS	9
	LACK OF CHILDCARE	10
	LACK OF TRANSPORTATION	11
	PROBLEMS WITH BEHAVIOR	12
A1a	SUBSTANCE ABUSE	13
	ILLNESS/DISABILITY	14
	PREGNANCY	15
	ENTERED CRIMINAL JUSTICE SYSTEM	16
	NEEDED AT HOME	17
	RELIGION	18
	MOVED	19
	PARENT/GUARDIAN INFLUENCE	20
	FRIENDS WERE DROPPING OUT	21
	MARRIAGE	22
	MILITARY, JOINED ARMED FORCES	23
	EMPLOYMENT, SEEK OR ACCEPT JOB	24
	OTHER (SPECIFY)	25
	DON'T KNOW	-1
	REFUSED	-2

NLTS2 PRIOR WAVE D3d1

A2g. Did [he/she] receive a regular high school diploma, a certificate of completion, or something else?

DIPLOMA	1
CERTIFICATE	2
SOMETHING ELSE	3
DON'T KNOW	-1
REFUSED	-2

RESIDENTIAL STATUS

NLTS2 PRIOR WAVE A6a

A1a. I'd like to begin by asking you some questions 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 [HIS/HER] LEGAL GUARDIAN	2
WITH ANOTHER RELATIVE/AN ADULT FAMILY MEMBER OTHER	3
THAN A SPOUSE OR PARENT.	
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	7
COLLEGE	
IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING	8
IN MILITARY HOUSING	9
IN A GROUP HOME, OTHER ASSITED LIVING CENTER, OR	10
SUPERVISED APARTMENT	
IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT	11
HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES	
IN A MENTAL HEALTH FACILITY	12
IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER	13
TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR	14
JOB CORPS/JOB TRAINING PROGRAM/ON THE JOB HOUSING	16
OTHER, SPECIFY	15
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF YOUTH IS NOT HIGH SCHOOL (A2b NE 1), ASK A1a1. ELSE GO TO A1b.

A1a1. [IF STILL IN HIGH SCHOOL: Has [he/she] lived anywhere else since high school? [IF OUT OF HS MORE THAN 2 YEARS: Did [he/she] live in any of these places in the last 2 years?] EXCLUDING CAMPS AND VACATIONS.

ASK A1a2	YES	1
	NO	2
GO TO CHECKPOINT BEFORE A1d	DON'T KNOW	-1
	REFUSED	-2

A1a2. Where else has YOUTH lived since high school? 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	З
OTHER THAN A SPOUSE OR PARENT.	
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	7
COLLEGE	
IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING	8
IN MILITARY HOUSING	9
IN A GROUP HOME, OTHER ASSITED LIVING CENTER, OR	10
SUPERVISED APARTMENT	
IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT	11
HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES	
IN A MENTAL HEALTH FACILITY	12
IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER	13
TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR	14
JOB CORPS/JOB TRAINING PROGRAM/ON THE JOB HOUSING	16
OTHER, SPECIFY	15
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF YOUTH HAS BEEN OUT OF SECONDARY SCHOOL FOR MORE THAN 2 YEARS OR DK/REF WHEN LEFT (A2d [from any wave] > 2 OR DK/REF) OR STILL IN HIGH SCHOOL (A2b=1) THEN ASK A1b. ELSE GO TO CHECKPOINT BEFORE A1d.

NELS:88 A6c

A1b. Has [he/she] lived anywhere else in the last 2 years] EXCLUDING CAMPS AND VACATIONS.

ASK A1c	YES	1
	NO	2
GO TO CHECKPOINT BEFORE A1d	DON'T KNOW	-1
	REFUSED	-2

A1c. 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	3
OTHER THAN A SPOUSE OR PARENT.	
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	7
COLLEGE	
IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING	8
IN MILITARY HOUSING	9
IN A GROUP HOME, OTHER ASSITED LIVING CENTER, OR	10
SUPERVISED APARTMENT	
IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT	11
HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES	
IN A MENTAL HEALTH FACILITY	12
IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER	13
TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR	14
JOB CORPS/JOB TRAINING PROGRAM/ON THE JOB HOUSING	16
OTHER, SPECIFY	15
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF YOUTH DOES NOT LIVE AT HOME (A1a NE 1, 2, 3, OR 4) ASK A1d. ELSE GO TO CHECKPOINT BEFORE A3a.

NLTS G4.

A1d. About how often do you talk with YOUTH by phone, e-mail, 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

CHECKPOINT: IF OUT OF HIGH SCHOOL (A2b NE 1) ASK A3a. ELSE GO TO A4b.

POSTSECONDARY SCHOOL STATUS

2-YEAR/COMMUNITY COLLEGE

NLTS2 PRIOR WAVE D4a1

A3a. Since high school has [he/she] gone to a two year or community college?

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

CHECKPOINT: IF HAS GONE TO A 2-YEAR/COMMUNITY COLLEGE (A3a = 1) CONTINUE WITH CHECKPOINT. ELSE GO TO A3e.

IF YOUTH HAS BEEN OUT OF SECONDARY SCHOOL FOR MORE THAN 2 YEARS OR DK/REF WHEN LEFT (A2d [from any wave] > 2 or DK/REF) ASK A3b. ELSE GO TO A3c.

NLTS2 PRIOR WAVE D4Aa1

A3b.In the past 2 years, has [he/she] gone to a two year or community college?

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

CHECKPOINT: IF ATTENDED IN THE PAST 2 YEARS (A3b = 1) ASK A3c. ELSE GO TO A3d.

NLTS2 PRIOR WAVE D4b1

A3c. Is [he/she] going to a two year or community college now?

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

NLTS2 PRIOR WAVE D4c1

A3d. Has [he/she] gotten a diploma, certificate, or license from a two year or community college?

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

VOCATIONAL, BUSINESS, OR TECHNICAL SCHOOL

NLTS2 PRIOR WAVE D4a2

A3e. Since high school], has [he/she] gone to a beyond high school level vocational, business or technical school?

[INTERVIEWER: IF RESPONDENT HAS ALREADY SAID THAT YOUTH HAS GONE TO 2-YEAR OR COMMUNITY COLLEGE (A3b=1) AND ALSO ANSWERS YES TO THIS QUESTION (A3e), ASK: "You had already mentioned that YOUTH went to a 2-year or community college. Was that different from the school you are talking about now?" IF IT IS THE SAME SCHOOL, CODE THIS AS "NO."]

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

CHECKPOINT: IF ATTENDED VOC SCHOOL (A3e = 1) CONTINUE WITH CHECKPOINT. ELSE GO TO A3i.

IF YOUTH HAS BEEN OUT OF SECONDARY SCHOOL FOR MORE THAN 2 YEARS OR DK/REF WHEN LEFT (A2d [from any wave] > 2 OR DK/REF) THEN ASK A3f. ELSE GO TO A3g.

NLTS2 PRIOR WAVE D4Aa2

A3f.In the past 2 years, has [he/she] gone to a beyond high school level vocational, business or technical school?

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

CHECKPOINT: IF ATTENDED IN THE PAST 2 YEARS (A3f = 1) ASK A3g. ELSE GO TO A3h.

NLTS2 PRIOR WAVE D4b2

A3g. Is [he/she] going to a beyond high school level vocational, business or technical school now?

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

NLTS2 PRIOR WAVE D4c2

A3h. Has [he/she] gotten a diploma, certificate, or license from a beyond high school level vocational, business or technical school?

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

FOUR YEAR COLLEGE

NLTS2 PRIOR WAVE D4a3

A3i. Since high school, has [he/she] gone to a four year college?

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

CHECKPOINT: IF ATTENDED 4-YEAR COLLEGE (A3i = 1) CONTINUE WITH CHECKPOINT. ELSE GO TO A4a.

IF YOUTH HAS BEEN OUT OF SECONDARY SCHOOL FOR MORE THAN 2 YEARS OR DK/REF WHEN LEFT (A2d [from any wave] > 2 OR DK/REF) THEN ASK A3j. ELSE GO TO A3k.

NLTS2 PRIOR WAVE D4Aa3

A3j.In the past 2 years, has [he/she] gone to a four year college?

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

CHECKPOINT: IF ATTENDED 4-YEAR COLLEGE (A3j=1) ASK A3k. ELSE GO TO A3I.

NLTS2 PRIOR WAVE D4b3

A3k. Is [he/she] going to a four year college now?

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

CHECKPOINT: IF NOT ATTENDING 4-YEAR COLLEGE NOW (A3k=2) ASK A3I. ELSE GO TO A4a.

NLTS2 PRIOR WAVE D4c3

A3I. Has [he/she] gotten a diploma, certificate, or license from a four year college?

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

EMPLOYMENT STATUS

My next few questions are about YOUTH's employment.

NLTS2 PRIOR WAVE L6a1

A4a. Could you tell me, at anytime since high school did [YOUTH] work for pay other than work around the house?

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

CHECKPOINT 1: IF YOUTH HAS NOT HAD A JOB SINCE HIGH SCHOOL (A4a = NO/DK/REF) AND HAS BEEN OUT OF HIGH SCHOOL LESS THAN 2 YEARS (A2d [from any wave] = 1 OR 2 OR MISSING) THEN ASK A4b.

ELSE IF YOUTH HAS NOT HAD A JOB SINCE HIGH SCHOOL AND HAS BEEN OUT OF HIGH SCHOOL MORE THAN 2 YEARS (A2d [from any wave] > 2) THEN GO TO A4f

ELSE GO TO CHECKPOINT 2

CHECKPOINT 2: IF YOUTH HAS HAD A JOB SINCE HIGH SCHOOL (A4a=1) AND BEEN OUT OF SECONDARY SCHOOL FOR MORE THAN 2 YEARS OR DK/REF WHEN LEFT (A2d [from any wave] > 2 or DK/REF) ASK A4b. ELSE IF YOUTH IN HIGH SCHOOL NOW (A2b=1) ASK A4b

Else go to A4c

NLTS2 PRIOR WAVE L2a or L6a2

A4b. [if youth is in high school (a2b=1): Could you tell me, at anytime in the last 2 years did [YOUTH] work for pay other than work around the house?] [else say: Did [YOUTH] have a paid job in the last 2 years?

ASK A4c	YES	1
	NO	2
GO TO CHECKPOINT BEFORE A4d	DON'T KNOW	-1
	REFUSED	-2

NLTS2 PRIOR WAVE L3a or L7a]

A4c. Does he/she have a paid job now?

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

CHECKPOINT: IF YOUTH HAS BEEN EMPLOYED SINCE HIGH SCHOOL OR IN LAST 2 YEARS (A4a OR A4b = 1) ASK A4d. ELSE. GO TO A4f.

L3f1/L4b

A4d. About how much is YOUTH paid at this job per hour (IF NOT CURRENTLY EMPLOYED (A4c = 2) ASK: About how much was YOUTH paid per hour at [his/her] most recent job)? (PROBE: IF DOESN'T KNOW PER HOUR, ENTER AMOUNT AND APPROPRIATE TIME METRIC. IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER AND CODE ONE. IF YOUTH HAS MORE THAN ONE JOB, SAY "PLEASE THINK ABOUT THE JOB WHERE [YOUTH] SPENDS THE MOST TIME")

IF AMOUNT PROVIDED, ENTER NUMBER AND CODE TIME METRIC. ELSE CODE MINIMUM WAGE, DON'T KNOW, OR REFUSED.

PROBE FOR LESS THAN MINIMUM WAGE OR MORE THAN \$20/HOUR: You told me {AMOUNT] per hour. Is that correct?

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

{allow 99 per hour} {allow 999 per week}

{allow 9,999 per month} {allow 99,999 per year}

NLTS2 PRIOR WAVE L3f2/L4d

A4e. About how many hours per week does YOUTH usually work at this job? (IF NOT CURRENTLY EMPLOYED (A4c = 2) then ASK: About how many hours per week did YOUTH usually work at this job?) IF YOUTH HAS MORE THAN ONE JOB, SAY "PLEASE THINK ABOUT THE JOB WHERE [YOUTH] SPENDS THE MOST TIME")? ENTER NUMBER AND CODE ONE.

 HOURS/WEEK	1
DON'T KNOW	-1
REFUSED	-2

{allow 168}

SUPPLEMENTAL SECURITY INCOME AND GROUP PARTICIPATION

NLTS2 PRIOR WAVE M7e

A4f. Did [YOUTH] get money from the Supplemental Security Income or SSI program in the past 2 years? CODE ONE.

ASK A4g	YES	1
GO TO A4h	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NLTS2 PRIOR WAVE M7f

A4g. Does [YOUTH] receive money from the Supplemental Security Income or SSI program now? CODE ONE.

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

NLTS2 PRIOR WAVE J2

A4h. During the last 12 months, has [YOUTH] taken part in any group activities, such as church or temple group or team sports like soccer or softball? CODE ONE.

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

B. CHANGE IN FUNCTIONING

CHECKPOINT: IF NO PRIOR WAVE OR NO VALUE FOR W1B1a IN ANY PRIOR WAVE INTERVIEW (HasW1Data NE 1 or no values for W1B1a), ASK B1a. Else GO TO B2b.

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 RESPONDENT INDICATED SOMETHING OTHER THAN NO DISABILITY OR ADD IN B1a (B1a has value and B1a NE 00 OR 02 <u>OR B1a = DK/RF</u>) 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 = 02 THEN ASK	YES	1
B1b.		
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF NO DISABILITY OR DK OR REFUSED (B1a = 00 OR DK/REF), GO TO B1c. ELSE ASK 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.

		Α	В
ASK B1c	HAS NO PROBLEM/DISABILITY/NOT GETTING SPECIAL SERVICES	00	
	ASTHMA	01	01
	ATTENTION DEFICIT DISORDER/ ATTENTION DEFICIT	02	02
	HYPERACTIVITY DISORDER (ADD) (ADHD)		
	AUTISM OR ASPERGERS	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,	10	10
	HAVING EMOTIONAL PROBLEMS, SED)		
	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
	MULTIPLE DISABILITIES	42	42
	OTHER (SPECIFY)	98	98

CHECKPOINT: CONSISTENCY CHECK WITH DISABILITY ON FILE. IF PARENT SAYS [YOUTH] DOES NOT HAVE ANY PROBLEMS OR DISABILITIES (B1a = 00,-1, OR -2), ASK B1c. ELSE GO TO CHECKPOINT BEFORE B1e. SEELS

B1c. Records from the school or school district indicate that at the beginning of the 2000-2001 school year [YOUTH] had received special help for [DISABILITY/IES ON FILE (as reported in Disability1, Disability2, and Disability3)]. Is [any of] that still correct? CODE ONE.

IF 1 DISABILITY ON FILE (Disability1 only), GO BACK AND CODE IN B1a. IF MORE THAN 1 DISABILITY (values for Disability2 and/or Disability3), ASK: Which of those are correct? AND THEN CODE IN B1a. IF MORE THAN 1 DISABILITY IN B1a, ASK B1b, THEN GO TO B3a.	YES	1
	NO	2
ASK B1d	DON'T KNOW	-1
	REFUSED	-2

SEELS

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

	YES	1
GO TO B2b	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: CONSISTENCY CHECK WITH DISABILITY CATEGORY ON FILE. IF DISIBILITY FILE INDICATES [YOUTH] HAS VISUAL IMPAIRMENT (Dis_VI or Dis_DB = 1) AND THIS CATEGORY HAS NOT BEEN MENTIONED BY THE PARENT (B1a NE 04, 07 OR 19), ASK B1e. ELSE GO TO CHECKPOINT BEFORE B1f.

B1e. Records from the school or school district indicate that [YOUTH] had a visual impairment at the beginning of the 2000-2001 school year. Is that still 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 DISIBILITY FILE INDICATES [YOUTH] HAS HEARING IMPAIRMENT (Dis_HI or Dis_DB = 1) AND THIS CATEGORY HAS NOT BEEN MENTIONED BY THE PARENT (B1aNE 06 OR 07, OR 11), ASK B1f. ELSE GO TO B2b. SEELS

B1f. Records from the school or school district indicate that [YOUTH] had a hearing impairment at the beginning of the 2000-2001 school year. Is that correct? CODE RESPONSE. ALSO CODE CORRECT RESPONSE IN B1a.

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

DELETED PRIOR WAVE B2a

B2b. Now I want to ask about changes in how well [YOUTH] does some things. Have there been changes in the past 2 years in [YOUTH's] vision other then getting new glasses or contacts, or changes in [his/her] hearing, speaking or communication abilities or physical abilities? CODE ONE.

ASK B2c	YES	1
GO TO B7a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

B2c. Was that a change in [his/her] ... READ EACH CATEGORY, CODE ONE CODE FOR EACH ITEM.

	Yes	No	DK	Refused
1. Vision?	1	2	-1	-2
2. Hearing?	1	2	-1	-2
3. Speaking or communication abilities?	1	2	-1	-2
4. Physical abilities?	1	2	-1	-2

CHECKPOINT: IF HAS CHANGES IN VISION (B2c1 = 1), OR NO PRIOR WAVE OR NO VALUE FOR B1a IN ANY PRIOR WAVE INTERVIEW (HasW1Data NE 1 or no values for W1B1a) ASK B3a. ELSE GO TO CHECKPOINT BEFORE B4a.

VISION

B3a. Does [YOUTH] have glasses or contacts?

ASK B3b	YES	1
GO TO B3c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS B3b

B3b. How well can [he/she] see <u>with</u> glasses or contacts? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE B4a	Sees normally,	1
	Has a little trouble seeing, or	2
	Has a lot of trouble seeing?	3
DON'T READ; ASK B3c	DOESN'T HAVE THEM/LOST THEM	4
	WON'T WEAR THEM	5
DON'T READ; GO TO CHECKPOINT	DON'T KNOW	-1
BEFORE B4a	REFUSED	-2

NEILS, SEELS B3c

B3c. IF HAS BUT DOESN'T WEAR GLASSES (B3b = 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
	REFUSED	-2

HEARING

CHECKPOINT: IF HAS CHANGES IN HEARING (B2c2 = 1) OR NO PRIOR WAVE OR NO VALUE FOR B1a IN ANY PRIOR WAVE INTERVIEW (HasW1Data NE 1 or no values for W1B1a) ASK B4a. ELSE GO TO CHECKPOINT BEFORE B5a.

NEILS, SEELS B4a

B4a. Now I'm going to ask about {YOUTH's} hearing. 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 CHECKPOINT BEFORE B5a	Hears normally, or	1
ASK B4b	Has a hearing problem?	2
DON'T READ,	DON'T KNOW	-1
GO TO CHECKPOINT BEFORE B5a	REFUSED	-2

NEILS, SEELS B4b.

B4b. Is [YOUTH'S] hearing loss ... READ CATEGORIES. CODE ONE.

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

REFUSED	-2
---------	----

NEILS, SEELS B4c

B4c. Has a hearing aid or other kind of hearing device been prescribed for [him/her]?

	YES	1
	NO	2
GO TO B4e	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS B4d

B4d. 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
	DOESN'T HAVE ONE	5
DON'T READ	WON'T WEAR IT	6
	DON'T KNOW	-1
	REFUSED	-2

SEELS B4e

B4e. 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. CODE ONE.

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

LANGUAGE/COMMUNICATION

CHECKPOINT: IF HAS CHANGES IN SPEAKING OR COMMUNICATION ABILITIES (B2c3 = 1) OR NO PRIOR WAVE OR NO VALUE FOR B1a IN ANY PRIOR WAVE INTERVIEW (HasW1Data NE 1 or no values for W1B1a) ASK B5a. ELSE GO TO CHECKPOINT BEFORE B6a2.

NEILS, SEELS B5a

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
ASK 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	REFUSED	-2
CHECKPOINT		
BEFORE B5d		

SEELS B5b

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 B5d

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

GO TO	Has no trouble carrying on a conversation,	1			
CHECKPOINT BEFORE B6a2	Has a little trouble carrying on a conversation,	2			
ASK B5e	ASK B5e Has a lot of trouble carrying on a conversation, o				
	Doesn't carry on a conversation at all?	4			
DON'T READ	DON'T KNOW	-1			
ASK B5e	REFUSED	-2			

SEELS B5e

B5e. How well does [he/she] understand what people say to [him/her]? 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

CHECKPOINT: IF HAS CHANGES IN PHYSICAL ABILITIES (B2c4 = 1) OR NO PRIOR WAVE OR NO VALUE FOR B1a IN ANY PRIOR WAVE INTERVIEW (HasW1Data NE 1 or no values for W1B1a) ASK B6a2. ELSE GO TO B7a.

NEILS, SEELS B6a2

- **B6a2.** Next, I want to ask about [YOUTH'S] physical abilities. How well does [YOUTH] use [his/her] arms or hands? Does [he/she]....READ CATEGORIES
- ... [IF NEEDED: If there is a difference for each arm or hand, refer to the side with which the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm. IF YOUTH IS MISSING A HAND OR ARM CODE AS "4".

[IF ASKED FINE MOTOR SKILLS ARE ACTIVITIES LIKE USING A SPOON OR HOLDING A PENCIL. GROSS MOTOR SKILLS ARE ACTIVITIES LIKE THROWING, LIFTING, OR CARRYING.]

	Have no trouble using [his/her] arms or hands	1
	Have a little trouble using one or both,	2
	Have a lot of trouble using one or both, or	3
	Have no use at all of one or both arms or hands for fine or gross motor skills?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS B6c2

- **B6c2.** How well does [YOUTH] use both [his/her] legs and feet? Does [he/she]....READ CATEGORIES
- ... [IF NEEDED: If there is a difference for each leg or foot, refer to the side with which the YOUTH is experiencing the most difficulty. Do not include temporary difficulties, such as a broken leg. IF YOUTH IS MISSING A LEG OR FOOT CODE AS "4".

	Have no trouble using [his/her] legs or feet	1
	Have a little trouble using one or both,	2
	Have a lot of trouble using one or both, or	3
	Have no use at all of one or both legs or feet?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

HEALTH

NHIS, SEELS B7a

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 NEW WORDING IN WAVE 5

B7b. Is [he/she] now taking any prescription medicine for a condition or problem related to [his/her] disability or special need, or any medicine that controls [his/her] attention, behavior or activity level, or changes [his/her] mood, such as Ritalin or an antidepressant? CODE ONE.

GO TO B7e	YES	1
GO TO	NO	2
SECTION C	DON'T KNOW	-1
	REFUSED	-2

DELETED PRIOR WAVE B7c AND B7d.

SEELS B7e

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? (SPECIFY)	4
DON'T KNOW	-1
REFUSED	-2

NOTE: DELETED PRIOR WAVE PARENT PART 1 SECTIONS

C [HEALTH INSURANCE (REPLACED IN WAVE 5 BY NEW SECTION C: SERVICES)] D [SCHOOL STATUS AND SCHOOL EXPERIENCE (SOME ITEMS INCORPORATED INTO W5 NEW SECTION A)]

E [FAMILY INTERACTION/INVOLVEMENT]

F [SERVICES (REPLACED IN WAVE 5 BY NEW SECTION C: SERVICES)]

G [YOUTH BEHAVIORS AND PARENT EXPECTATIONS]

C. SERVICES

My next questions are about services YOUTH might be receiving. I have a pretty long list of services to read and I know that many of them might not be appropriate for YOUTH, so please bear with me.

ECKPOINT: Ask C1A[a-v] and/or C1a1 [a-v] as follows:

rough I, and v services: ASK ALL RESPONDENTS.

rough u services: ASK RESPONDENTS BASED ON DISTRICT REPORTED DISABILITY ON SAMPLE FILE, PARENT REPORTED (from any wave), CHANGES IN DISABILITY IN THIS WAVE, AND OTHER ITEMS AS NOTED BELOW

Speech or language therapy – ask if reported a speech or communication problem (Dis_Spch = 1 or B1a = 16), had communication plem in earlier wave (W1CommTrouble = 1),or reported a change in communication abilities in this wave (B2c3 = 1).

udiology services – ask if reported deaf, deaf/blind, or hearing impaired (Dis_DB or Dis_HI = 1 or B1a = 06, 07, or 11) or reported a nge in hearing in this wave (B2c2 = 1).

rientation and mobility services – ask if reported orthopedic impairment, other health impairment, multiple impairments, or dness/visual impairment (Dis_DB, Dis_OI, Dis_OHI, Dis_MH, Dis_VI = 1 or B1a = 04, 05, 07, 12, 15, 17, 18, 19, or 42) or reported a nge in vision or physical abilities (B2c1 or B2c4 = 1)

espite care – same logic as q (adult day care).

dult day care – ask if reported is anything other than LD/Speech (Dis_SpLDOnly NE 1 and B1a is anything other than 00, 13, or 16 orted a disability and it was something other than LD or speech]), or health is fair or poor (B7a = 4 or 5).

esidential services/group home – ask if reported anything other than LD/Speech (Dis_SpLDOnly NE 1 and B1a is anything other than 13, or 16 [reported a disability and it was something other than LD or speech]), and did not already report living in a group home or ervised living arrangement earlier (A1a and A1c NE 10).

ersonal assistant or in the home aide – same logic as q (adult day care).

ursing care – same logic as q (adult day care).

ase manager – ask if any services received (any C1Aa-C1At or C1a1a-C1a1t = 1 [any yes responses since high school/in the past 2 rs]).

ECKPOINT2: IF YOUNG ADULT IS OUT OF HIGH SCHOOL (A2b NE1), ASK C1a. ELSE IF YOUNG ADULT IS IN HS (A2b=1), GO C1a1.

NHIS, NLTS, NLTS2 PRIOR WAVE F14a

C1a. Anytime since high school has [YOUTH] received any of the following services?

READ EACH ITEM TO CODE RESPONSE IN COLUMN A.

FOR EACH YES, IF YOUTH HAS BEEN OUT OF HIGH SCHOOL MORE THAN 2 YEARS (A2d FROM ANY WAVE >2 OR DK/REF), ALSO READ C1a1 IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN A1.

ELSE IF YOUTH IN HIGH SCHOOL IN THE PAST 2 YEARS (A2d FROM ANY WAVE = 1 OR 2), READ C1b IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN B.

C1a1. [IF IN HIGH SCHOOL (A2b=1) Anytime in the past 2 years has [YOUTH] received any of the following services?] [ELSE IF OUT OF HIGH SCHOOL FOR MORE THAN 2 YEARS (A2d FROM ANY WAVE >2 OR DK/REF) AND YES TO CORRESPONDING C1a[a-v] ASK: Did [YOUTH] receive that service in the past 2 years?]

IF YOUTH IS IN HIGH SCHOOL (A2b=1/NOT ASKED C1a), READ EACH ITEM TO CODE RESPONSE IN COLUMN A1.

ELSE READ ITEM C1a1[a-v] IF CORRESPONDING ITEM IN C1a[a-v] IS YES

FOR EACH YES IN C1a1, READ C1b IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN B

NLTS2 PRIOR WAVE F14b

C1b. Is [he/she] getting that now?

		A. RECEIVED SERVICES ANY TIME				SER	RECE	1. EIVED	TIME	B. RECEIVES SERVICES NOW				
			SINCE HIGH SCHOOL IN PAST 2 YE/							S				
	Service	Y	Ν	DK	R	Y	Ν	DK	R	Y	Ν	DK	R	
	[a-I] ASK ALL RESPONDENTS													
а.	Any career counseling, help in finding a job, training in job skills or vocational education, other than from an employer	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2	
b	Financial aid, like paying for college classes or training.	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2	
С	Educational assistance or tutoring	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2	
d.	Reader or interpreter, including sign language	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2	
e.	Instruction or help with doing things like managing money, cooking or keeping house, or any other training in independent living skills or occupational therapy, not including instruction from family members or friends	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2	
f.	Childcare services or parenting skills training	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2	
g.	Psychological or mental health services or counseling	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2	
h.	Social work services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2	
i.	Physical therapy	1	2	-1	-2 -2	1	2	-1	-2	1	2	-1	-2	
j.	Assistive technology services or devices, such as help getting or using any kind of equipment that helps people with a disability, for example a special calculator or reading machine.	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2	

			RECE VICES	A. CEIVED ES ANY TIME IGH SCHOOL			RECE VICES	A1. RECEIVED VICES ANY TIME PAST 2 YEARS				3. EIVES ES NO	
	Service	Y	Ν	DK	R	Y	N	DK	R	Y	Ν	DK	R
k.	Transportation assistance because of a disability	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
Ι.	Medical services for diagnosis or evaluation related to [his/her] disability	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
	[m-u] ASK											—	
m.	Speech or language therapy, or communication services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
n.	Audiology services for hearing problems	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
0.	Orientation and mobility services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
р.	Respite care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
q.	Adult day care												
r.	Housing assistance or residential services or help with a supervised living arrangement, for example a group home	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
S.	Personal assistant/or an in- the-home aide	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
t.	Nursing care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
U.	A case manager or someone who coordinates the services YOUTH receives, this could include a family member or friend	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
		[V]	ASK /	ALL R	ESPO	NDEN	NTS						
V.	Any other services (IF B1a [from any Wave] IS SOMETHING OTHER THAN 00 [REPORTED A DISABILITY] READ: because of [his/her] special needs] SPECIFY:	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2

CHECKPOINT: IF GETTING ANY SERVICES NOW (ANY C1b [a-v] = 1 [i.e., ANY YES RESPONSES IN C1b) ASK C1c. ELSE GO TO C1d.

NLTS2 PRIOR WAVE F14d

C1c. Overall, do you think YOUTH is getting enough services?

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

NOTE: ALL SHOULD GO HERE WHETHER OR NOT THEY RECEIVED ANY SERVICES

NLTS2 PRIOR WAVE F14e

C1d. Do you think [he/she needs] any services [IF ANY YESSES IN C1b (any C1b[a-v] = 1) ADD: besides the ones (he/she) receives] now?

ASK C1e	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE C2a	REFUSED	-2

NLTS2 PRIOR WAVE F14f

C1e. What services do you think [he/she] needs? CODE ALL THAT APPLY. TI: READ SERVICES ONLY IF NECESSARY. PROBE FOR: Anything else?

FOR EACH ANSWER SELECTED IN C1e ASK C1f.

NLTS2 PRIOR WAVE F14g

C1f. Have you, someone in your family, or YOUTH tried to get this service?

If C1f = Yes, ask C1g:

NLTS2 PRIOR WAVE F14h

C1g. Is [he/she] on a waiting list?

			E				F				C	Э.	
		WHICH SERVICE			TRIED TO GET				APPLICATION PROCESS/ PAPERWORK			5/	
	Service	Y	Ν	DK	R	Y	Ν	DK	R	Υ	Ν	DK	R
	[a-I] ASK ALL RE	SPO	NDE	NTS									
а.	Any career counseling, help in finding a job, training in job skills or vocational education, other than from an employer	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
b	Financial aid, like paying for college classes or training.	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
С	Educational assistance or tutoring	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
d.	Reader or interpreter, including sign language	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2

		E. WHICH SERVICE NEEDED				F. TRIED TO GET				G. APPLICATION PROCESS/ PAPERWORK			
	Service	Y	Ν	DK	R	Υ	Ν	DK	R	Υ	Ν	DK	R
e.	Instruction or help with doing things like managing money, cooking or keeping house, or any other training in independent living skills or occupational therapy, not including instruction from family members or friends	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
f.	Childcare services or parenting skills training	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
g.	Psychological or mental health services or counseling	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
h.	Social work services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
i.	Physical therapy	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
j.	Assistive technology services or devices, such as help getting or using any kind of equipment that helps people with a disability, for example a special calculator or reading machine.	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
k.	Transportation assistance because of a disability	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
I.	Medical services for diagnosis or evaluation related to [his/her] disability	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
	[m-u] ASK AS INSTRUCTED	IN CHECKPOINT A				BOVE							
m.	Speech or language therapy, or communication services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
n.	Audiology services for hearing problems	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
0.	Orientation and mobility services	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
р.	Respite care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
q.	Adult day care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
r.	Housing assistance or residential services or help with a supervised living arrangement, for example like a group home	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
S.	Personal assistant/or an in-the- home aide	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
t.	Nursing care	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
u.	A case manager or someone who coordinates the services YOUTH receives, this could include a family member or friend	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2
	[v] ASK ALL RESPONDENTS												

		E. F.		G.									
		WH	WHICH SERVICE TRIED TO GET NEEDED			F	PROC	CATIC CESS RWOF	/				
	Service	Y	Ν	DK	R	Y	Ν	DK	R	Y	Ν	DK	R
۷.	Any other services [IF REPORTED A DISABILITY (B1a [from any Wave] IS SOMETHING OTHER THAN 00) READ: because of [his/her] special needs] SPECIFY:	1	2	-1	-2	1	2	-1	-2	1	2	-1	-2

JOB-RELATED SERVICES

ECKPOINT: IF RECEIVED CAREER SERVICES IN PAST 2 YEARS OR SINCE HIGH SCHOOL (C1Aa or C1a1a = 1) ASK C2a. E GO TO CHECKPOINT BEFORE C3a.

NLTS2 PRIOR WAVE F8b

C2a. Earlier you had said that YOUTH received career counseling, help in finding a job, or job training [IF CURRENTLY IN HIGH SCHOOL (A2b = 1) ASK: in past 2 years] [ELSE ASK: since high school].has [he/she] had ... READ LIST.

ECKPOINT: IF RECEIVED A CAREER SERVICE IN PAST 2 YEARS/SINCE HS (C2A[a-i] = 1), ASK IF RECEIVES THE CAREER RVICE NOW IN C2B[a-i] [i.e., FOR EACH YES IN C2A READ CORRESPONDING C2B IMMEDIATELY]).

E CONTINUE WITH NEXT ITEM IN LIST.

NLTS2 PRIOR WAVE F9b

C2b. Is [he/she] getting that now?

			Α.			В.			
		RECEIVED CAREER SERVICES SINCE HIGH SCHOOL OR IN PAST 2 YEARS			RECEIVING CAREER SERVICES NOW				
	Service	Y	Ν	DK	R	Υ	Ν	DK	R
a.	Testing to find out his/her work interests or abilities.	1	2	-1	-2	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	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	1	2	-1	-2
d.	Career counseling, like help in figuring out jobs YOUTH might be suited to.	1	2	-1	-2	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	1	2	-1	-2

		Α.				В.			
		RECEIVED CAREER		RECEIVING CAREER					
		SERVICES SINCE HIGH SCHOOL OR IN PAST 2 YEARS			SERVICES NO			NOM	
_	Service	Y	Ν	DK	R	Y	Ν	DK	R
f.	Job shadowing, such as visiting a workplace and watching the way a job is done.	1	2	-1	-2	1	2	-1	-2
g.	Apprenticeships or internships.	1	2	-1	-2	1	2	-1	-2
h.	Help in finding a job.	1	2	-1	-1	1	2	-1	-2
i.	Anything else? SPECIFY	1	2	-1	-1	1	2	-1	-2

NLTS2 PRIOR WAVE F8c

C2c. Who has given YOUTH job training or help [IF CURRENTLY IN HIGH SCHOOL (A2b = 1) ASK: in past 2 years] [ELSE ASK: since high school]? (PROBE: Anyone else?) READ CATEGORIES IF NECESSARY. CODE ALL THAT APPLY.

	i
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	11
JTPA, Job Corps, other federal job training program	12
Group home or supported living program	13
DO NOT READ: CORRECTIONAL FACILITY	14
Other (SPECIFY)	15
DON'T KNOW	-1
REFUSED	-2

C2d. How useful do you think this job training or help has been 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 READ	DON'T KNOW	-1
	REFUSED	-2

JOB SERVICES – UNMET NEED

CHECKPOINT: IF NEEDS JOB SERVICES (C1Ea = 1) GO TO C3b. ELSE ASK C3a.

NLTS2 PRIOR WAVE F10a

C3a. Do you think YOUTH needs any career counseling or job training or help now? .

ASK C3b	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE C4a	REFUSED	-2

NLTS2 PRIOR WAVE F10b

C3b. [IF NEEDS JOB SERVICES (C1eA = 1) ADD: Earlier you mentioned that YOUTH needs career counseling or job training or help.] What kinds of job training or help do you think YOUTH needs? OK TO READ CATEGORIES IF NECESSARY? CODE ALL THAT APPLY.

Testing to find out his/her work interacts or abilities	1
Testing to find out his/her work interests or abilities.	I
Training in specific job skills, for example food services, or computer skills, or	2
training for another kind of job.	
Training in basic skills needed for work, like counting change, telling time or	3
using transportation to get to work.	
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	5
for a job.	
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

CHECKPOINT: IF TRIED TO GET JOB SERVICES (C1Fa = 1) GO TO CHECKPOINT BEFORE C4a. ELSE ASK C3c.

NLTS2 PRIOR WAVE F10c

C3c. Has anyone been trying to get job training or help for YOUTH?

ASK C3d	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE C4a	REFUSED	-2

NLTS2 PRIOR WAVE F10d

C3d. Is [he/she] on the waiting list for this service?

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

LIFE SKILLS SERVICES

CHECKPOINT: IF RECEIVED LIFE SKILLS SERVICES IN PAST 2 YEARS OR SINCE HIGH SCHOOL (C1Ae or C1a1e = 1) ASK C4a. ELSE GO TO CHECKPOINT BEFORE C5a.

NLTS2 PRIOR WAVE F12a

C4a. Earlier you had said that YOUTH received instruction in or help with doing things like managing money, cooking, or keeping house, or other training in independent living skills or occupational therapy, not including instruction from family members or friends [IF CURRENTLY IN HIGH SCHOOL (A2b = 1) ASK: in past 2 years] [ELSE ASK: since high school] has [he/she] had training in or help with... READ LIST.

ECKPOINT: IF RECEIVED A LIFE SKILLS SERVICE IN THE PAST 2 YEARS/SINCE HS (C4A[a-i] = 1), ASK IF RECEIVES THE SKILLS SERVICE NOW IN C4B[a-i] [i.e., FOR EACH YES IN C4A ALSO READ CORRESPONDING C4B IMMEDIATELY].

E CONTINUE WITH NEXT ITEM IN LIST.

NLTS2 PRIOR WAVE F12b

C4b. Is [he/she] getting that now?

		А.		В.					
					'ING I S NO				
	Service	Y	Ν	DK	R	Y	Ν	DK	R
a.	Using transportation	1	2	-1	-2	1	2	-1	-2
b.	Home care skills, such as cooking and cleaning	1	1 2 -1 -2		1	2	-1	-2	
C.	Financial issues, such as managing [his/her] money	1	2	-1	-2	1	2	-1	-2
d.	Self care skills, such as brushing [his/her] teeth	1	1 2 -1 -2 1		1	2	-1	-2	
e.	Relationship skills, such as getting along with others	1 2 -1 -2 1 2 -		-1	-2				

			Α.		В.				
		RECEIVED LIFE SKILLS SINCE HIGH SCHOOL OR IN PAST 2 YEARS					ING I S NO		
	Service	Y	Ν	DK	R	Y	Ν	DK	R
f.	Parenting skills	1	2	-1	-2	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	1	2	-1	-2
h.	Other SPECIFY	1	2	-1	-2	1	2	-1	-2

NLTS2 PRIOR WAVE F12c

C4c. Who has given YOUTH training in or help with independent living skills[IF CURRENTLY IN HIGH SCHOOL (A2b = 1) ASK: in past 2 years] [ELSE ASK: 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
	Postsecondary vocational school, trade, or business school	05
	A private occupational therapist	06
	Developmental disabilities agency, DD	07
	Vocational Rehabilitation agency (VR, Voc Rehab)	08
	Another agency serving persons with disabilities	09
	Group home or supported living program	10
	CORRECTIONAL FACILITY	11
DO NOT READ:	Other (SPECIFY)	12
	DON'T KNOW	-1
	REFUSED	-2

NLTS2 PRIOR WAVE F12f

C4d. How useful do you think this training or help with independent living skills has been? 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

LIFE SKILLS – UNMET NEED

CHECKPOINT: IF NEEDS LIFE SKILLS SERVICES (C1Ee = 1) GO TO C5b. ELSE ASK C5a.

NLTS2 PRIOR WAVE F13a

C5a. Do you think YOUTH needs any training or help with independent living skills now? .

ASK C5b	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE C6a	REFUSED	-2

NLTS2 PRIOR WAVE F13b

C5b. [IF NEEDS JOB SERVICES (C1Ee = 1) ADD: Earlier you mentioned that YOUTH needs training or help with living skills.] What kinds of training or help with independent living skills do you think YOUTH needs? CODE ALL THAT APPLY. OK TO READ CATEGORIES IF NECESSARY?

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, IF ASKED WE MEAN HOW TO EXPLAIN [HIS/HER]	7
DISABILITY TO OTHERS, OR ASK FOR WHAT HE/SHE NEEDS	
Other. SPECIFY	9
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF TRIED TO GET LIFE SKILLS SERVICES (C1Fe = 1) GO TO CHECKPOINT BEFORE C6a. ELSE ASK C5c.

NLTS2 PRIOR WAVE F13c

C5c. Has anyone been trying to get training or help with independent living skills for YOUTH?

ASK C5d	YES	1
GO TO	NO	2
CHECKPOINT	DON'T KNOW	-1
BEFORE C6a	REFUSED	-2

NLTS2 PRIOR WAVE F13d

C5d. Is [he/she] on the waiting list for this service?

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

FAMILY ROLE IN SERVICES

CHECKPOINT: IF YOUTH RECEIVED SERVICES ANY TIME SINCE H.S OR IN PAST 2 YEARS (ANY C1A(a-v) or C1a1[a-v]= 1 [ANY YES RESPONSES IN C1A or C1a1]) ASK C6a.

ELSE IF NEEDS SERVICES (C1d, C3a, or C5=1) BUT HAS NOT RECEIVED ANY (ANY C1a[a-v] AND C1a1 (a-v) NE 1 THEN GO TO C6b. ELSE GO TO SECTION H.

NLTS2 PRIOR WAVE F15a

C6a. Overall, how much effort did it take for you or your family to get services for YOUTH? [IF CURRENTLY IN HIGH SCHOOL (A2b = 1) ASK: in past 2 years] [ELSE ASK: since high school]? 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

NLTS2 PRIOR WAVE F15b

C6b. Where does your family usually learn about services that might be appropriate for YOUTH? CODE AS MANY AS APPLY.

SCHOOL OR DISTRICT	1
PROFESSIONAL CONSULTANT OR	2
CASE WORKER	
PHYSICIAN OR OTHER MEDICAL OR	3
MENTAL HEALTH PROFESSIONAL	
OTHER PARENTS/PARENT GROUP	4
FAMILY MEMBERS, FRIENDS, OR	5
ACQUAINTANCES	
WEB, COMPUTER, INTERNET	6
NEWSLETTERS, MAGAZINES, OR	7
OTHER MEDIA	
TRAININGS, WORKSHOPS,	8
CONFERENCES	
OTHER, SPECIFY	9
OTHER PUBLIC OR PRIVATE AGENCIES	10
DON'T KNOW	-1
REFUSED	-2

NLTS2 PRIOR WAVE F15c

C6c. Have any of the following been a problem in getting or dealing with services during the last 12 months? READ EACH ITEM. CODE ONE FOR EACH ITEM.

CHECKPOINT: a through c and e through I: ASK ALL RESPONDENTS.

d: ASK IF REPORTED ORTHOPEDIC IMPAIRMENTS IN SAMPLE FILE OR B1a [from any wave] (Dis_OI = 1 or B1a = 05, 15, or 17) OR REPORTED CHANGE IN PHYSICAL ABILITIES (B2c4 = 1)

		Y	Ν	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.	READ IF YOUTH HAS A PHYSICAL IMPAIRMENT Physical accessibility of services [IF ASKED, WE MEAN THAT	1	2	-1	-2
	PLACES FOR SERVICES HAVE STAIRS OR OTHER OBSTACLES FOR PEOPLE WITH DISABILITIES]				
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
١.	Anything else? SPECIFY	1	2	-1	-2

CASE MANAGER

CHECKPOINT: IF HAS CASE MANAGER NOW (C1Bu = 1) ASK C7a. ELSE GO TO CHECKPOINT BEFORE C8a.

NLTS2 PRIOR WAVE F16b

C7a. Earlier you said that YOUTH has a case manager. Is that... READ CATEGORIES AND CODE AS MANY AS APPLY.

A professional	2
You or another family member, or	3
Someone else SPECIFY	4
DON'T KNOW	-1
REFUSED	-2

NLTS2 PRIOR WAVE F16c

C7b. How useful do you think case management services are? Would you say ... READ CATEGORIES. CODE ONE.

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

NLTS2 PRIOR WAVE F16d

C7c. Do you think YOUTH is getting enough case management services? CODE ONE.

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

CHECKPOINT: IF NEEDS CASE MANAGEMENT SERVICES (C1Eu = 1) GO SECTION H.

IF RECEIVED SERVICES ANY TIME SINCE HIGH SCHOOL OR IN PAST 2 YEARS (ANY C1a[a-v] or C1a1[a-v] = 1 [i.e., ANY YES RESPONSES IN C1a or C1a1]) ASK C8a. ELSE GO TO SECTION H.

NLTS2 PRIOR WAVE F16e

C8a. Do you feel your family or YOUTH needs a case manager or someone who coordinates the services [he /she] receives? CODE ONE.

ASK C8b	YES	1
GO TO	NO	2
SECTION H	DON'T KNOW	-1
SECTION	REFUSED	-2

NLTS2 PRIOR WAVE F16f

C8b. Have you, someone in your family, or YOUTH tried to get this service? CODE ONE.

ASK C8c	YES	1
GO TO	NO	2
SECTION H	DON'T KNOW	-1
	REFUSED	-2

NLTS2 PRIOR WAVE F16g

C8c. Is [he/she] on the waiting list for this service?

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

H. HOUSEHOLD INCOME

DELETED PRIOR WAVE H1a

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.

ASK H14b	\$25,000 or less, or	1
GO TO H14c	More than \$25,000?	2
DON'T READ, GO CHECKPOINT	DON'T KNOW	-1
BEFORE I1a	REFUSED	-2

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

		\$5,000 or less,	1
		\$5,001 to \$10,000,	3
GO TO CHECKPOINT		\$10,001 to \$15,000,	3
BEFORE I1a			
		\$15,001 to \$20,000, or	4
		\$20,001 to \$25,000?	5
	DON'T READ	DON'T KNOW	-1
	DONTINE/	REFUSED	-2

SEELS

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

ASK H14d	\$50,000 or less, or	1
GO TO H14e	More than \$50,000?	2
DON'T READ, GO TO	DON'T KNOW	-1
CHECKPOINT BEFORE I1a	REFUSED	-2

SEELS

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

			\$25,001 to \$30,000,	1
GO TO		\$30,001 to \$35,000,	2	
	CHECKPOINT		\$35,001 to \$40,000,	3
	BEFORE I1a		\$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

NOTE: DELETED PRIOR WAVEH16

I. SCREEN FOR CONTINUATION AND CLOSING

CHECKPOINT 1a: IF YOUTH HAS ALREADY COMPLETED AN INTERVIEW FOR THIS WAVE, THEN GO TO I5a.

CHECKPOINT 1b: IF YOUTH IS CAPABLE OF ANSWERING QUESTIONS IN PRIOR WAVE [W1CAPABLE=1] AND IS <u>>18</u> THEN GO TO I5A, ELSE CONTINUE WITH CHECKPOINT 2.

CHECKPOINT 2: IF REPORTED PROBLEMS SPEAKING, COMMUNICATING, CONVERSING, OR UNDERSTANDING IN A PRIOR WAVE (W1CommTrouble = 1) GO TO I1c1. ELSE ASK I1a.

I1a. 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 give answers like, "very well, pretty well, not very well or not at all well."

Do you think that YOUTH would be able to answer these kinds of questions over the telephone?

ASK I1a1	YES	1
	NO	2
GO TO I1c	DON'T KNOW	-1
	REFUSED	-2

I1a1. I would like [ADD IF YOUTH UNDER AGE 18: your permission] to ask YOUTH to answer these questions [him/her]self.] As I said, there will be questions about [his/her] school, or work, and social activities, as well as a few questions about things like [ADD IF 18 OR OLDER: attitudes and experiences, including smoking, drinking, and ever having been arrested] [ADD IF UNDER AGE 18: [his/her] attitudes and experiences, like ever having been arrested]. All answers are strictly confidential and your [son/daughter] may refuse to answer any question that makes [him/her] feel uncomfortable. We will not share [his/her] answers to the questions with you, and nothing [he/she] says will be reported individually about [him/her]. The interview would probably last about 30 minutes. [ADD IF YOUTH UNDER AGE 18: Your permission and YOUTH's participation are completely voluntary.] [ADD IF YOUTH IS 18 OR OLDER: YOUTH's participation is completely voluntary]. At the end of the interview, I will be asking [fill YOUTH] for contact information like an email address and the name and address of someone who might know how to reach [him/her] if we need to call [FILL: him/her] again.

[PROVIDE IF ASKED: Respondent/parent/guardian can call the study's toll-free number at 1-866-269-7274 with questions about the study or to verify the legitimacy of the study. If the participant has questions about his/her rights or YOUTH's rights as a study participant, he/she can also call RTI's Office of Research Protection toll-free at 1-866-214-2043.]

CHECKPOINT: IF 18 OR OLDER GO TO CHECKPOINT BEFORE I1b. IF YOUTH IS YOUNGER THAN 18 ASK I1a2 I1a2. Do I have your permission to interview your [son/daughter]?

GO TO I5a	YES	1
	NO	2
GO TO PARENT CONTINUATION – PART 2a SECTION J GOTO endparent to J_intro	DON'T KNOW	-1
	REF	-2

CHECKPOINT 1: IF DISABILITY ON SAMPLE FILE IS MENTAL RETARDATION, EMOTIONAL DISTURBANCES, MULTIPLE HANDICAPS, AUTISM, DEAF/BLIND, OR TRAUMATIC BRAIN INJURY (Dis_MR, Dis_ED, Dis_MH, Dis_Aut, Dis_DB OR Dis_TBI= 1) GO TO CHECKPOINT 2. ELSE GO TO I5a.

CHECKPOINT 2. IF YOUTH WAS INTERVIEWED IN A PRIOR WAVE (W1_YthIntvw = 1) OR PARENT/GUARDIAN REPORTED THAT YOUTH WAS CAPABLE IN A PRIOR WAVE (W1Capable = 1), GO TO I5a. ELSE ASK I1b.

11b. After YOUTH turned 18, was YOUTH capable of making [his/her] own decisions about financial and personal affairs, or did you petition the court for guardianship?

GO TO 15a	YOUTH CAPABLE OF MAKING OWN DECISIONS	1
GO TO I5aAND route youth through the YOUTH Questionnaire following the path that minors take (i.e., U7, U8a-U8d, and U10)	PETITIONED THE COURT FOR GUARDIANSHIP	2
	DON'T KNOW	-1
	REF	-2

I1c. Would [he/she] be able to accurately answer these kinds of questions using a written questionnaire.

GO TO CHECKPOINT BEFORE I1d	YES	1
GO TO PARENT	NO	2
CONTINUATION - PART	DON'T KNOW	-1
2a, SECTION J GOTO enparent to J_intro	REFUSED	-2

I1c1 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.

Do you think that YOUTH would be able to accurately answer these kinds of questions using a written questionnaire?

GO TO CHECKPOINT BEFORE I1d	YES	1
GO TO PARENT CONTINUATION - PART 2a, SECTION J GOTO enparent to J_intro	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF 18 OR OLDER GO TO I5a. IF YOUTH IS YOUNGER THAN 18 ASK I1d

I1d. Good. Do I have your permission to mail your child a questionnaire?

ASK I5a	YES	1
GO TO PARENT CONTINUATION - PART	NO	2
2a, SECTION J GOTO enparent to J_intro		
	DON'T KNOW	-1
	REFUSED	-2

NOTE: DELETED PRIOR WAVE ITEMS I2a, I2b, I3a, I3b, I3c, I3d, I3e, I4

I5a. We have just a few more contacting questions. First, may I please have your full name and address?

Collect info, then I5b	YES	1
GO TO I5c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

RESPONDENT NAME (I5a_first), I5a_last)

RESPONDENT ADDRESS (I5a_addr1, I5a_addr2, I5a_city, I5a_state, I5a_zip)

I5b. Is this the same name and address that we should use to mail you the \$20 thank you check?

GO TO I5d	YES	1
ASK I5c	NO	2
GO TO I5d	RESPONDENT	3
	DECLINES INCENTIVE	

I5c. Can you please give me the name and address we should use to mail the \$20 thank you check?

Collect info, then I5d	YES	1
ASK I5d	NO, DK, REF	2
ASK I5d	RESPONDENT	3
	DECLINES INCENTIVE	

NAME (I5c_first, I5c_last)

ADDRESS (I5c_addr1, I5c_addr2, I5c_city, I5c_state, I5c_zip)

I5d. What is your e-mail address? ENTER E-MAIL ADDRESS OR CODE.

_____ EMAIL ADDRESS

DON'T KNOW	-1	
REFUSED	-2	

I5ephone. Can I also please confirm your telephone number?

DISPLAY TEL. NUMBER FROM ROSTER LINE. ALLOW TI TO EDIT IF NEEDED OR KEY "1" TO MOVE ON.

If preload phone number is confirmed, then store the SRIResp_ID and rol_AddedPreloaded in I5eSRI_ID and I5e_rol, respectively.

NEW QUESTION IN WAVE 5

I5f. May we contact you in the future if we need more information about any of your answers?

ASK I7a	YES	1
GO TO I12a if youth	NO	2
interview has not already	DON'T KNOW	-1
been completed. Else, go to END	REFUSED	-2

DELETE ITEMS PRIOR WAVE I6, I6a1, I6b1, I6c, I6d, I6e

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.

Name: _____

Name: (I7a_first, I7a_last)

GO TO I12a1	DON'T KNOW	-1
GO TO I12a1	REFUSED	-2

- Note: If the youth interview has already been completed, CATI will skip to the end if I7a = No, DK, or REF.
- **I7b.** What is their address? RECORD ADDRESS.

Address: (I7b_addr1, I7b_addr2, I7b_city, I7b_state, I7b_zip)

DON'T KNOW	-1
REFUSED	-2

I7b_phone. What is their phone number? RECORD PHONE NUMBER.

Phone: _____

NOT APPLICABLE, NO PHONE	0
DON'T KNOW	
REFUSED	-2

I7b_email. What is their e-mail address? RECORD E-MAIL ADDRESS.

E-MAIL:

NOT APPLICABLE, NO E-MAIL	
DON'T KNOW	
REFUSED	

I7b_relate What is this person's relationship to [YOUTH]?

MOTHER	1
ADOPTIVE MOTHER	2
STEPMOTHER	3
FOSTER MOTHER	4
LEGAL GUARDIAN (FEMALE)	5
SISTER/STEPSISTER	6
AUNT	7
GRANDMOTHER	8
FATHER	9
ADOPTIVE FATHER	10
STEPFATHER	11
FOSTER FATHER	12
LEGAL GUARDIAN (MALE)	13
BROTHER/STEPBROTHER	14
UNCLE	15
GRANDFATHER	16
COUSIN	17
FAMILY FRIEND/NEIGHBOR	18
SPOUSE OR FIANCÉ	20
BOYFRIEND/GIRLFRIEND	21
OTHER (SPECIFY)	19
· · ·	

NOTE: DELETED PRIOR WAVE I9a, I9b, I9c, I9d, I10a, I10b, I10b_phone, I10b_email, I10b_relate

YOUTH TRACING QUESTIONS

I12a1. I have [YOUTH] mailing address as [READ ADDRESS FROM FILE]. Is this correct? Address: (I12a1_addr1, I12a1_addr2, I12a1_city, I12a1_state, I12a1_zip)

ASK I12b_phone	YES	1
ASK I12b	NO	2
	DON'T KNOW	-1
	REFUSED	-2

I12b. IF NO ADDRESS ON FILE OR IF ADDRESS IS NOT CORRECT: What is the address where I am most likely to reach YOUTH? RECORD ADDRESS

Address: (I12b_addr1, I12b_addr2, I12b_city, I12b_state, I12b_zip)

DON'T KNOW	-1
REFUSED	-2

NOTE: IF THIS CHECKPOINT IS NOT IN THE WAVE 4 VERSION THEN LEAVE OUT OF WAVE 5 VERSION. IF IS IN WAVE 5 VERSION THAN USE THE CHECKPOINT BELOW.

CHECKPOINT: IF YOUTH CANNOT ANSWER BY PHONE, BUT CAN COMPLETE A WRITTEN VERSION (I1a = 2, OR DK/REF AND I1c = 1) GO TO I12c2. ELSE ASK I12b_phone.

I12b_phone 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:

(Whos) Who is it for?

HOME	1
WORK PHONE NUMBER	2
CELL PHONE NUMBER	3
FRIEND'S PHONE NUMBER	4
NOT APPLICABLE, NO PHONE	5
OTHER, SPECIFY	6
DON'T KNOW	-1
REFUSED	-2

I12c.Does [he/she] have an email address?

I12c2 What is [his/her] email address? RECORD E-MAIL ADDRESS.

E-MAIL: _____

NOT APPLICABLE, NO E-MAIL	0
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF YOUTH <u>></u>18 AND CAN ANSWER QUESTIONS BY PHONE (I1a or W1capable = 1) ASK I13 OR IF YOUTH IS <18 AND I1a2=1 ASK I13. ELSE, GO TO ENDI.

I13. May I speak with youth now?

GO TO O. INTRODUCTION OF YOUTH CONTINUATION	YOUTH IS AVAILABLE	1
GO TO CHECKPOINT 1 (set CB to continue with Youth interview)	YOUTH CAN BE REACHED AT THIS NUMBER BUT NOT AVAILABLE NOW	2
ASK I14a	YOUTH CAN BETTER BE REACHED AT ANOTHER NUMBER	3
GO TO J1_intro	PARENT SAYS YOUTH IS INCAPABLE OF DOING A PHONE INTERVIEW	4
GO TO CHECKPOINT 1 (set CB to continue with Youth interview)	DON'T KNOW	-1
GO TO J1_intro	REFUSED	-2

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

I14a. Is that the phone number you just gave me for YOUTH?

GO TO END	YES	1
ASK I14b_phone	NO	2
	DON'T KNOW	-1
	REFUSED	-2

I14_phone. 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:	
	_

End; set callback	HOME	1
	WORK PHONE NUMBER	2
	CELL PHONE NUMBER	3
	FRIEND'S PHONE NUMBER	4
J1_intro	NOT APPLICABLE, NO PHONE	5
End; set callback	OTHER, SPECIFY	6
J1_intro	DON'T KNOW	-1
	REFUSED	-2

END PARENT PART 1

PROB_CLOSE:

IF (I1a = 2 and I1c = 1) AND (I12a1 = -1, or -2) OR (I12b = -1 or -2) SAY:

"Since we don't have a way to communicate with {FILL YOUTH}, we'd like to continue asking you some questions instead, which will take about 20 minutes. We will not need to contact YOUTH after that." [Parent Part 1 Complete -- continue with Parent Part 2]

endi

"You should expect to receive your check in about 4 weeks.

NEW WORDING IN WAVE 5: FOR PARENTS OF YOUTH WHO WILL BE MAILED A QUESTIONNAIRE [IF I1c=1 OR I1c1=1] ADD: We'll be mailing [YOUTH] a questionnaire. Please encourage [him/her] to fill it out and return it in the postage-paid envelope that will be enclosed with the questionnaire.]"

Thank you so much for your help in answering these questions and for having been part of this important study. Please check the study's website, <u>www.nlts2.org</u> for all of the current and future reports on this study. Again, thank you so much for all of the time you have given to this study over the years. . (closes out Parent Part 1)

Endparent Flag = 1 Endseci Flag = 1