

Q1-T7 ✓

INSTITUTE FOR SURVEY RESEARCH
TEMPLE UNIVERSITY
- Of the Commonwealth System of Education -
1601 NORTH BROAD STREET
PHILADELPHIA, PA 19122

D.R.# _____

1993-1998

STUDY #40-1591-451

ADAPTATIONS TO STRESS STUDY

ADULT QUESTIONNAIRE

**RECORD PRIMARY TRACING
SOURCE ON CHECKLIST ON
INSIDE FRONT COVER.
REMINDER.**

CASE #: _____

TIME BEGAN: _____ AM
PM

DATE: _____

TIME ENDED: _____ AM
PM

RESPONDENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (_____) _____

INTERVIEWER: _____ ID#: _____

THIRD PRINTING

WHICH WAS THE PRIMARY SOURCE FOR LOCATING THE RESPONDENT?

(CHECK ONLY ONE SOURCE)

- Respondent lives at computer printed address on Call Report Form label. (IF NOT, CHECK ONLY ONE SOURCE BELOW.)
- Current resident at address on Call Report Form label
- Neighbor
- Apartment manager
- Reference contact on ISR's tracing/tracking printout
- ISR Tracing Department
- Telephone directory - respondent's name
- Telephone directory - others with same last name as respondent
- Directory assistance operator
- Cross reference directory
- Post office or carrier
- School
- Real estate office
- Local church
- Utility company (SPECIFY): _____
- Local, county, state, federal government agency
(SPECIFY): _____
- Other (SPECIFY): _____
- Binder Info. / School List

1. What is your current marital status? Are you:

(SKIP TO Q. 4)	married and living together,	1
	currently married, but living apart for reasons other than marital problems,	2
	separated,	3
	divorced,	4
	widowed, or	5
	have you never married?	6

2. Are you currently living in a long-term romantic relationship with someone of the opposite sex?

(SKIP TO INSTRUCTION ABOVE Q. 4)	Yes	1
	No	2

3. Are you currently living in a long-term romantic relationship with someone of the same sex?

Yes	1
No	2

(IF NEVER MARRIED, [Q. 1, CODE 6], SKIP TO P. 2, Q. 6)

4. Altogether, how many times, have you been married to someone of the opposite sex?

(# OF TIMES)

(ASK QQ. 5a, 5b AND 5c ABOUT EACH MARRIAGE, ONE AT A TIME, STARTING WITH THE FIRST)

5a. In what year did your (first, second, etc...) marriage begin?

5b. Did the marriage end by death, divorce, annulment or has it not ended?

(IF MARRIAGE HAS NOT ENDED [CODE 4], SKIP TO P. 2, Q. 6)

5c. In what year did that marriage end?

Q. 5a MARRIAGE BEGAN		Q. 5b HOW MARRIAGE ENDED				Q. 5c YEAR ENDED
MARRIAGE #	YEAR	DEATH	DIVORCE	ANNULMENT	HAS NOT ENDED	YEAR
1	19__	1	2	3	4	19__
2	19__	1	2	3	4	19__
3	19__	1	2	3	4	19__
4	19__	1	2	3	4	19__

6. (IF EVER MARRIED, [P. 1, Q. 1, CODE 1-5], READ: For this question think about the times when you were not living with a [husband/wife] in a marriage.)

(READ TO EVERYONE):

When, if ever, did you begin living with someone of the opposite sex in a long-term romantic relationship for a period of six months or more (including your current relationship)?

19 19 19 19 NEVER 9995

7. When, if ever, did you begin living with someone of the same sex in a long-term romantic relationship for a period of six months or more?

19 19 19 19 NEVER 9995

INSTRUCTION BOX A

(CIRCLE APPROPRIATE CODE)

R is currently married (Q. 1, CODE 1 or CODE 2)	1	SPOUSE
R is living with a partner (Q. 2 OR Q. 3, CODE 1)	2	PARTNER
All others	3	(SKIP TO P. 4, Q. 25)

(HAND R CARD 1)

Now I'd like you to tell me from your experience if each of the following happens often, sometimes, hardly ever or never. You can just tell me the number for your answer.

	Often	Sometimes	Hardly ever or never
8. My (spouse/partner) insists on having (his/her) own way.	1	2	3
9. I can rely on (him/her) for things that are important to me.	1	2	3
10. I can really talk with (him/her) about things that are important to me.	1	2	3
11. (He/she) is affectionate toward me.	1	2	3
12. (He/she) is a good sexual partner.	1	2	3
13. (He/she) appreciates the job I do.	1	2	3
14. I am affectionate toward (him/her).	1	2	3
15. My (marriage/relationship) is a very happy one.	1	2	3

(TAKE BACK CARD 1)

No matter how well a couple gets along, there are times when they disagree or get annoyed about something the other person does.

16. Have you ever done the following things to your current (spouse/partner): (a-c)
(RECORD BELOW IN Q. 16 COLUMN)
17. Has your current (spouse/partner) ever done the following things to you: (a-c)
(RECORD BELOW IN Q. 17 COLUMN)

	Q. 16 Respondent		Q. 17 Spouse/Partner	
	Yes	No	Yes	No
a. Insulted or swore at (him/her/you)?	1	2	1	2
b. Threatened to hurt (him/her/you)?	1	2	1	2
c. Physically hurt (him/her/you)?	1	2	1	2

During the last week that you were with your (spouse/partner), how many times did you and (he/she):

(PROBE FOR EXACT NUMBER)

OF TIMES

18. go out for leisure time or social activities together? _____
19. have unpleasant arguments? _____
20. have sex? _____

21. How satisfactory are sexual relations with your (spouse/partner)? Are they:

very satisfactory,	1
somewhat satisfactory,	2
neither satisfactory nor unsatisfactory,	3
somewhat unsatisfactory, or	4
very unsatisfactory?	5

(HAND R CARD 1)

22. When you think of all the pleasures and problems that go into daily life with your (spouse/partner), how often do you feel:

	Often	Some- times	Hardly ever or never
a. dissatisfied?	1	2	3
b. unsure of yourself?	1	2	3
c. bored?	1	2	3
d. angry?	1	2	3
e. bothered or upset?	1	2	3

(TAKE BACK CARD 1)

23. During your current relationship, did you have sexual relations with people other than your (spouse/partner)?

Yes	1
No	2

24. All things considered, how would you compare your relationship to that of most other people like yourself? Is it:

(ALL	better than most,	1
SKIP TO	about the same as most, or	2
P. 5, Q. 36)	worse than most?	3

25. Are you seeing or dating one person fairly regularly in a romantic relationship?

(SKIP TO INSTRUCTION ABOVE Q. 27)	Yes	1
	No	2

26. Are you seeing or dating several people fairly regularly in romantic relationships?

Yes	1
No	2

(HAND R CARD 1)

Please look at this card and just tell me the number for your answer.
How often:

	Often	Some- times	Hardly ever or never	Not Applicable
27. do you feel out of place in a social situation because you are single?	1	2	3	
28. do you feel the need to talk to someone about yourself?	1	2	3	
29. do you wonder that you may not be an interesting person?	1	2	3	
30. do you feel that you are not having the kind of sex life you would like?	1	2	3	
31. are you unhappy about the people you date?	1	2	3	4
32. do you stay home at night because you need a (OPPOSITE SEX: boy/girl) friend with you to do the kinds of things you want to do? ("BOY/GIRL FRIEND" REFERS TO A ROMANTIC RELATIONSHIP)	1	2	3	

33. When you think of your daily life as a single person, how often do you feel:

	Often	Some- times	Hardly ever or never
a. worried?	1	2	3
b. unhappy?	1	2	3
c. bored?	1	2	3
d. lonely?	1	2	3
e. unsure of yourself?	1	2	3
f. ashamed?	1	2	3

(TAKE BACK CARD 1)

34. How would you compare your life to most other single persons like yourself? Would you guess your life is:

better than most,	1
about the same as most, or	2
worse than most?	3

35. During a typical week, about how much time are any difficulties of being single on your mind? Would you say they are on your mind:

often,	1
sometimes,	2
hardly ever or never?	3

36. Please look at this card and give me the number of the statement that best expresses your current attitude about yourself.

(HAND R CARD 2)

(READ EACH STATEMENT ALOUD IF NECESSARY.)

I am exclusively heterosexual (interested only in the opposite sex). I have no interest in or response to homosexual (same sex) possibilities.	1
I am predominately heterosexual. I have only a slight interest in or response to homosexual (same sex) possibilities.	2
I am predominately heterosexual. I have a substantial interest in or response to homosexual (same sex) possibilities.	3
I am equally interested in and responsive to both heterosexual (opposite sex) and homosexual (same sex) possibilities.	4
I am predominately homosexual. I have a substantial interest in or response to heterosexual (opposite sex) possibilities.	5
I am predominately homosexual. I have only a slight interest in or response to heterosexual (opposite sex) possibilities.	6
I am exclusively homosexual (interested only in the same sex). I have no interest in or response to heterosexual (opposite sex) possibilities.	7

(TAKE BACK CARD 2)

37. How many children, between the ages of 6 and 18, do you presently have living in your household, for whom you have parental responsibility and who have lived with you for more than 6 months?

(SKIP TO P. 12, Q. 54)	None	95
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(# OF CHILDREN)

(HAND R CARD 1)

38. The following questions have to do with these 6 to 18 year olds. How often would you say (you/these): (a-p)

(IF R HAS A SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 1 OR 2], ASK Q. 39. OTHERWISE, SKIP TO P. 7, Q. 40.)

39. What about your (spouse/partner)? How often (does/do) (he/she/these): (a-p)

(IF R ANSWERS DIFFERENTLY FOR DIFFERENT CHILDREN, ASK R TO ANSWER FOR THE OLDEST 6 TO 18 YEAR OLD CHILD.)	Q. 38 RESPONDENT			Q. 39 SPOUSE/PARTNER		
	Often	Some-times	Hardly ever or never	Often	Some-times	Hardly ever or never
a. allow these children to leave the house without telling (you/him/her)?	1	2	3	1	2	3
b. children discuss things that happened at school with (you/him/her)?	1	2	3	1	2	3
c. children discuss personal problems with (you/him/her)?	1	2	3	1	2	3
d. know where they are and who they are with when they are away?	1	2	3	1	2	3
e. openly show affection to these children?	1	2	3	1	2	3
f. discuss personal problems with these children?	1	2	3	1	2	3
g. children show affection to (you/him/her)?	1	2	3	1	2	3
h. talk to the children's teachers to find out how they are doing at school?	1	2	3	1	2	3
i. help these children with school work?	1	2	3	1	2	3
j. attend the parent open house to meet the children's teachers?	1	2	3	1	2	3
k. volunteer to help out at the children's school?	1	2	3	1	2	3
l. encourage these children to become involved in extracurricular activities at school?	1	2	3	1	2	3
m. encourage these children to do better in school?	1	2	3	1	2	3
n. encourage these children to be more popular at school?	1	2	3	1	2	3
o. know the children's best friends?	1	2	3	1	2	3
p. know the parents of the children's best friends?	1	2	3	1	2	3

(IF R HAS A SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 1 OR 2], ASK Q. 39. OTHERWISE, SKIP TO P. 7, Q. 40.)

40. When these 6 to 18 year old children have done something wrong, or something that you do not like, how often do you: (a-j)

(IF R HAS A SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 1 OR 2], ASK Q. 41. OTHERWISE SKIP TO Q. 42.)

41. What about your (spouse/partner)? When these children have done something wrong, or something that your (spouse/partner) does not like, how often does (he/she): (a-j)

(IF R ANSWERS DIFFERENTLY FOR DIFFERENT CHILDREN, ASK R TO ANSWER FOR THE OLDEST 6 TO 18 YEAR OLD CHILD.)	Q. 40 Respondent			Q. 41 Spouse/Partner		
	Often	Some- times	Hardly ever or never	Often	Some- times	Hardly ever or never
a. talk to them about what they did wrong?	1	2	3	1	2	3
b. send them to their room or make them stay alone?	1	2	3	1	2	3
c. make fun of them?	1	2	3	1	2	3
d. physically punish them?	1	2	3	1	2	3
e. act cold or unfriendly?	1	2	3	1	2	3
f. take away privileges?	1	2	3	1	2	3
g. express anger or speak sharply?	1	2	3	1	2	3
h. not do or say anything about it?	1	2	3	1	2	3
i. joke about it?	1	2	3	1	2	3
j. encourage them to do better in the future?	1	2	3	1	2	3

(IF R HAS A SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 1 OR 2], ASK Q. 41. OTHERWISE SKIP TO Q. 42.)

42. When these 6 to 18 year old children have been especially good, how often do you: (a-f)

(IF R HAS A SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 1 OR 2], ASK Q. 43. OTHERWISE SKIP TO P. 8, INSTRUCTION ABOVE Q. 44.)

43. What about your (spouse/partner)? When these children have been especially good, how often does (he/she): (a-f)

(IF R ANSWERS DIFFERENTLY FOR DIFFERENT CHILDREN, ASK R TO ANSWER FOR THE OLDEST 6 TO 18 YEAR OLD CHILD.)	Q. 42 Respondent			Q. 43 Spouse/Partner		
	Often	Some- times	Hardly ever or never	Often	Some- times	Hardly ever or never
a. praise them?	1	2	3	1	2	3
b. kiss or hug them?	1	2	3	1	2	3
c. let them have something special to eat?	1	2	3	1	2	3
d. buy them something special?	1	2	3	1	2	3
e. let them have extra privileges?	1	2	3	1	2	3
f. not do or say anything special?	1	2	3	1	2	3

(IF R HAS A SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 1 OR 2], ASK Q. 43. OTHERWISE SKIP TO P. 8, INSTRUCTION ABOVE Q. 44.)

(TAKE BACK CARD 1)

44. What is the highest level of education you realistically expect these children to complete:

(IF R HAS A SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 1 OR 2], ASK Q. 45. OTHERWISE SKIP TO P. 9, INSTRUCTION ABOVE Q. 46.)

45. What about your (spouse/partner)? What is the highest level of education (he/she) realistically expects these children to complete:

(IF R ANSWERS DIFFERENTLY FOR DIFFERENT CHILDREN, ASK R TO ANSWER FOR THE OLDEST 6 TO 18 YEAR OLD CHILD.)	Q. 44 Respondent	Q. 45 Spouse/Partner
less than high school,	1	1
graduate from high school only,	2	2
technical, nursing or commercial school after high school,	3	3
some college, but less than 4 years,	4	4
graduate from a 4 year college, or	5	5
graduate or professional school?	6	6

(IF R HAS A SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 1 OR 2], ASK Q. 45. OTHERWISE SKIP TO P. 9, INSTRUCTION ABOVE Q. 46.)

(INTENTIONALLY BLANK)

(ASK Q.46 a-q BEFORE ASKING Q.47)

46. Do you know or have good reason to believe that any of these 6 to 18 year old children (ITEMS [a-q]) within the last 6 months?

(IF ALL "NO" TO Q. 46, SKIP TO P. 11, INSTRUCTION ABOVE Q. 48)

(FOR EACH "YES" IN Q. 46, ASK QQ. 47A-J)

(IF R ASKS, QQ. 47A-J ARE TO BE ANSWERED ABOUT THE OLDEST CHILD WHO DID THAT ITEM)

ITEMS	Q. 46 In the last 6 months, have these children?	
	Yes	No
a. skipped school without an excuse	1	2
b. lied to parents	1	2
c. purposely damaged or destroyed property that did not belong to them	1	2
d. stole something worth less than \$5	1	2
e. went into or tried to go into a building to steal something	1	2
f. hit someone with the idea of hurting them	1	2
g. showed their parents disrespect	1	2
h. did not do their chores	1	2
i. smoked tobacco	1	2
j. used alcohol on other than religious occasions	1	2
k. got a poor grade on an exam	1	2
l. smoked marijuana	1	2
m. used other illegal drugs	1	2
n. stayed out late without permission	1	2
o. failed a course at school	1	2
p. hung out with kids you disapproved of	1	2
q. got into trouble at school	1	2

(IF R HAS A SPOUSE OR PARTNER, [P.2, INSTRUCTION BOX A, CODE 1 OR 2], SKIP TO Q. 47b)

(IF R HAS NO SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 3] ASK Q. 47a)

47a. Think of the last time a child in your household (INSERT "YES" ITEM FROM Q. 46 a-g). Did you: (47A-47J)?

↑ (AFTER QQ. 47A-J ASKED FOR EACH "YES" RESPONSE, SKIP TO P. 11, INSTRUCTION ABOVE Q.48)

OR
 (RECORD Q. 47a
 ANSWERS Yes = 1
 BELOW): No = 2

47b. (HAND R CARD 3) Think of the last time a child in your household (INSERT "YES" ITEM FROM Q. 46 a-g). Did you, your (spouse/partner), or both of you: (47A-47J)? You can just tell me the number for your answer.

(RECORD Q. 47b
 ANSWERS I did = 1 Just my spouse/partner did = 3
 BELOW): No one did = 2 Both my spouse/partner and I did = 4

	Q.47A. Talk to that child about what that child did wrong?	Q.47B. Send that child to their room or make them stay alone?	Q.47C. Make fun of that child?	Q.47D. Use physical punishment?	Q.47E. Act cold and unfriendly?	Q.47F. Take away that child's privileges?	Q.47G. Express anger or speak sharply?	Q.47H. Not do or say anything about it?	Q.47I. Joke about it?	Q.47J. Encourage that child to do better in the future?	
a											a
b											b
c											c
d											d
e											e
f											f
g											g
h											h
i											i
j											j
k											k
l											l
m											m
n											n
o											o
p											p
q											q

(TAKE BACK CARD 3)

(HAND R CARD 1)

48. When you think of your experiences as a parent, including all of the daily pleasures and daily problems that you have, how often do you feel:

	Often	Some- times	Hardly ever or never
a. worried?	1	2	3
b. unhappy?	1	2	3
c. unsure of yourself?	1	2	3

(TAKE BACK CARD 1)

49. When you think of your experiences as a parent so far, how would you compare yourself with other parents having children about the same ages as yours? Would you guess you have had:

fewer problems than other parents,	1
about the same problems as other parents, or	2
more problems than other parents?	3

50. During a typical day, how often do you find that the problems and concerns of being a parent are on your mind? Is it:

often,	1
sometimes,	2
hardly ever or never?	3

51. Do any of your children have any special kinds of health problems or conditions?

	Yes	1
(SKIP TO P. 12, INSTRUCTION ABOVE Q. 53)	No	2

52. How serious is this problem to you? Is it:

very serious,	1
somewhat serious,	2
slightly serious, or	3
not at all serious?	4

(HAND R CARD 1)

53. I'll read some statements which describe families. Please tell me how often each of these statements describes your family now.

	Often	Some-times	Hardly ever or never
a. Family members ask each other for help.	1	2	3
b. We like to do things with just our immediate family.	1	2	3
c. Family members feel very close to each other.	1	2	3

(TAKE BACK CARD 1)

54. About how many (SAME SEX: [male/female]) friends do you have?

(NUMBER)

55. About how many (OPPOSITE SEX: [male/female]) friends do you have?

(NUMBER)

(IF "NONE" TO BOTH Q. 54 & Q. 55, SKIP TO P. 13, Q. 62)

56. Now I would like to ask you about any friends with whom you have had long relationships. Do not include those with whom you have been romantically involved. In the last week, how many different friends have you been with socially, for example visiting, movies, bowling, church, eating out, invited to your home?

(NUMBER)

57. Within the last week, how many different friends have you spoken to on the telephone?

(NUMBER)

(IF "NONE" TO BOTH QQ. 56 AND 57, SKIP TO P. 13, INSTRUCTION ABOVE Q. 59)

58. Think of the friend that you have been with or spoken to the most in the past week. How many days have you been with or spoken to this person?

(DAYS)

(HAND R CARD 1)

	Often	Some- times	Hardly ever or never
59. How often do you talk about your feelings and problems with friends?	1	2	3
60. How often are your feelings hurt by friends?	1	2	3

61. When you think of your day-to-day relationships with your friends, or your lack of friends, how often do you feel:

	Often	Some- times	Hardly ever or never
a. ashamed?	1	2	3
b. bored?	1	2	3
c. comfortable?	1	2	3
d. unwanted?	1	2	3
e. worried?	1	2	3

(TAKE BACK CARD 1)

62. Other than your (spouse, children or) parents, do you have any living relatives, such as brothers, sisters, grandparents, aunts, uncles or cousins?

	Yes	1
(SKIP TO P. 14, Q. 68)	No	2

People have very different feelings about their relatives. Thinking about these relatives, in general, would you agree or disagree with each of the following statements?

	Agree	Disagree
63. I can talk about my feelings and problems with at least some of my relatives.	1	2
64. I depend on some of my relatives for help and advice.	1	2
65. I depend on some of my relatives for love and affection.	1	2
66. Some of my relatives want too much from me.	1	2

(HAND R CARD 1)

67. When you think about your experiences with your relatives now, how often do you feel:

	Often	Some- times	Hardly ever or never
a. bored?	1	2	3
b. ashamed?	1	2	3
c. angry?	1	2	3
d. worried?	1	2	3
e. unsure of yourself?	1	2	3

(TAKE BACK CARD 1)

68. Now I'd like to ask about your mother, the woman most responsible for raising you. Is she living?

Yes	1
No	2
No woman	5

69. How about your father, the man most responsible for raising you. Is he living?

Yes	1
No	2
No man	5

(IF NEITHER PARENT IS LIVING [CODE 2 OR 5 IN Q. 68 AND IN Q. 69], SKIP TO P. 16, INSTRUCTION ABOVE Q. 76)

(IF ONLY ONE PARENT IS LIVING, [CODE 2 OR 5 IN EITHER Q. 68 OR Q. 69], SKIP TO P. 15, INSTRUCTION ABOVE Q. 72)

(IF BOTH PARENTS ARE LIVING [CODE 1 IN Q. 68 AND IN Q. 69], ASK Q. 70)

70. When I say your "parents," I'm referring to the people who raised you. Do these parents live together?

	Yes	1
(SKIP TO P. 15, INSTRUCTION ABOVE Q. 72)	No	2

71. Do your parents live:

(CIRCLE THE CODE FOR FIRST "YES" RESPONSE AND STOP READING)

	Both
in the same household as you?	1
within a block?	2
within walking distance?	3
within an easy drive or bus ride in the same community?	4
outside your community but within 100 miles?	5
farther away than 100 miles?	6
(DO NOT READ) Don't know	8

(ALL SKIP TO INSTRUCTION ABOVE Q. 73)

(IF BOTH PARENTS ARE LIVING [CODE 1 IN Q. 68 AND IN Q. 69], ASK QQ. 72, 73 AND 74 ABOUT EACH ONE. OTHERWISE, ASK ABOUT LIVING PARENT AND CODE IN APPROPRIATE COLUMN.)

72. (IF ONLY ONE PARENT IS LIVING, READ: When I say your [mother/father], I'm referring to the [woman/man] who raised you.)

Does your (mother/father) live:

(CIRCLE CODE FOR FIRST "YES" RESPONSE IN APPROPRIATE COLUMN AND STOP READING)

	Mother	Father
in the same household as you?	1	1
within a block?	2	2
within walking distance?	3	3
within an easy drive or bus ride in the same community?	4	4
outside your community but within 100 miles?	5	5
farther away than 100 miles?	6	6
(DO NOT READ) Don't know	8	8

(IF BOTH PARENTS ARE LIVING [CODE 1 IN Q. 68 AND IN Q. 69], ASK QQ. 73 AND 74 ABOUT EACH ONE. OTHERWISE, ASK ABOUT LIVING PARENT AND CODE IN APPROPRIATE COLUMN)

73. Would you describe your relationship with your (mother/father) as:

	Mother	Father
very good,	1	1
good,	2	2
fair, or	3	3
poor?	4	4

74. Does your (mother/father) have any serious health problems?

	Mother	Father
Yes	1	1
No	2	2

(HAND R CARD 1)

75. Tell me how often the following statements describe your relationship with your (mother/father/parents)?

(IF DIFFERENT RESPONSES FOR EACH PARENT, CIRCLE THE LOWEST NUMERIC CODE THAT APPLIES)

	Often	Some-times	Hardly ever or never
a. I would prefer to see (him/her/them) less than I do.	1	2	3
b. (He/She/They) need(s) too much of my time and energy to care for (him/her/them) physically.	1	2	3
c. (He/She/They) (is/are) a financial burden on me.	1	2	3
d. I get good advice from (him/her/them).	1	2	3
e. (He/She/They) (is/are) a source of love and affection.	1	2	3
f. (He/She/They) make(s) too many emotional demands on me.	1	2	3

(TAKE BACK CARD 1)

(IF NO SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 3], SKIP TO P. 18, INSTRUCTION ABOVE Q. 84)

76. Is your (spouse's/partner's) mother living? By mother we mean the woman most responsible for raising (him/her).

Yes	1
No	2
No woman	5

77. Is your (spouse's/partner's) father living? By father, we mean the man most responsible for raising (him/her).

Yes	1
No	2
No man	5

(IF NEITHER IN-LAW IS LIVING [CODE 2 OR 5 IN Q. 76 AND IN Q. 77], SKIP TO P. 18, INSTRUCTION ABOVE Q. 84)

(IF ONLY ONE IN-LAW IS LIVING, [CODE 2 OR 5 IN EITHER Q. 76 OR Q. 77], SKIP TO P. 17, INSTRUCTION ABOVE Q. 80)

(IF BOTH IN-LAWS ARE LIVING [CODE 1 IN Q. 76 AND IN Q. 77], ASK Q. 78)

78. When I say your "in-laws," I'm referring to the people who raised your (spouse/partner). Do your in-laws live together?

	Yes	1
(SKIP TO P. 17, INSTRUCTION ABOVE Q. 80)	No	2

79. Do your in-laws live:

(CIRCLE CODE FOR FIRST "YES" RESPONSE AND STOP READING)

	Both
in the same household as you?	1
within a block?	2
within walking distance?	3
within an easy drive or bus ride in the same community?	4
outside your community but within 100 miles?	5
farther away than 100 miles?	6
(DO NOT READ) Don't know	8

(ALL SKIP TO INSTRUCTION ABOVE Q. 81)

(IF BOTH IN-LAWS ARE LIVING [CODE 1 IN Q. 76 AND IN Q. 77], ASK QQ. 80, 81 AND 82 ABOUT EACH ONE. OTHERWISE, ASK ABOUT LIVING IN-LAW AND CODE IN APPROPRIATE COLUMN)

80. (IF ONLY ONE IN-LAW IS LIVING, READ: When I say your [mother-in-law/father-in-law], I'm referring to the [woman/man] who raised your [spouse/partner].)

Does your (mother-in-law/father-in-law) live:

(CIRCLE CODE FOR FIRST "YES" RESPONSE IN APPROPRIATE COLUMN AND STOP READING)

	Mother-in-law	Father-in-law
in the same household as you?	1	1
within a block?	2	2
within walking distance?	3	3
within an easy drive or bus ride in the same community?	4	4
outside your community but within 100 miles?	5	5
farther away than 100 miles?	6	6
(DO NOT READ) Don't know	8	8

(IF BOTH IN-LAWS ARE LIVING [CODE 1 IN Q. 76 AND IN Q. 77], ASK QQ. 81 AND 82 ABOUT EACH ONE. OTHERWISE, ASK ABOUT LIVING IN-LAW AND CODE IN APPROPRIATE COLUMN.)

81. Would you describe your relationship with your (mother-in-law/father-in-law) as:

	Mother In-law	Father In-law
very good,	1	1
good,	2	2
fair, or	3	3
poor?	4	4

82. Does your (mother-in-law/father-in-law) have any serious health problems?

	Mother -in- law	Father -in- law
Yes	1	1
No	2	2

(HAND R CARD 1)

83. Tell me how often the following statements describe your relationship with your (mother-in-law/father-in-law/in-laws)?

(IF DIFFERENT RESPONSES FOR EACH PARENT-IN-LAW, CIRCLE THE LOWEST NUMERIC CODE THAT APPLIES)

	Often	Some- times	Hardly ever or never
a. I would prefer to see (him/her/them) less than I do.	1	2	3
b. (He/She/They) need(s) too much of my time and energy to care for (him/her/them) physically.	1	2	3
c. (He/She/They) (is/are) a financial burden on me.	1	2	3
d. I get good advice from (him/her/them).	1	2	3
e. (He/She/They) (is/are) a source of love and affection.	1	2	3
f. (He/She/They) make(s) too many emotional demands on me.	1	2	3

(TAKE BACK CARD 1)

(HAND CARD 4)

84. Now let's talk about your schooling. At this time, how many years of formal schooling have you completed? Just tell me the number of your answer from the card.

(CIRCLE ONE CODE)

Some junior high.	1
Graduated junior high.	2
Some high school.	3
Some vocational or technical school.	4
Completed GED.	5
Graduated high school.	6
Graduated vocational or technical school.	7
Some college (undergraduate).	8
Graduated college.	9
Some post-graduate education.	10
A post-graduate degree.	11

(TAKE BACK CARD 4)

85. Are you currently enrolled in any vocational or technical school?

(SKIP TO INSTRUCTION ABOVE Q. 87)	Yes	1
	No	2

86. Are you currently enrolled in any school, college, or program, other than vocational or technical school, from which you will receive any degree or diploma?

(SKIP TO P. 21, INSTRUCTION ABOVE Q. 89)	Yes	1
	No	2

(HAND R CARD 1)

87. How often do each of the following happen to you:

	Often	Some- times	Hardly ever or never
a. miss classes?	1	2	3
b. get good grades?	1	2	3
c. feel ashamed of your classwork or grades?	1	2	3
d. get into arguments with faculty or classmates?	1	2	3
e. feel interested in your schoolwork?	1	2	3
f. feel dissatisfied with your schoolwork?	1	2	3

(TAKE BACK CARD 1)

(HAND R CARD 5)

88. What kind of work do you think you will be doing when you finish school? You can just tell me the number for your answer.

(CIRCLE ONLY ONE CODE)

Laborer (car washer, sanitary worker, farm laborer)	1
Service worker (cook, waiter, barber, janitor, gas station attendant, practical nurse, beautician)	2
Operative or semi-skilled worker (garage worker, taxicab, bus, or truck driver, assembly line worker, welder)	3
Sales clerk in a retail store (shoe salesperson, department store clerk, drug store clerk)	4
Clerical or office worker (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent)	5
Protective service (police officer, fireman, detective)	6
Military service	7
Craftsman or skilled worker (carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)	8
Farm owner, farm manager	9
Owner of a small business (restaurant owner, shop owner)	10
Sales representative (insurance agent, real estate broker, bond salesman)	11
Manager or administrator (office manager, sales manager, school administrator, government official)	12
Professional without doctoral degree (registered nurse, librarian, teacher, engineer, architect, social worker, technician, accountant, actor, artist, musician)	13
Professional with doctoral degree or equivalent (lawyer, physician, dentist, scientist, college professor)	14
Full-time homemaker or housewife	15
(IF UNABLE TO CODE ELSEWHERE, SPECIFY JOB DESCRIPTION AND INDUSTRY): _____ _____	77
Don't know	98

(TAKE BACK CARD 5)

(HAND R CARD 6)

89. This card shows weekly, monthly and yearly income. Refer to the column that applies to you. Please tell me the letter on this card that comes closest to your own total income in the last twelve months, from all sources, before taxes.

(CIRCLE THE NUMERIC CODE)

WEEKLY INCOME	MONTHLY INCOME	YEARLY INCOME		CODE
Under \$58	Under \$250	Under \$3,000	A.	1
\$ 58 - \$ 77	\$ 250 - \$ 333	\$ 3,000 - \$ 3,999	B.	2
\$ 78 - \$ 96	\$ 334 - \$ 417	\$ 4,000 - \$ 4,999	C.	3
\$ 97 - \$ 115	\$ 418 - \$ 500	\$ 5,000 - \$ 5,999	D.	4
\$ 116 - \$ 134	\$ 501 - \$ 583	\$ 6,000 - \$ 6,999	E.	5
\$ 135 - \$ 154	\$ 584 - \$ 667	\$ 7,000 - \$ 7,999	F.	6
\$ 155 - \$ 173	\$ 668 - \$ 750	\$ 8,000 - \$ 8,999	G.	7
\$ 174 - \$ 288	\$ 751 - \$1,250	\$ 9,000 - \$ 14,999	H.	8
\$ 289 - \$ 385	\$1,251 - \$1,667	\$ 15,000 - \$ 19,999	I.	9
\$ 386 - \$ 480	\$1,668 - \$2,083	\$ 20,000 - \$ 24,999	J.	10
\$ 481 - \$ 673	\$2,084 - \$2,917	\$ 25,000 - \$ 34,999	K.	11
\$ 674 - \$ 961	\$2,918 - \$4,167	\$ 35,000 - \$ 49,999	L.	12
\$962 - \$1,442	\$4,168 - \$6,250	\$ 50,000 - \$ 74,999	M.	13
\$1,443 or more	\$6,251 or more	\$ 75,000 or more	N.	14
		Refused		97
		Don't know		98

(TAKE BACK CARD 6)

90. Aside from any summer or holiday employment, are you:

(IF MORE THAN ONE JOB, ASK QUESTIONS ABOUT JOB AT WHICH R SPENDS THE MOST TIME)

	working full-time for pay 35 hours or more per week,	1
	working part time for pay,	2
	not at work because of temporary illness or disability, leave, vacation or strike, or	3
(SKIP TO P. 25, Q. 103)	are you not employed?	4

(HAND R CARD 5)

91. What kind of work do you usually do? You can just tell me the number for your answer.

(IF NECESSARY, SAY): The job at which you spend the most time.

(CIRCLE ONLY ONE CODE)

Laborer (car washer, sanitary worker, farm laborer)	1
Service worker (cook, waiter, barber, janitor, gas station attendant, practical nurse, beautician)	2
Operative or semi-skilled worker (garage worker, taxicab, bus, or truck driver, assembly line worker, welder)	3
Sales clerk in a retail store (shoe salesperson, department store clerk, drug store clerk)	4
Clerical or office worker (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent)	5
Protective service (police officer, fireman, detective)	6
Military service	7
Craftsman or skilled worker (carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)	8
Farm owner, farm manager	9
Owner of a small business (restaurant owner, shop owner)	10
Sales representative (insurance agent, real estate broker, bond salesman)	11
Manager or administrator (office manager, sales manager, school administrator, government official)	12
Professional without doctoral degree (registered nurse, librarian, teacher, engineer, architect, social worker, technician, accountant, actor, artist, musician)	13
Professional with doctoral degree or equivalent (lawyer, physician, dentist, scientist, college professor)	14
(IF UNABLE TO CODE ELSEWHERE, SPECIFY JOB DESCRIPTION AND INDUSTRY): _____ _____	77

(TAKE BACK CARD 5)

92. What year did you start working at this job?

19
(YEAR)

93. What year, if ever, were you last promoted at this job?

19
(YEAR)

Never	9995
-------	------

94. What year, if ever, were you last demoted at this job?

19
(YEAR)

Never	9995
-------	------

(HAND R CARD 1)

95. How often do each of the following things happen on your job:

	Often	Some- times	Hardly ever or never
a. people act toward you as if you have no feelings?	1	2	3
b. you are given more work than you can handle?	1	2	3
c. you have to learn new ways of doing things?	1	2	3
d. you are given too much responsibility?	1	2	3
e. you have to work in noisy or dirty surroundings?	1	2	3

96. In your experiences on the job, how often do you feel:

	Often	Some- times	Hardly ever or never
a. bothered or upset?	1	2	3
b. worried?	1	2	3
c. angry?	1	2	3
d. ashamed?	1	2	3
e. bored?	1	2	3
f. unsure of yourself?	1	2	3

(TAKE BACK CARD 1)

97. Is each of the following statements about your job true or false?

	True	False
a. The chances for promotion are good.	1	2
b. The job security is good.	1	2
c. The work is interesting.	1	2
d. The pay is good.	1	2
e. I am good at my job.	1	2
f. I get along with the people at work.	1	2
g. I am proud of the job I have.	1	2

98. Now think of your job in general. How does your job compare with what it was about a year ago? Is it:

	better,	1
	about the same, or	2
	worse?	3
(DO NOT READ)	Don't know	8

99. When you think of the future, what would you say your job will be like a year or so from now:

	better,	1
	about the same, or	2
	worse?	3
(DO NOT READ)	Don't know	8

100. When you add up all of the good and bad things about your job, how do you think it compares with the jobs of most other people you know:

	better,	1
	about the same, or	2
	worse?	3
(DO NOT READ)	Don't know	8

101. How many days of work did you miss during the past 20 workdays because you were ill? Exclude any vacation time or leave.

(# DAYS)	NONE	95
----------	------	----

102. How many days of work did you miss during the past 20 workdays because you just didn't feel like going to work? Exclude any vacation time or leave.

(# DAYS)

NONE	95
------	----

103. In what years, if ever, were you fired or laid off?

19 19 19

NEVER	9995
-------	------

104. Since this time last year, how many weeks have you been without a paid job? Do not include any vacation or sick leave when you had a job.

(NUMBER OF WEEKS)

None	95
------	----

105. During the last year, were you receiving any welfare or public assistance such as Aid to Families with Dependent Children, SSI, Food Stamps or Medicaid?

Yes	1
No	2

(IF R IS A STUDENT [P. 19, Q. 85 OR Q. 86, CODE 1], SKIP TO P. 30, INSTRUCTION ABOVE Q. 120)

(IF R IS PRESENTLY EMPLOYED, [P. 21, Q. 90, CODE 1, 2 OR 3], SKIP TO P. 30, INSTRUCTION ABOVE Q. 120)

106. Are you looking for work?

Yes	1
No	2

	Yes	No
107. Are you currently a full-time homemaker?	1	2
108. Do you have a physical disability?	1	2
109. Have you recently stopped or finished your formal or technical schooling?	1	2
110. Did you recently recover from a long-term illness or injury?	1	2

111. Tell me if the following were reasons for your not working:

	Yes	No
a. You lacked the skills necessary for available jobs?	1	2
b. You lacked the experience required for available jobs?	1	2
c. You lacked the educational requirements for available jobs?	1	2
d. Racial discrimination by the employers?	1	2
e. Sexual discrimination by the employers?	1	2
f. Pay or conditions were not satisfactory enough to accept the job?	1	2
g. No one to take care of your children?	1	2
h. You didn't have a car or phone or other things necessary for the job?	1	2
i. A medical reason?	1	2

112. Have you ever worked for pay?

	Yes	1
(SKIP TO P. 29, Q. 116)	No	2

(HAND R CARD 5)

113. What kind of work did you usually do when you were working? You can just tell me the number for your answer.

(IF NECESSARY, SAY): The job at which you spent the most time.

(CIRCLE ONLY ONE CODE)

Laborer (car washer, sanitary worker, farm laborer)	1
Service worker (cook, waiter, barber, janitor, gas station attendant, practical nurse, beautician)	2
Operative or semi-skilled worker (garage worker, taxicab, bus, or truck driver, assembly line worker, welder)	3
Sales clerk in a retail store (shoe salesperson, department store clerk, drug store clerk)	4
Clerical or office worker (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent)	5
Protective service (police officer, fireman, detective)	6
Military service	7
Craftsman or skilled worker (carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)	8
Farm owner, farm manager	9
Owner of a small business (restaurant owner, shop owner)	10
Sales representative (insurance agent, real estate broker, bond salesman)	11
Manager or administrator (office manager, sales manager, school administrator, government official)	12
Professional without doctoral degree (registered nurse, librarian, teacher, engineer, architect, social worker, technician, accountant, actor, artist, musician)	13
Professional with doctoral degree or equivalent (lawyer, physician, dentist, scientist, college professor)	14
(IF UNABLE TO CODE ELSEWHERE, SPECIFY JOB DESCRIPTION AND INDUSTRY): _____ _____	77

(TAKE BACK CARD 5)

114. Why are you not working at the last job that you had?

	Quit	1
	Fired	2
	Laid off or furloughed (job ended, contract completed)	3
(SKIP TO P. 29, Q. 116)	Medical reason	4
	Other (SPECIFY): _____	77

115. Tell me if the following things were involved in your leaving the job:

	Yes	No
a. Reduction in work force?	1	2
b. Low seniority?	1	2
c. Your violation of company rules or policies?	1	2
d. Racial discrimination by the employer?	1	2
e. Sexual discrimination by the employer?	1	2
f. You lacked the necessary skills to do the job?	1	2
g. A personality conflict with the boss or supervisor?	1	2
h. Your use of alcohol or drugs on the job?	1	2
i. Theft of company cash or property?	1	2
j. Sexual harassment by an employee or supervisor?	1	2
k. Supervisor said your work performance was poor?	1	2
l. Conflicts with co-workers?	1	2
m. Lack of opportunities for advancement?	1	2
n. Low pay?	1	2
o. Poor working conditions?	1	2
p. Company went out of business?	1	2

116. How much is being unemployed on your mind? Is it something that you think about:

often,	1
sometimes,	2
hardly ever or never?	3

117. When you compare yourself to other unemployed people, would you say you are:

better off,	1
about the same, or	2
worse off?	3

(HAND R CARD 1)

118. Thinking for a moment of the things that happen to you because you are unemployed, how often do you feel:

	Often	Some- times	Hardly ever or never
a. bothered or upset?	1	2	3
b. worried?	1	2	3
c. angry?	1	2	3
d. ashamed?	1	2	3
e. bored?	1	2	3
f. unsure of yourself?	1	2	3

(TAKE BACK CARD 1)

119. Does not having employment result in:

	Yes	No
a. your not being able to buy the things (you/your family) need(s)?	1	2
b. your having to depend on others for help?	1	2
c. people not being interested in you?	1	2

(IF NO SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 3], SKIP TO P. 35, Q. 135)

(HAND R CARD 6)

120. The following questions are about your (spouse/partner). Please tell me the letter on this card that comes closest to your (spouse's/partner's) income in the last twelve months, from all sources, before taxes. This card shows weekly, monthly and yearly income. Refer to the column that applies to (him/her).

(CIRCLE THE NUMERIC CODE)

WEEKLY INCOME	MONTHLY INCOME	YEARLY INCOME		CODE
Under \$58	Under \$250	Under \$3,000	A.	1
\$ 58 - \$ 77	\$ 250 - \$ 333	\$ 3,000 - \$ 3,999	B.	2
\$ 78 - \$ 96	\$ 334 - \$ 417	\$ 4,000 - \$ 4,999	C.	3
\$ 97 - \$ 115	\$ 418 - \$ 500	\$ 5,000 - \$ 5,999	D.	4
\$ 116 - \$ 134	\$ 501 - \$ 583	\$ 6,000 - \$ 6,999	E.	5
\$ 135 - \$ 154	\$ 584 - \$ 667	\$ 7,000 - \$ 7,999	F.	6
\$ 155 - \$ 173	\$ 668 - \$ 750	\$ 8,000 - \$ 8,999	G.	7
\$ 174 - \$ 288	\$ 751 - \$1,250	\$ 9,000 - \$ 14,999	H.	8
\$ 289 - \$ 385	\$1,251 - \$1,667	\$ 15,000 - \$ 19,999	I.	9
\$ 386 - \$ 480	\$1,668 - \$2,083	\$ 20,000 - \$ 24,999	J.	10
\$ 481 - \$ 673	\$2,084 - \$2,917	\$ 25,000 - \$ 34,999	K.	11
\$ 674 - \$ 961	\$2,918 - \$4,167	\$ 35,000 - \$ 49,999	L.	12
\$962 - \$1,442	\$4,168 - \$6,250	\$ 50,000 - \$ 74,999	M.	13
\$1,443 or more	\$6,251 or more	\$ 75,000 or more	N.	14
		Refused		97
		Don't know		98

(TAKE BACK CARD 6)

121. Which of the following usually applies to your (spouse/partner)? Not counting summer or holiday employment, is (he/she):

(IF MORE THAN ONE JOB HELD, ASK QUESTIONS ABOUT JOB AT WHICH MOST TIME IS SPENT.)

	working full-time for pay 35 hours or more per week,	1
	working part time for pay,	2
	not at work because of temporary illness, vacation, leave or strike, or	3
(SKIP TO P. 32, Q. 123)	is (he/she) not employed?	4

(HAND R CARD 5)

122. What kind of work does (he/she) usually do? You can just tell me the number for your answer.

(IF NECESSARY, SAY): The job at which (he/she) spends the most time.

(CIRCLE ONLY ONE CODE)

Laborer (car washer, sanitary worker, farm laborer)	1
Service worker (cook, waiter, barber, janitor, gas station attendant, practical nurse, beautician)	2
Operative or semi-skilled worker (garage worker, taxicab, bus, or truck driver, assembly line worker, welder)	3
Sales clerk in a retail store (shoe salesperson, department store clerk, drug store clerk)	4
Clerical or office worker (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent)	5
Protective service (police officer, fireman, detective)	6
Military service	7
Craftsman or skilled worker (carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)	8
Farm owner, farm manager	9
Owner of a small business (restaurant owner, shop owner)	10
Sales representative (insurance agent, real estate broker, bond salesman)	11
Manager or administrator (office manager, sales manager, school administrator, government official)	12
Professional without doctoral degree (registered nurse, librarian, teacher, engineer, architect, social worker, technician, accountant, actor, artist, musician)	13
Professional with doctoral degree or equivalent (lawyer, physician, dentist, scientist, college professor)	14
(IF UNABLE TO CODE ELSEWHERE, SPECIFY JOB DESCRIPTION AND INDUSTRY): _____ _____	77
Don't know	98

(TAKE BACK CARD 5)

123. Since this time last year, how many weeks has your (spouse/partner) been without a paid job? Do not include any vacation or sick leave when (he/she) had a job.

None	95
------	----

(NUMBER OF WEEKS)

124. Was (he/she) receiving any welfare or public assistance during the year such as Aid to Families with Dependent Children, SSI, Food Stamps or Medicaid?

Yes	1
No	2

(IF SPOUSE OR PARTNER IS CURRENTLY EMPLOYED, [P. 30, Q. 121, CODE 1, 2 OR 3], SKIP TO P. 35, Q. 135)

125. Is (he/she) looking for work?

Yes	1
No	2

	Yes	No
126. Is (he/she) currently a full-time homemaker?	1	2
127. Does (he/she) have a physical disability?	1	2
128. Has (he/she) recently stopped or finished formal or technical schooling?	1	2
129. Did (he/she) recently recover from a long-term illness or injury?	1	2

130. Tell me if the following were reasons for (his/her) not working:

	Yes	No
a. (He/She) lacked the skills necessary for available jobs?	1	2
b. (He/She) lacked the experience required for available jobs?	1	2
c. (He/She) lacked the educational requirements for available jobs?	1	2
d. Racial discrimination by the employers?	1	2
e. Sexual discrimination by the employers?	1	2
f. Pay or conditions were not satisfactory enough to accept the job?	1	2
g. No one to take care of (his/her) children?	1	2
h. (He/She) didn't have a car or phone or other things necessary for the job?	1	2
i. A medical reason?	1	2

131. Has (he/she) ever worked for pay?

	Yes	1
(SKIP TO P. 35, Q. 135)	No	2

(HAND R CARD 5)

132. What kind of work did (he/she) usually do when (he/she) was working? You can just tell me the number for your answer.

(IF NECESSARY, SAY): The job at which (he/she) spent the most time.

(CIRCLE ONLY ONE CODE)

Laborer (car washer, sanitary worker, farm laborer)	1
Service worker (cook, waiter, barber, janitor, gas station attendant, practical nurse, beautician)	2
Operative or semi-skilled worker (garage worker, taxicab, bus, or truck driver, assembly line worker, welder)	3
Sales clerk in a retail store (shoe salesperson, department store clerk, drug store clerk)	4
Clerical or office worker (bank teller, bookkeeper, secretary, typist, postal clerk or carrier, ticket agent)	5
Protective service (police officer, fireman, detective)	6
Military service	7
Craftsman or skilled worker (carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)	8
Farm owner, farm manager	9
Owner of a small business (restaurant owner, shop owner)	10
Sales representative (insurance agent, real estate broker, bond salesman)	11
Manager or administrator (office manager, sales manager, school administrator, government official)	12
Professional without doctoral degree (registered nurse, librarian, teacher, engineer, architect, social worker, technician, accountant, actor, artist, musician)	13
Professional with doctoral degree or equivalent (lawyer, physician, dentist, scientist, college professor)	14
(IF UNABLE TO CODE ELSEWHERE, SPECIFY JOB DESCRIPTION AND INDUSTRY): _____ _____	77
Don't know	98

(TAKE BACK CARD 5)

133. Why is (he/she) not working at the last job that (he/she) had?

	Quit	1
	Fired	2
	Laid off or furloughed (job ended, contract completed)	3
(SKIP TO Q. 135)	Medical reason	4
	Other (SPECIFY):	77

134. Tell me if the following things were involved in (his/her) leaving the job:

	Yes	No
a. Reduction in work force?	1	2
b. Low seniority?	1	2
c. Violation of company rules or policies?	1	2
d. Racial discrimination by the employer?	1	2
e. Sexual discrimination by the employer?	1	2
f. (He/she) lacked the necessary skills to do the job?	1	2
g. A personality conflict with the boss or supervisor?	1	2
h. (His/her) use of alcohol or drugs on the job?	1	2
i. Theft of company cash or property?	1	2
j. Sexual harassment by an employee or supervisor?	1	2
k. Supervisor said (his/her) work performance was poor?	1	2
l. Conflicts with co-workers?	1	2
m. Lack of opportunities for advancement?	1	2
n. Low pay?	1	2
o. Poor working conditions?	1	2
p. Company went out of business?	1	2

135. Have you ever served in the military, including reserves and the coast guard?

	Yes	1
(SKIP TO P. 36, Q. 142)	No	2

136. Which branch did you serve in?

(BRANCH)

137. What was your first and last year in the military?

(IF CURRENTLY IN THE MILITARY, RECORD TO: "PRESENT")

FROM: 19 TO: 19

138. Have you been sent overseas while serving in the military?

	Yes	1
(SKIP TO Q. 141)	No	2

139. Were you sent to: (a-e)

(IF "YES," IMMEDIATELY ASK Q. 140)

140. Was there combat in this area at the time you were there?

	Q. 139		Q. 140	
	Yes	No	Yes	No
a. The Persian Gulf?	1	2	1	2
b. Somalia?	1	2	1	2
c. Panama?	1	2	1	2
d. Grenada?	1	2	1	2
e. Somewhere else overseas? (SPECIFY): (IF MORE THAN ONE, ASK ABOUT MOST RECENT) _____	1	2	1	2

141. Are you currently in the reserves of any branch of the service?

	Yes	1
	No	2

142. Now I would like to ask you a few questions about your religious beliefs and activities. At present, about how often do you attend religious services? Is it:

about once a week or more,	1
about two or three times a month,	2
about once a month,	3
a few times a year, as on important holidays or special occasions,	4
hardly ever or never?	5

143. How important would you say religion is in your life? Would you say it is:

very important,	1
somewhat important,	2
not very important, or	3
not at all important?	4

144. In the last 15 years, have you been strongly attracted to a religion other than the one you were raised in because it was better able to satisfy your needs?

(IF MORE THAN ONE, ASK ABOUT THE MOST RECENT)

	Yes	1
(SKIP TO P. 38, INSTRUCTION ABOVE Q. 152)	No	2

(HAND R CARD 7)

145. What religion was that?

Roman Catholic	1
Jewish	2
Baptist	3
Episcopalian	4
Lutheran	5
Methodist	6
Mormon	7
Presbyterian	8
United Church of Christ	9
Other Protestant (SPECIFY):	10
Other (SPECIFY):	11

(TAKE BACK CARD 7)

	Yes	No
146. Have you spoken with anyone about this religion?	1	2
147. Have you attended services or meetings of this religion?	1	2
148. Have you tried to recruit other people to this religion?	1	2
149. Did your family or friends object to your involvement with this religion?	1	2
150. Did you join this religion? (IF NO, SKIP TO P. 38, INSTRUCTION ABOVE Q. 152)	1	2

151. In what year did you join that religion?

19
(YEAR)

(HAND R CARD 7)

152. What religion were you raised in?

Roman Catholic	1
Jewish	2
Baptist	3
Episcopalian	4
Lutheran	5
Methodist	6
Mormon	7
Presbyterian	8
United Church of Christ	9
Other Protestant (SPECIFY): _____	10
Other (SPECIFY): _____	11
No religion	00

153. What religion are you now?

Roman Catholic	1
Jewish	2
Baptist	3
Episcopalian	4
Lutheran	5
Methodist	6
Mormon	7
Presbyterian	8
United Church of Christ	9
Other Protestant (SPECIFY): _____	10
Other (SPECIFY): _____	11
No religion	00

(TAKE BACK CARD 7)

	Yes	No	N/A
154. Did your mother's religion change since you were in seventh grade?	1	2	3
155. Did your father's religion change since you were in seventh grade?	1	2	3

(IF NO SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 3], SKIP TO P. 40, Q. 160)

(HAND R CARD 7)

156. What religion was your (spouse/partner) raised in?

Roman Catholic	1
Jewish	2
Baptist	3
Episcopalian	4
Lutheran	5
Methodist	6
Mormon	7
Presbyterian	8
United Church of Christ	9
Other Protestant (SPECIFY): _____	10
Other (SPECIFY): _____	11
No religion	00
Don't know	98

157. What is (his/her) current religion?

Roman Catholic	1
Jewish	2
Baptist	3
Episcopalian	4
Lutheran	5
Methodist	6
Mormon	7
Presbyterian	8
United Church of Christ	9
Other Protestant (SPECIFY): _____	10
Other (SPECIFY): _____	11
No religion	00
Don't know	98

(TAKE BACK CARD 7)

158. At present, about how often does (he/she) attend religious services? Is it:

about once a week or more,	1
about two or three times a month,	2
about once a month,	3
a few times a year, as on important holidays or special occasions,	4
hardly ever or never?	5

159. How important would you say religion is in (his/her) life? Would you say it is:

very important,	1
somewhat important,	2
not very important, or	3
not at all important?	4

160. Do you belong to and pay dues or attend meetings of any:

	Yes	No
a. professional organizations?	1	2
b. civic organizations?	1	2
c. religious organizations, excluding church services?	1	2
d. social organizations?	1	2
e. school-related organizations?	1	2
f. unions?	1	2

(IF "NO" TO ALL ITEMS, a-f, SKIP TO P. 41, Q. 164)

	Yes	No
161. During the <u>last month</u> , counting all organizations, did you attend meetings a total of four or more times?	1	2
162. During the <u>last month</u> , did you serve on a committee in any of these organizations?	1	2
163. During the <u>last year</u> , did you serve as an elected officer of any of these organizations?	1	2

164. Do you have very strong feelings about the following political issues:

	Yes	No
a. women's rights?	1	2
b. the environment?	1	2
c. homosexuality?	1	2
d. race relations?	1	2
e. animal rights?	1	2
f. gun control?	1	2
g. abortion?	1	2

165. Are you active in any organization that is concerned with any of these issues or any other political issues?

	Yes	1
(SKIP TO Q. 167)	No	2

166. Which organizations are they? (PROBE FOR NAME AND TYPE OF ORGANIZATION)

	NAME	TYPE
a.		
b.		
c.		
d.		
e.		

167. If you had to be a member of a political party right now, which one would you choose?

Democratic	1
Republican	2
Independent	3
Other (SPECIFY): _____	4

168. Within the last year, did you:

	Yes	No
a. write to any public official?	1	2
b. give money to a political candidate or cause?	1	2
c. work in a political campaign?	1	2
d. attend any political meetings or rallies?	1	2
e. take part in a social protest or demonstration concerning some political issues?	1	2
f. vote in a public election? (IF YES, SKIP TO Q. 170)	1	2

169. Are you registered to vote?

Yes	1
No	2

170. Did you vote in the 1992 presidential election?

	Yes	1
(SKIP TO Q. 172)	No	2

171. Did you vote for:

(ALL SKIP TO P. 43, Q. 173)	Bush,	1
	Clinton,	2
	Perot, or	3
	someone else? (SPECIFY): _____	4

172. Who would you have voted for if you had voted in the 1992 presidential election:

	Bush,	1
	Clinton,	2
	Perot, or	3
	someone else? (SPECIFY): _____	4
(DO NOT READ)	None of them	5

173. Which of the following best describes your political views:

	extremely liberal,	1
	liberal,	2
	slightly liberal,	3
	moderate, middle of the road,	4
	slightly conservative,	5
	conservative, or	6
	extremely conservative?	7
(DO NOT READ)	Don't know	8

(HAND R CARD 8)

174. People often think of each other in terms of what social class they are in. Judging by the prestige or the respect people have for the occupations, education, income, family, and group memberships of you and your family members, what class do you think that you are in? You can just tell me the number for your answer.

(SKIP TO P. 44, INSTRUCTION ABOVE Q. 177)	Upper class	1
	Upper-middle class	2
	Middle class	3
	Lower-middle class	4
	Working class	5
	Lower class	6
	Other (SPECIFY): _____	77
(SKIP TO P. 44, Q. 180)	Don't know/Don't think of myself in terms of class.	98

(TAKE BACK CARD 8)

175. How important is it to you to move to a higher prestige class than the one you're now in? Is it:

generally important,	1
somewhat important, or	2
not important?	3

176. What are your chances of moving into a higher class? Would you guess that your chances are:

good,	1
fair, or	2
poor?	3

(HAND R CARD 1)

177. When thinking of your social class, how often do you feel:

	Often	Some- times	Hardly ever or never
a. ashamed?	1	2	3
b. angry?	1	2	3
c. unhappy?	1	2	3
d. unsure of yourself?	1	2	3

(TAKE BACK CARD 1)

178. Does your class membership depend mainly on:

	what you (and your spouse/partner) have accomplished,	1
	who your parents (or in-laws) are,	2
	or both?	3
(DO NOT READ)	Other reason (SPECIFY): _____	4

	Yes	No
179. (INTENTIONALLY OMITTED)		
180. Did your income or financial worth increase greatly in the last year?	1	2
181. Did you have financial difficulties in the last year?	1	2

(HAND R CARD 6)

182. Please tell me the letter on this card that best represents the total household income in the last twelve months before taxes, for all people in your household, not including roomers. This should include wages, net income from business, interest, and any other money income. Just tell me the letter for the amount that comes closest.

(CIRCLE THE NUMERIC CODE)

WEEKLY INCOME	MONTHLY INCOME	YEARLY INCOME		CODE
Under \$58	Under \$250	Under \$3,000	A.	01
\$ 58 - \$ 77	\$ 250 - \$ 333	\$ 3,000 - \$ 3,999	B.	02
\$ 78 - \$ 96	\$ 334 - \$ 417	\$ 4,000 - \$ 4,999	C.	03
\$ 97 - \$ 115	\$ 418 - \$ 500	\$ 5,000 - \$ 5,999	D.	04
\$ 116 - \$ 134	\$ 501 - \$ 583	\$ 6,000 - \$ 6,999	E.	05
\$ 135 - \$ 154	\$ 584 - \$ 667	\$ 7,000 - \$ 7,999	F.	06
\$ 155 - \$ 173	\$ 668 - \$ 750	\$ 8,000 - \$ 8,999	G.	07
\$ 174 - \$ 288	\$ 751 - \$1,250	\$ 9,000 - \$ 14,999	H.	08
\$ 289 - \$ 385	\$1,251 - \$1,667	\$ 15,000 - \$ 19,999	I.	09
\$ 386 - \$ 480	\$1,668 - \$2,083	\$ 20,000 - \$ 24,999	J.	10
\$ 481 - \$ 673	\$2,084 - \$2,917	\$ 25,000 - \$ 34,999	K.	11
\$ 674 - \$ 961	\$2,918 - \$4,167	\$ 35,000 - \$ 49,999	L.	12
\$962 - \$1,442	\$4,168 - \$6,250	\$ 50,000 - \$ 74,999	M.	13
\$1,443 or more	\$6,251 or more	\$ 75,000 or more	N.	14
		Refused		97
		Don't know		98

(TAKE BACK CARD 6)

183. Was any of that income during the last 12 months from:

	Yes	No
a. your own income?	1	2
b. a spouse's or partner's income?	1	2
c. parental (or in-law) support or income?	1	2
d. income of other family members in your household (besides your spouse/partner/parents)?	1	2
e. public assistance, such as welfare payments, Aid to Dependent Children, disability payments, SSI, and other public assistance?	1	2
f. grants, stipends, scholarships?	1	2
g. unemployment benefits?	1	2
h. some other source? (SPECIFY): _____	1	2

184. The next questions are about your health. Is there anything about your health that worries you?

Yes	1
No	2

185. Not counting vitamins, do you now use any medicine regularly?

	Yes	1
(SKIP TO Q. 189)	No	2

Q. 186 What are the names of the medicines you are using? (RECORD NO MORE THAN 3)	(ASK QQ. 187 AND 188 ABOUT EACH MEDICINE) Q. 187 For what condition are you taking (MEDICINE)?	Q. 188 Did a doctor say you should use the medicine?	
		Yes	No
a.		1	2
b.		1	2
c.		1	2

189. Does your health:

	Yes	No
a. limit the kinds of physical activities you can do, such as running, lifting heavy objects, participating in strenuous sports?	1	2
b. prevent you from doing certain kinds or amounts of work, housework, or schoolwork?	1	2
c. require that you get help eating, dressing, bathing or with toilet activities?	1	2

190. During the past 30 days, did you have: (a-j)

(IF "YES," IMMEDIATELY ASK Q. 191)

191. Did you call or see a doctor about it?

	Q. 190		Q. 191	
	Yes	No	Yes	No
a. a cough, without fever, which lasted at least three weeks?	1	2	1	2
b. a sore throat or cold, with fever, lasting more than three days?	1	2	1	2
c. stiffness, pain or swelling of joints lasting more than two weeks?	1	2	1	2
d. a skin rash, or breaking out on any part of the body?	1	2	1	2
e. shortness of breath with light exercise or light work?	1	2	1	2
f. chest pain when exercising?	1	2	1	2
g. headaches almost every day?	1	2	1	2
h. loss of consciousness, fainting, or passing out?	1	2	1	2
i. acid indigestion or heartburn after eating many different types of foods?	1	2	1	2
j. stomach flu or virus with vomiting or diarrhea?	1	2	1	2

192. Have you ever had: (a-n)
 (IF "YES" IMMEDIATELY ASK QQ. 193 AND 194)

193. In what year did this first happen?
 (IF R DOESN'T KNOW YEAR, PROBE FOR AGE)

194. Do you still have it?

	Q. 192 Ever had?		Q. 193 Onset	Q. 194 Still have it?	
	Yes	No	Year or Age	Yes	No
a. asthma?	1	2	19__	1	2
b. chronic bronchitis, emphysema, pneumonia?	1	2	19__	1	2
c. allergies?	1	2	19__	1	2
d. hepatitis A or jaundice?	1	2	19__	1	2
e. hepatitis B?	1	2	19__	1	2
f. CMV (cytomegalovirus) infection?	1	2	19__	1	2
g. EBV (Epstein-Barr virus, adult mono) infection?	1	2	19__	1	2
h. cirrhosis?	1	2	19__	1	2
i. anemia?	1	2	19__	1	2
j. diabetes?	1	2	19__	1	2
k. arthritis or gout?	1	2	19__	1	2
l. cancer of any type?	1	2	19__	1	2
m. a sexually transmitted disease?	1	2	19__	1	2
n. psoriasis?	1	2	19__	1	2

195. When, if ever, (have you/has a girlfriend or your wife) had an abortion? Do not count accidental or spontaneous abortions sometimes referred to as miscarriages.

19

19

19

NEVER

9995

196. Have you ever been tested for AIDS?

	Yes	1
(SKIP	No	2
TO	Refused to answer	7
Q. 198)	Don't know	8

197. Were your AIDS results negative or positive?

Negative	1
Positive	2

198. Compared to most other people of your age and sex, do you think your health is:

better,	1
about the same, or	2
worse?	3

199. Tell me if you agree or disagree.

	Agree	Disagree
a. I often worry about the possibility that I have a serious illness.	1	2
b. When a person is ill, he or she should always try to handle the problem himself or herself before going to the doctor.	1	2

200. During the past year, how many times altogether did you seek medical help for a health problem or check-up? Include chiropractors and osteopaths. Do not include dentists, psychiatrists or doctors seen while you were a patient in a hospital.

(# TIMES)

201. Were there any days during the last 12 months when you stayed in bed all or most of the day because you weren't feeling well?

	Yes	1
(SKIP TO P. 50, Q. 203)	No	2

202. About how many days did that happen?

(RECORD AS DAYS, WEEKS OR MONTHS)

 OR OR
(# DAYS) (# WEEKS) (# MONTHS)

203. How many times, if ever, have you been hospitalized or stayed in a treatment center or program for psychiatric or nervous or emotional reasons excluding any treatment for drugs and alcohol?

(# TIMES)

(IF NONE, SKIP TO P. 51, Q. 209)
(IF ONCE, SKIP TO Q. 205)

204. In what year were you first hospitalized or admitted to an overnight program for such problems?

 19
(YEAR)

205. In what year were you (last) hospitalized or admitted to an overnight program for such problems?

 19
(YEAR)

206. In that year, about how many days were you in the hospital for these problems?

(RECORD AS DAYS, WEEKS OR MONTHS)

 OR OR
(# DAYS) (# WEEKS) (# MONTHS)

207. Why were you hospitalized at that time?

(PROBE FOR DIAGNOSIS AND SPECIFIC PROBLEMS/SYMPTOMS OF LAST HOSPITALIZATION)

208. Mainly, whose idea was the hospitalization:

(PROBE FOR ONE RESPONSE)

yours,	1
a doctor's or other professional you had been seeing,	2
the police or some public agency,	3
your spouse or partner,	4
other members of your family, or	5
someone else? (SPECIFY): _____	6

209. How many times, if ever, have you been hospitalized or stayed in a treatment center or program because of drugs or alcohol?

(# TIMES)

(IF NONE, SKIP TO P. 52, Q. 215)
(IF ONCE, SKIP TO Q. 211)

210. In what year were you first hospitalized or admitted to an overnight program for such problems?

 19
(YEAR)

211. In what year were you (last) hospitalized or admitted to an overnight program for such problems?

 19
(YEAR)

212. In that year, about how many days were you in the hospital for these problems?

(RECORD AS DAYS, WEEKS OR MONTHS)

 OR OR
(# DAYS) (# WEEKS) (# MONTHS)

213. Why were you hospitalized at that time?

(PROBE FOR DIAGNOSIS AND SPECIFIC PROBLEMS/SYMPTOMS OF LAST HOSPITALIZATION)

214. Mainly, whose idea was the hospitalization:

(PROBE FOR ONE RESPONSE)

yours,	1
a doctor's or other professional you had been seeing,	2
the police or some public agency,	3
your spouse or partner,	4
other members of your family, or	5
someone else? (SPECIFY): _____	6

215. Have you ever visited a doctor or other professional because of mental or emotional problems for which you were not hospitalized?

	Yes	1
(SKIP TO P. 54, Q. 222)	No	2

216. In what year were you first treated for such problems?

19
(YEAR)

217. In what year were you last treated for such problems?

19
(YEAR)

Currently in treatment	9995
------------------------	------

218. What was the longest period of time you were continuously treated for this? In what year did it begin and in what year did it end?

(IF CURRENTLY IN TREATMENT, RECORD TO: "PRESENT")

FROM: 19 TO: 19

219. Why (were/are) you being treated?

(PROBE FOR DIAGNOSIS AND SPECIFIC PROBLEMS/SYMPTOMS OF LONGEST TREATMENT)

220. What sort of treatment (did you receive/are you receiving)?

221. Mainly, whose idea was the treatment:

(PROBE FOR ONE RESPONSE)

yours,	1
a doctor's or other professional you had been seeing,	2
the police or some public agency,	3
your spouse or partner,	4
other members of your family, or	5
someone else? (SPECIFY): _____	6

222. Have you ever visited a doctor or other professional because of drug or alcohol problems for which you were not hospitalized?

	Yes	1
(SKIP TO P. 55, Q. 229)	No	2

223. In what year did you first visit a doctor or professional for such problems?

19
(YEAR)

224. In what year did you last visit a doctor or professional for such problems?

19
(YEAR)

Currently in treatment	9995
------------------------	------

225. What was the longest period of time you were continuously treated for this? In what year did it begin and in what year did it end?

(IF CURRENTLY IN TREATMENT, RECORD TO: "PRESENT")

FROM: 19 TO: 19

226. Why (were/are) you being treated?

(PROBE FOR DIAGNOSIS AND SPECIFIC PROBLEMS/SYMPTOMS OF LONGEST TREATMENT)

227. What sort of treatment (did you receive/are you receiving)?

228. Mainly, whose idea was the treatment:

(PROBE FOR ONE RESPONSE)

yours,	1
a doctor's or other professional you had been seeing,	2
the police or some public agency,	3
your spouse or partner,	4
other members of your family, or	5
someone else? (SPECIFY): _____	6

229. Have you ever had any emotional or nervous problem for which you were not treated?

	Yes	1
(SKIP TO P. 57, Q. 235)	No	2

230. As I read this list, tell me if these reasons played a part in your decision not to go for treatment:

	Yes	No
a. You didn't think anyone could help?	1	2
b. You didn't know any place to go for help?	1	2
c. You couldn't afford to pay the bill?	1	2
d. You didn't have any way to get there?	1	2
e. You didn't have the time?	1	2
f. You thought the problem would get better by itself?	1	2
g. You were too embarrassed to discuss it with anyone?	1	2
h. You were afraid of what your boss, friends, family or others would think?	1	2
i. You thought it was something you should be strong enough to handle alone?	1	2
j. You were afraid they would put you into the hospital?	1	2
k. You were afraid of the treatment they would give you?	1	2
l. You hated answering personal questions?	1	2
m. The hours were inconvenient?	1	2
n. A member of your family objected?	1	2
o. It wasn't that important?	1	2
p. Some other reason? (SPECIFY): _____	1	2

231. In what year did you first have an emotional or nervous problem for which you were not treated?

19
(YEAR)

232. In what year did you last have this or your latest problem?

19
(YEAR)

Currently has problem	9995
-----------------------	------

233. What was the longest period of time you had this problem? In what year did it begin and in what year did it end?

(IF CURRENTLY HAS PROBLEM, RECORD TO: "PRESENT")

FROM: 19 TO: 19

234. What kind of problem (was/is) it?

(PROBE FOR DIAGNOSIS AND SPECIFIC PROBLEMS/SYMPTOMS OF LONGEST PROBLEM)

235. Have you ever had any drug or alcohol problems for which you were not treated?

	Yes	1
(SKIP TO TOP OF P. 60)	No	2

236. As I read this list, tell me if these reasons played a part in your decision not to go for treatment:

	Yes	No
a. You didn't think anyone could help?	1	2
b. You didn't know any place to go for help?	1	2
c. You couldn't afford to pay the bill?	1	2
d. You didn't have any way to get there?	1	2
e. You didn't have the time?	1	2
f. You thought the problem would get better by itself?	1	2
g. You were too embarrassed to discuss it with anyone?	1	2
h. You were afraid of what your boss, friends, family or others would think?	1	2
i. You thought it was something you should be strong enough to handle alone?	1	2
j. You were afraid they would put you into the hospital?	1	2
k. You were afraid of the treatment they would give you?	1	2
l. You hated answering personal questions?	1	2
m. The hours were inconvenient?	1	2
n. A member of your family objected?	1	2
o. It wasn't that important?	1	2
p. Some other reason? (SPECIFY): _____	1	2

237. In what year did you first have one of these problems?

19
(YEAR)

238. In what year did you last have this or your latest problem?

19
(YEAR)

Currently has problem	9995
-----------------------	------

239. What was the longest period of time you had this problem? In what year did it begin and in what year did it end?

(IF CURRENTLY HAS PROBLEM, RECORD TO: "PRESENT.")

FROM: 19 TO: 19

240. What kind of problem (was/is) it?

(PROBE FOR DIAGNOSIS AND SPECIFIC PROBLEMS/SYMPTOMS OF LONGEST PROBLEM)

(INTRODUCTION TO THE SELF-ADMINISTERED QUESTIONNAIRE [SAQ]):

In this booklet are some questions you may answer by yourself. If you need help, please let me know.

(RECORD R'S CASE# AND YOUR NAME AND ID# ON THE COVER. THEN HAND R THE SAQ AND A PEN. THE SAQ MUST BE COMPLETED IN YOUR PRESENCE.)

(DO NOT VOLUNTEER TO READ THE SAQ TO THE R. ONLY READ THE SAQ TO R IF HE OR SHE SPECIFICALLY ASKS YOU TO DO SO.)

(WHEN SAQ IS COMPLETED, SAY TO R):

Please check the booklet to be sure that you have answered all of the questions.

WHO COMPLETED THE SAQ?

Respondent	1
Interviewer	2
Both	3
Refused	7

(ASK Q. 241 ABOUT ALL ITEMS, a-n, ON P. 62.)

241. How old were you the first time you ever: (ITEM a-n)

(RECORD AGE IN Q. 241 COLUMN ON P. 62. IF "NEVER," RECORD "95.")

(IF ALL "95", SKIP TO P. 63, INSTRUCTION ABOVE Q. 246)

(FOR EACH ITEM WITH AN AGE OR "DK" IN Q. 241 COLUMN ON P. 62, ASK QQ. 242-245, ONE ITEM AT A TIME. RECORD ALL RESPONSES ON P. 62.)

(HAND R CARD 9)

242. What was the most recent time you: (ITEM)? Just give me the number of your answer from the top of the card.

(RECORD ONE OF THE FOLLOWING CODE #s, 1-4, IN Q. 242 COLUMN ON P. 62):

Within the last month	= 1	(SKIP TO Q. 244)
Within the last 6 months	= 2	
Within the last year	= 3	
More than 1 year ago	= 4	(ASK Q. 243)

243. How old were you the last time you: (ITEM)?

(RECORD AGE IN Q. 243 COLUMN ON P. 62)

244. When you were doing this, what was the most that you ever did it? Just give me the number of your answer from the bottom of the card.

(RECORD ONE OF THE FOLLOWING CODE #s, 1-5, IN Q. 244 COLUMN ON P. 62):

(IF R SAYS "IT NEVER VARIED," ASK): How often were you doing it? (RECORD ONE OF THE FOLLOWING CODE #s, 1-5, IN Q. 244 COLUMN AND RECORD "88" IN Q. 245 COLUMN ON P. 62. DO NOT ASK Q. 245):

About everyday	= 1	(ASK Q. 245)
About once a week	= 2	
A few times a month	= 3	
A few times a year or less often	= 4	
Only once or sporadically	= 5	(ASK Q. 242 ABOUT THE NEXT ITEM WITH AN AGE IN Q. 241 COLUMN ON P. 62. IF NO MORE ITEMS, SKIP TO P. 63, INSTRUCTION ABOVE Q. 246)

245. How old were you when you were doing it the most?

(RECORD AGE IN Q. 245 COLUMN ON P. 62. IF "NEVER VARIED", RECORD "88" IN Q. 245 COLUMN ON P. 62.)

(ASK Q. 242 ABOUT THE NEXT ITEM WITH AN AGE OR "DK" IN Q. 241 COLUMN ON P. 62. IF NO MORE ITEMS, TAKE BACK CARD 9 AND GO TO P. 63, INSTRUCTION ABOVE Q. 246)

	Q. 241 AGE 1ST TIME	Q. 242 MOST RECENT TIME (TOP OF CARD)		Q. 243 AGE LAST TIME	Q. 244 MOST YOU DID IT (BOTTOM OF CARD)		Q. 245 AGE DID IT MOST
	(NEVER: 95) (IF ALL (a-n) CODED 95, SKIP TO TOP OF P. 63)	(SKIP TO Q. 244)	1 2 3	(IF CODE 4 IN Q. 242, RECORD AGE. ASK Q. 244)	(ASK Q. 245)	1 2 3 4 5	(ASK Q. 242 ABOUT THE NEXT ITEM WITH AN AGE OR "DK" IN Q. 241 COLUMN. IF NONE, SKIP TO TOP OF P.63)
ITEM a. took things worth between \$2 and \$50 that didn't belong to you?							
ITEM b. took little things worth less than \$2 that didn't belong to you?							
ITEM c. got angry and broke things?							
ITEM d. carried a razor, a switch blade or gun?							
ITEM e. sold illegal drugs?							
ITEM f. started a fist fight?							
ITEM g. took part in gang fights?							
ITEM h. used force to get money or valuables from another person?							
ITEM i. broke into and entered a home, store, or building?							
ITEM j. purposely damaged or destroyed public or private property that didn't belong to you?							
ITEM k. took a car for a ride without the owner's knowledge?							
ITEM l. beat up on someone who had not done anything to you?							
ITEM m. took things worth \$50 or more that didn't belong to you?							
ITEM n. took part in a strike, riot or demonstration?							

(HAND R CARD 11)

(ASK Q. 246 ABOUT ALL ITEMS, a-f)

246. Have any of your relatives on this card ever: (a-f)

(IF "NO" TO ALL ITEMS, a-f, SKIP TO P. 64, INSTRUCTION ABOVE Q. 248)

(FOR EACH "YES" ITEM IN Q. 246, ASK Q. 247)

247. Which relatives ("YES" ITEM FROM Q. 246)? Just tell me the numbers. (PROBE): Who else?

		Q. 246 Have any relatives ever?		Q. 247 Which relatives?														
		Yes	No	(CIRCLE ALL CODES THAT APPLY)														
a.	regularly drank alcohol excessively over a long period of time?	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
b.	smoked more than a pack of cigarettes a day for a long period of time?	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
c.	smoked marijuana regularly over a long period of time?	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
d.	used illegal drugs, other than marijuana?	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
e.	committed several violent acts against others?	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
f.	attempted or committed suicide?	1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

(TAKE BACK CARD 11)

(ASK Q. 248 ABOUT ALL ITEMS, a-d, BELOW.)

248. How old were you the first time you ever: (a-d)

(RECORD AGE IN Q. 248 COLUMN BELOW. IF "NEVER," RECORD "95.")

(IF ALL "95", SKIP TO P. 65, INSTRUCTIONS ABOVE Q. 251)

(FOR EACH ITEM WITH AN AGE OR "DK" IN Q. 248, ASK QQ. 249 & 250, ONE ITEM AT A TIME)

(HAND R CARD 9)

249. What was the most recent time you (ITEM)? Just give me the number of your answer from the top of the card.

(RECORD ONE OF THE FOLLOWING CODE #s, 1-4, IN Q. 249 COLUMN BELOW):

Within the last month	= 1	(ASK ABOUT NEXT ITEM WITH AN AGE OR "DK" IN Q. 248 COLUMN. IF NONE, SKIP TO TOP OF P. 65)
Within the last 6 months	= 2	
Within the last year	= 3	
More than 1 year ago	= 4	(ASK Q. 250)

250. How old were you the last time you (ITEM)?

(RECORD AGE IN Q. 250 COLUMN BELOW)

ITEM	Q. 248 AGE 1ST TIME (NEVER: 95)	Q. 249 MOST RECENT TIME (TOP OF CARD)		Q. 250 AGE LAST TIME
		(ASK Q. 249 ABOUT NEXT ITEM WITH AN AGE) (ASK Q. 250)	1 2 3 4	
a.	were sentenced to prison, jail or juvenile detention?			
b.	were found guilty of a criminal offense?			
c.	were arrested?			
d.	had anything to do with the police or a sheriff for something you did or they thought you did?			

(IF ITEMS a-d CODED "95" IN Q. 248 COLUMN, SKIP TO P. 65, INSTRUCTIONS ABOVE Q. 251)

(HAND R CARDS 9 & 10)

(ASK Q. 251 ABOUT ALL ITEMS, a-x, ON PP. 66 & 68. RECORD RESPONSES FOR ITEMS a-1 ON P. 67 AND FOR ITEMS m-x ON P. 69.)

251. Here is a list of drugs that are used by some people. How old were you the first time you ever: (ITEMS a-x)

(RECORD AGE IN Q. 251 COLUMN ON P. 67 (ITEMS a-1) & P. 69 (ITEMS m-x). IF "NEVER," RECORD "95.")

(IF ALL "95", SKIP TO TOP OF P. 70)

(FOR EACH ITEM WITH AN AGE OR "DK" IN Q. 251 COLUMN ON PP. 67 & 69, ASK QQ. 252-255, ONE ITEM AT A TIME)

252. How long has it been since you: (ITEM)? Just give me the number of your answer from the top of the card.

(RECORD ONE OF THE FOLLOWING CODE #s, 1-4, IN Q. 252 COLUMN ON PP. 67 & 69):

Within the last month	= 1	(SKIP TO Q. 254)
Within the last 6 months	= 2	
Within the last year	= 3	
More than 1 year ago	= 4	(ASK Q. 253)

253. How old were you the last time you: (ITEM)?

(RECORD AGE IN Q. 253 COLUMN ON PP. 67 & 69)

254. When you were using this, what was the most that you ever used it? Just give me the number of your answer from the bottom of the card.

(RECORD ONE OF THE FOLLOWING CODE #s, 1-5, IN Q. 254 COLUMN ON PP. 67 & 69):

(IF R SAYS "IT NEVER VARIED," ASK): How often were you using it? (RECORD ONE OF THE FOLLOWING CODE #s, 1-5, IN Q. 254 COLUMN AND RECORD "88" IN Q. 255 COLUMN ON PP. 67 & 69. DO NOT ASK Q. 255):

About everyday	= 1	(ASK Q. 255)
About once a week	= 2	
A few times a month	= 3	
A few times a year or less	= 4	
Only once or sporadically	= 5	(ASK Q. 252 ABOUT THE NEXT ITEM WITH AN AGE OR "DK" IN Q. 251 COLUMN ON PP. 67 & 69. IF NO MORE ITEMS, SKIP TO TOP OF P. 70.)

255. How old were you when you were using this the most?

(RECORD AGE IN Q. 255 COLUMN ON PP. 67 & 69. IF "NEVER VARIED", RECORD "88" IN Q. 255 COLUMN ON PP. 67 & 69)

(ASK Q. 252 ABOUT THE NEXT ITEM WITH AN AGE OR "DK" IN Q. 251 COLUMN ON PP. 67 & 69. IF NO MORE ITEMS, TAKE BACK CARDS 9 & 10 AND GO TO TOP OF P. 70)

ITEM	(ONLY READ BOLD TYPE, UNLESS R NEEDS CLARIFICATION)
a.	used chewing tobacco, snuff, or dip?
b.	smoked cigarettes?
c.	drank beer?
d.	drank wine?
e.	drank hard liquor? (Alcohol, like whiskey or gin, or mixed drinks like gin and tonic.)
f.	used steroids without a prescription?
g.	used inhalants? (Solvents, nitrous oxide, laughing gas, whippets, glue snappers, amyl nitrate, chloroform, aerosols, poppers, medusa.)
h.	used stimulants <u>with</u> a prescription? (Uppers, speed, bennies, Dexamyl, Dexedrine, methedrine, amphetamine, black beauty, Benzedrine, Ritalin.)
i.	used stimulants <u>without</u> a prescription? (Uppers, speed, bennies, Dexamyl, Dexedrine, methedrine, amphetamine, black beauty, Benzedrine, Ritalin.)
j.	used sedatives or barbiturates <u>with</u> a prescription? (Downers, Seconal, Nembutal, Tuinal, Phenobarbital, Quaalude or 714.)
k.	used sedatives or barbiturates <u>without</u> a prescription? (Downers, Seconal, Nembutal, Tuinal, Phenobarbital, Quaalude or 714.)
l.	used tranquilizers <u>with</u> a prescription? (Valium, Librium, Miltown, meprobamate, Equanil.)

(LIST CONTINUED ON P. 68)

Q. 251 AGE 1ST USED
(NEVER: 95) (IF ALL (a-x) CODED 95, SKIP TO TOP OF P. 70)
a
b
c
d
e
f
g
h
i
j
k
l

Q. 252 MOST RECENT TIME (TOP OF CARD)		Q. 253 AGE LAST TIME USED	Q. 254 MOST YOU USED IT (BOTTOM OF CARD)		Q. 255 AGE WHEN USED IT MOST
(SKIP TO Q. 254)	1	(IF CODE 4 IN Q. 252, RECORD AGE. ASK Q. 254)	(ASK Q. 255)	1	(ASK ABOUT NEXT ITEM WITH AN AGE OR "DK" IN Q. 251 COLUMN ON PP. 67 & 69. IF NONE, GO TO TOP OF P. 70.)
	2			2	
	3			3	
(ASK Q. 253)	4		(RETURN TO Q. 252)	4	
				5	
					a
					b
					c
					d
					e
					f
					g
					h
					i
					j
					k
					l

ITEM	(ONLY READ BOLD TYPE, UNLESS R NEEDS CLARIFICATION)
m.	used tranquilizers <u>without</u> a prescription? (Valium, Librium, Miltown, meprobamate, Equanil.)
n.	used non-prescription drugs to get high? (Cough syrup, No Doz, sleeping pills, Sominex, etc.)
o.	used Marijuana or hashish?
p.	used psychedelics or hallucinogens? (LSD, acid, mescaline, peyote, magic mushrooms, psilocybin, DMT, or STP.)
q.	used powdered cocaine or coke?
r.	used alcahist or albatrict?
s.	used crack cocaine?
t.	used Heroin? (Horse, skag, or H.)
u.	used opiates or painkillers <u>with</u> a prescription? (Opium, morphine, codeine, Dilaudid, Demerol, Percodan, paregoric, methadone.)
v.	used opiates or painkillers <u>without</u> a prescription? (Opium, morphine, codeine, Dilaudid, Demerol, Percodan, paregoric, methadone.)
w.	used PCP, phencyclidine, angel dust?
x.	used any of the designer drugs? (XTC, X, Adam, MDA, China White, etc.)

Q. 251 AGE 1ST USED	Q. 252 MOST RECENT TIME (TOP OF CARD)		Q. 253 AGE LAST TIME USED	Q. 254 MOST YOU USED IT (BOTTOM OF CARD)		Q. 255 AGE WHEN USED IT MOST
(NEVER: 95) (IF ALL (a-x) CODED 95, SKIP TO TOP OF P. 70)	(SKIP	1	(IF CODE 4 IN Q. 252, RECORD AGE. ASK Q. 254)	(ASK Q. 255)	1	(ASK ABOUT NEXT ITEM WITH AN AGE OR "DK" IN Q. 251 COLUMN ON PP. 67 & 69. IF NONE, GO TO TOP OF P. 70.)
	TO	2			2	
	Q. 254)	3			3	
	(ASK Q. 253)	4			4	
					(RETURN TO Q. 252)	
m						m
n						n
o						o
p						p
q						q
r						r
s						s
t						t
u						u
v						v
w						w
x						x

During a person's lifetime, (R'S SEX: he/she) does a lot of things and can experience a wide range of emotions when (he/she) is under stress that (he/she) might not feel at other times. The following questions are about the possible activities and emotional experiences you may have had at various times in the last year or so.

WHEN R ANSWERS THESE QUESTIONS, CIRCLE THE APPROPRIATE BOX. WHEN THERE IS A DOUBLE BOXED ITEM, CIRCLE BOTH THE ANSWER BOX AND THE DOUBLE BOX BENEATH IT. WHEN REFERRING BACK TO THE PREVIOUS "YES" RESPONSES, LOOK FOR THE DOUBLE BOXED ITEM AND USE THE WORDING GIVEN. FOR EXAMPLE, IF QQ. 261, 263 AND 265 DOUBLE BOXES ARE CIRCLED, AT Q. 269 YOU WOULD READ: "REVIEWING WHAT YOU JUST TOLD ME, YOU HAD TWO WEEKS IN A ROW DURING THE PAST 12 MONTHS WHEN YOU WERE SAD, BLUE, OR DEPRESSED AND ALSO HAD SOME OTHER THINGS LIKE (GAINING WEIGHT), (TROUBLE FALLING ASLEEP), AND (TROUBLE CONCENTRATING)."

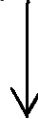
256. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

1. YES 5. NO ———> SKIP TO P. 73, Q. 271



257. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

1. ALL DAY LONG 2. MOST 3. ABOUT HALF 4. LESS THAN HALF



SKIP TO P. 73, Q. 271

SKIP TO P. 73, Q. 271

258. Did you feel this way every day, almost every day, or less often during those two weeks?

1. EVERY DAY 2. ALMOST EVERY DAY 3. LESS OFTEN



SKIP TO P. 73, Q. 271

259. During those two weeks did you lose interest in most things?

1. YES 5. NO

Losing Interest

260. Did you feel tired out or low on energy all the time?

1. YES

5. NO

Feeling Tired

261. Did you gain weight, lose weight, or stay about the same?

1. GAIN
YES

2. LOSE
YES

3. STAY ABOUT
THE SAME

4. (IF VOLUNTEERED:
R WAS ON A DIET

Gaining weight

*Losing
Weight*

262. About how much did you
(gain/lose)?

_____ POUNDS

263. Did you have more trouble falling asleep than you usually do?

1. YES

5. NO

→ SKIP TO P. 72, Q. 265

*Trouble Falling
Asleep*

264. Did that happen every night, nearly every night, or less often during those two weeks?

1. EVERY NIGHT

2. NEARLY EVERY NIGHT

3. LESS OFTEN

265. Did you have a lot more trouble concentrating than usual?

1. YES

5. NO

Trouble Concentrating

266. At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

1. YES

5. NO

*Feeling Down
on Yourself*

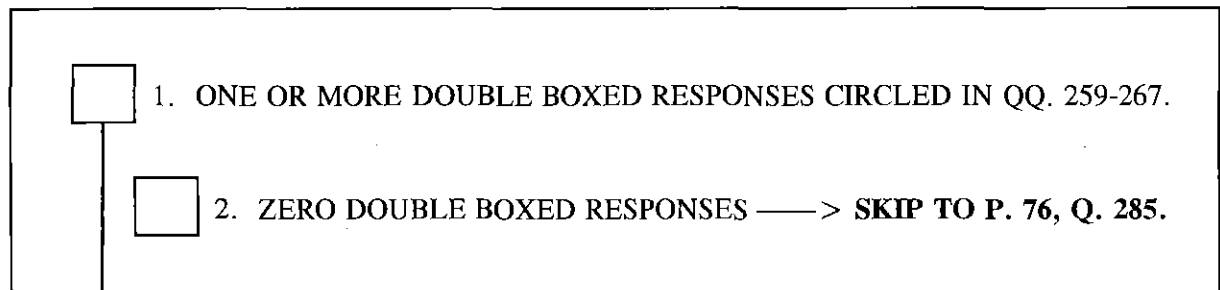
267. Did you think a lot about death -- either your own, someone else's, or death in general?

1. YES

5. NO

Thoughts About Death

268. **INTERVIEWER CHECKPOINT -- (COUNT DOUBLE BOXED RESPONSES CIRCLED IN QQ. 259-267)**



269. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like **(READ UP TO THREE DOUBLE BOXED DESCRIPTIONS CIRCLED IN QQ. 259-267)**. About how many weeks altogether did you feel this way during the past 12 months?

_____ # of WEEKS or

52. (IF VOLUNTEERED)
ENTIRE YEAR

—> **SKIP TO
P. 76, Q. 285**

270. Think about the last time you felt this way for two weeks or more in a row. In what month was that?

_____ MONTH —> **ALL SKIP TO P. 76, Q. 285**

277. Did you have more trouble falling asleep than you usually do?

1. YES

5. NO

————> SKIP TO Q. 279

*Trouble
Falling
Asleep*

278. Did that happen every night, nearly every night, or less often during those two weeks?

1. EVERY NIGHT

2. NEARLY EVERY NIGHT

3. LESS OFTEN

279. Did you have a lot more trouble concentrating than usual?

1. YES

5. NO

Trouble Concentrating

280. At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

1. YES

5. NO

*Feeling Down
on Yourself*

281. Did you think a lot about death -- either your own, someone else's, or death in general?

1. YES

5. NO

Thoughts About Death

282. **INTERVIEWER CHECKPOINT - (COUNT DOUBLE BOXED RESPONSES CIRCLED IN QQ. 274-281)**

<input type="checkbox"/>	1. ONE OR MORE DOUBLE BOXED RESPONSES CIRCLED IN QQ. 274-281.
<input type="checkbox"/>	2. ZERO DOUBLE BOXED RESPONSES —> SKIP TO P. 76, Q. 285.

283. Reviewing what you just told me, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like **(READ UP TO THREE DOUBLE BOXED DESCRIPTIONS CIRCLED IN QQ. 274-281)**. About how many weeks did you feel this way during the past 12 months?

_____ # of WEEKS or

52. (IF VOLUNTEERED)
ENTIRE YEAR

—> **SKIP TO
P. 76, Q. 285**

284. Think about the last time you had two weeks in a row when you felt this way. In what month was that?

_____ MONTH

285. I already asked you about two weeks in a row of feeling sad or depressed. The next question is related, but slightly different. **(READ SLOWLY)** During the past 12 months, did you feel sad or depressed most days, even if there were some days when you felt okay?

1. YES 5. NO —> SKIP TO P. 78, Q. 296

286. On the days you felt sad or depressed, did these feelings usually last all day long, most of the day, about half the day, or less than half the day?

1. ALL DAY LONG 2. MOST 3. ABOUT HALF 4. LESS THAN HALF

SKIP TO P. 78, Q. 296

287. During the past two years, has this been a pretty constant thing that happens just about every day or something that comes and goes from day to day?

1. PRETTY CONSTANT 2. COMES AND GOES 3. (IF VOLUNTEERED) ONLY ONE TIME

(RECORD NUMBER AND CIRCLE APPROPRIATE BOX)

288. During the past two years, how many days, week, or months, did the periods of being sad or depressed usually last?

_____ # of 1. Days 2. Wks 3. Mos

289. And how much time usually went on between the end of one period and the beginning of the next?

_____ # of 1. Days 2. Wks 3. Mos

290. How many months did that period last during the past two years?

_____ # of Months

291. Think about the last time you felt sad or depressed. In what month was that? ←

_____ MONTH

During the period(s) when you were sad or depressed, did you have any of the following experiences:
First:

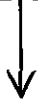
	YES	NO
292. did you frequently feel hopeless?	1	5
293. did you lose your appetite?	1	5
294. did you lack energy or feel tired out all the time even when you had not been working very hard?	1	5
295. were you unable to make up your mind about things you ordinarily have no trouble deciding about?	1	5

296. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried or anxious?

1. YES

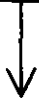
5. NO

————> **SKIP TO TOP OF P. 80**



297. Has that period ended or is it still going on?

1. ENDED



5. STILL GOING ON



298. How many months or years did it go on before it ended?

_____ # of Months

or

_____ # of Years

299. During that period, did you worry a great deal about things that were not likely to happen?

1. Yes 5. No

300. Did you worry a great deal about things that were not really serious?

1. Yes 5. No

SKIP TO TOP OF P. 80

301. During this period of worry or anxiety, did you have different worries on your mind at the same time?

1. Yes 5. No

302. How many months or years has it been going on?

_____ # of Months

or

_____ # of Years

303. Do you worry about things that are not likely to happen?

1. Yes 5. No

304. Do you worry a great deal about things that are not really serious?

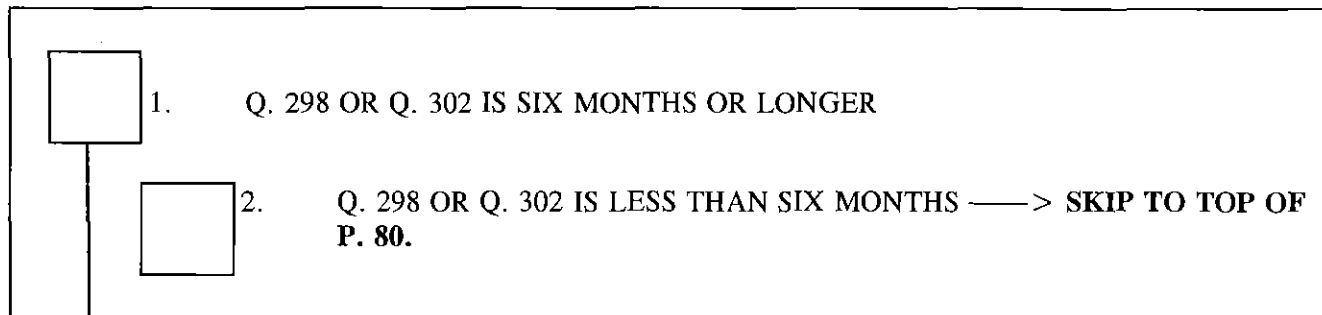
1. Yes 5. No

SKIP TO TOP OF P. 80

305. Do you have different worries on your mind at the same time?

1. Yes 5. No

306. INTERVIEWER CHECKPOINT - SEE P. 78, Q. 298 AND Q. 302



When you (are/were) worried or anxious, (are/were) you also:

	YES	NO
307. restless?	1	5
308. keyed up or on edge?	1	5
309. particularly irritable?	1	5
310. aware of your heart pounding or racing?	1	5
311. easily tired?	1	5
312. having trouble falling asleep or staying asleep?	1	5
313. feeling faint or unreal?	1	5

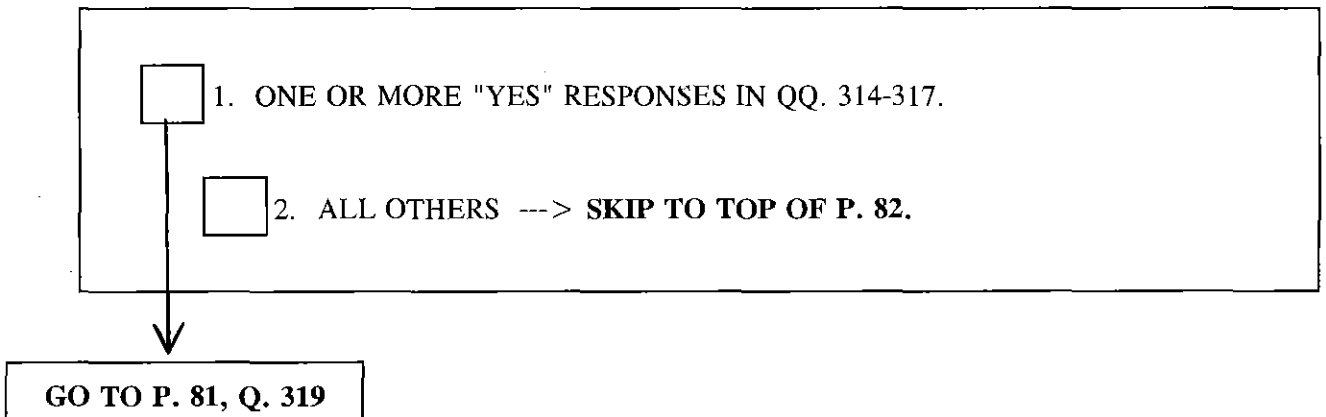
The next questions are about unreasonably strong fears of situations or objects. By "unreasonably strong" we mean always being very upset or badly frightened when most people would not be afraid.

DEFINITION: "UNREASONABLY STRONG FEAR" MEANS ALWAYS BEING VERY UPSET OR BADLY FRIGHTENED WHEN MOST PEOPLE WOULD NOT BE AFRAID.

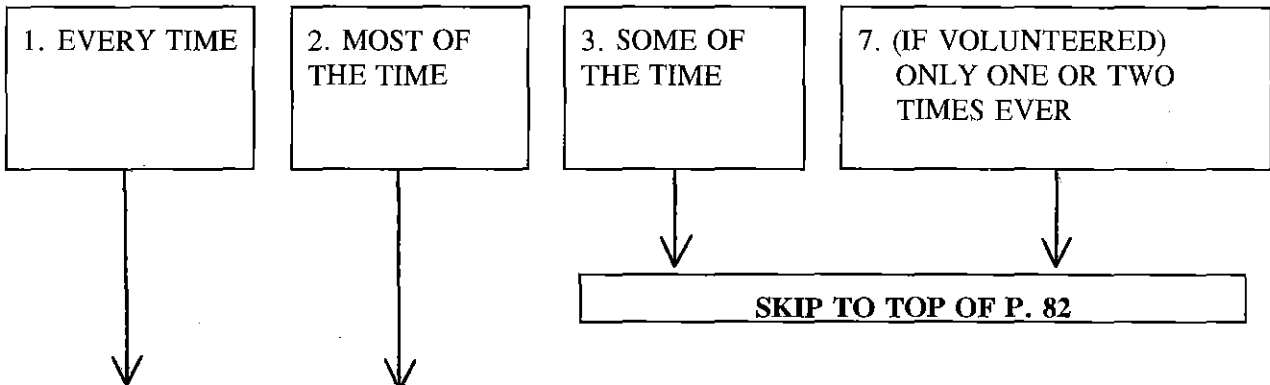
During the past 12 months, did you have an unreasonably strong fear of:

	YES	NO
314. heights, or flying, or storms, thunder, or lightning?	1	5
315. (How about of) being in a closed space or being alone or being in water like a pool or a lake?	1	5
316. (How about of) snakes, birds, rats, bugs, or other animals?	1	5
317. (How about of) seeing blood, getting a shot or injection, or seeing a doctor?	1	5

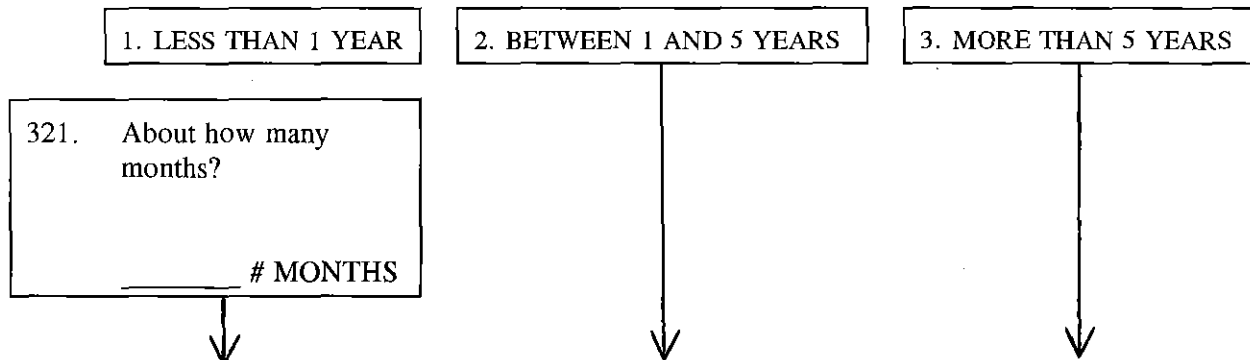
318. **INTERVIEWER CHECKPOINT --- SEE QQ. 314-317**



319. Do you get very upset or badly frightened every time you are in (this/these) situations(s), most of the time, or only some of the time?



320. How long have you had (this/these) fear(s) - less than 1 year, between 1 and 5 years, or more than 5 years?



322. The next question is about seeing a doctor or other professional about (this/these) fear(s). By "doctor," we mean a medical doctor or osteopath or a student in training to be a medical doctor or osteopath. By "other professional," we mean a nurse, psychologist, social worker, counselor, minister, priest, or rabbi. With these definitions in mind, did you ever tell a doctor or other professional about your fear(s)?

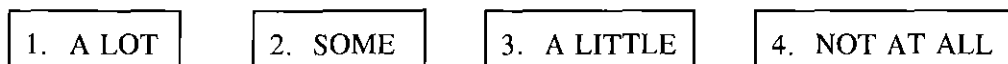
(REPEAT DEFINITIONS AS OFTEN AS NECESSARY)



323. During the past 12 months were you ever very upset with yourself for having (this/any of these) fear(s)?



324. During the past 12 months, how much did (this/these) fear(s) interfere with your life or activities -- a lot, some, a little or not at all?



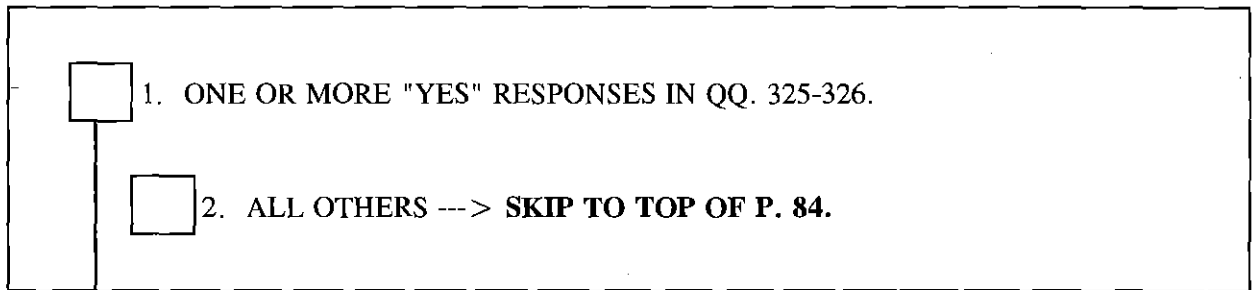
Here's another list of situations that can cause unreasonably strong fears. Remember that "unreasonably strong" means being very upset or badly frightened when most people would not be afraid.

DEFINITION: "UNREASONABLY STRONG FEAR" MEANS ALWAYS BEING VERY UPSET OR BADLY FRIGHTENED WHEN MOST PEOPLE WOULD NOT BE AFRAID.

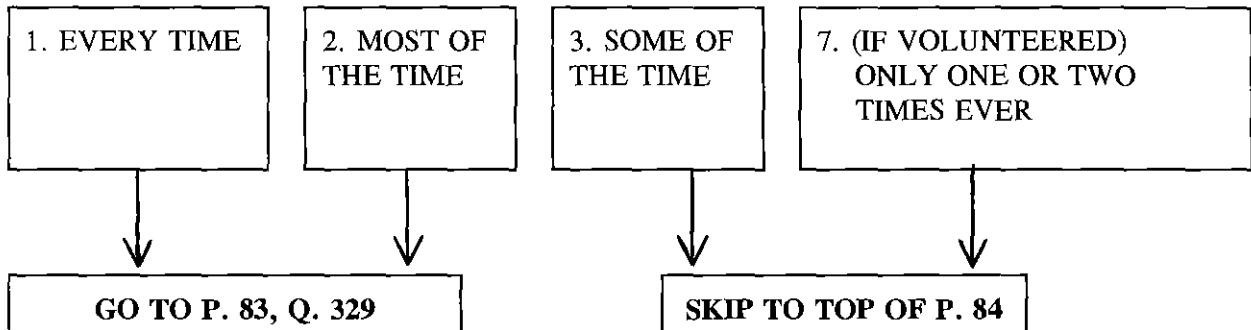
During the past 12 months, did you have an unreasonably strong fear of:

	YES	NO
325. speaking in public, or of talking in front of a small group of people, or of sounding foolish when you talk to people?	1	5
326. (How about of) eating or drinking in public, or writing when someone watches, or having to use the toilet when away from home?	1	5

327. **INTERVIEWER CHECKPOINT - SEE QQ. 325-326**



328. Do you get very upset or badly frightened every time you are in (this/these) situation(s), most of the time, or only some of the time?



329. Do you try to avoid (this/these) situation(s)?

1. YES

5. NO

330. How long have you had (this/these) fear(s) -- less than 1 year, between 1 and 5 years, or more than 5 years?

1. LESS THAN 1 YEAR

2. BETWEEN 1 AND 5 YEARS

3. MORE THAN 5 YEARS

331. About how many months?

_____ # MONTHS

332. During the past 12 months, were you ever very upset with yourself for having (this/any of these) fear(s)?

1. YES

5. NO

333. During the past 12 months, how much did (this/these) fear(s) interfere with your life or activities -- a lot, some, a little or not at all?

1. A LOT

2. SOME

3. A LITTLE

4. NOT AT ALL

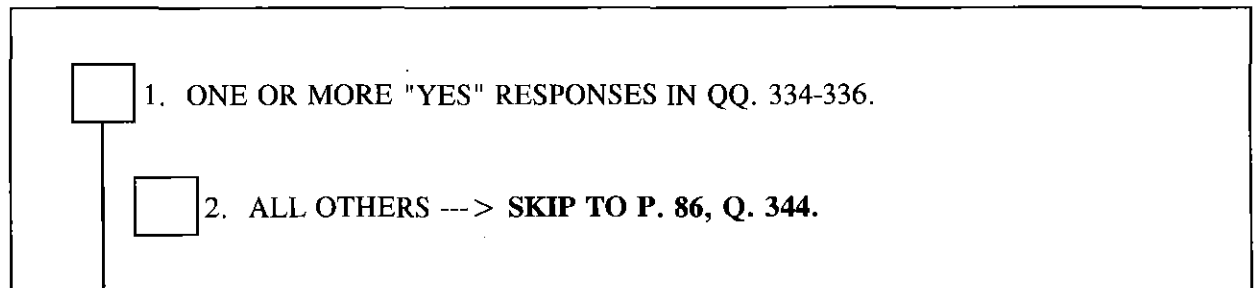
Here's a final list of situations that cause some people to have unreasonably strong fears.

DEFINITION: "UNREASONABLY STRONG FEAR" MEANS ALWAYS BEING VERY UPSET OR BADLY FRIGHTENED WHEN MOST PEOPLE WOULD NOT BE AFRAID.

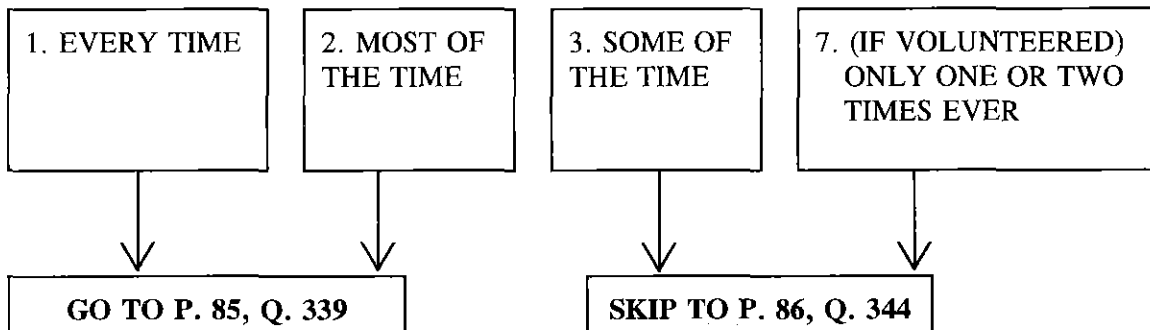
During the past 12 months, did you have an unreasonably strong fear of:

	YES	NO
334. being in a public place, or a crowd or a line?	1	5
335. (How about of) leaving your home or being alone away from home?	1	5
336. (How about of) crossing a bridge or riding in cars, trains, or buses?	1	5

337. **INTERVIEWER CHECKPOINT -- SEE QQ. 334-336**



338. Do you get very upset or badly frightened every time you are in (this/these) situation(s), most of the time, or only some of the time?



339. How long have you had (this/these) fear(s) -- less than 1 year, between 1 and 5 years, or more than 5 years?

1. LESS THAN 1 YEAR

2. BETWEEN 1 AND 5 YEARS

3. MORE THAN 5 YEARS

340. About how many months?
_____ # MONTHS

341. When you are in (this/these) situation(s), are you afraid that you might faint, lose control, or embarrass yourself in other ways?

1. YES

5. NO

342. When you are in (this/these) situation(s), do you worry that you might be trapped without any way to escape?

1. YES

5. NO

343. When you are in (this/these) situation(s), do you worry that help might not be available if you needed it?

1. YES

5. NO

344. During the past 12 months, did you ever have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?

1. YES

5. NO

345. During the past 12 months, did you ever have a spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath?
(IF R VOLUNTEERS ONLY WHEN HAVING HEART ATTACK, OR DUE TO PHYSICAL CAUSES, CIRCLE "NO" BOX).

1. YES 5. NO —> **SKIP TO P. 88, Q. 357**

346. About how many attacks did you have in the past 12 months?

_____ NUMBER

347. In what month did you have (the last one/this attack)?

_____ MONTH

348. Did (this attack/these attacks ever) happen in a situation when you were not in danger or not the center of attention?

1. YES

5. NO

————> **SKIP TO P. 88, Q. 357**

GO TO P. 87, Q. 349

349. A moment ago, we discussed situations that cause unreasonably strong fears. When you have attacks of the sort you just described, do they usually occur in situations that cause you unreasonably strong fear?

1. YES

5. NO

---> SKIP TO LEAD-IN TO Q. 351



350. Did you ever have an attack in the past 12 months when you were not in a situation that usually causes you to have unreasonably strong fears?

1. YES

5. NO

---> SKIP TO P. 88, Q. 357

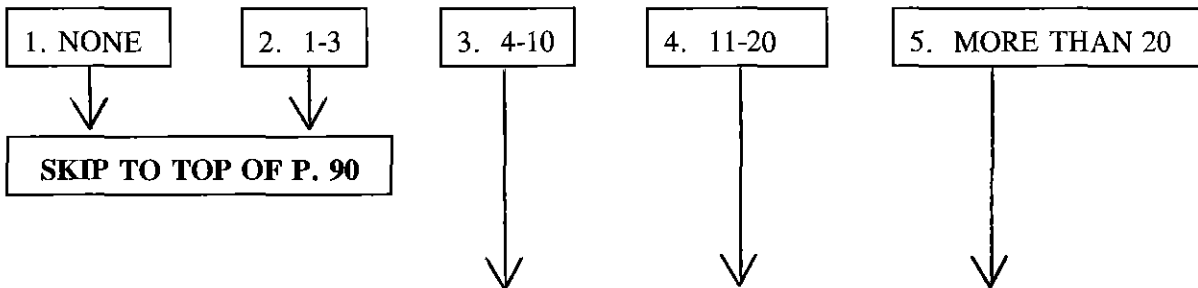


When you have attacks:

		YES	NO
351.	does your heart pound?	1	5
352.	do you have tightness, pain, or discomfort in your chest or stomach?	1	5
353.	do you sweat?	1	5
354.	do you tremble or shake?	1	5
355.	do you have hot flashes or chills?	1	5
356.	do you, or things around you, seem unreal?	1	5

357. The next questions are about how frequently you drink alcoholic beverages. By a "drink" we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink. With these definitions in mind, what is the largest number of drinks you had in any single day during the past 12 months -- none, one to three, four to ten, eleven to twenty, or more than twenty drinks in a single day?

(IF R VOLUNTEERS "I never drink," ACCEPT THE ANSWER AND CIRCLE "NONE" BOX)



(THE NEXT QUESTIONS ARE AWKWARDLY WORDED. READ SLOWLY)

358. The next questions are about problems caused by alcohol during the past 12 months. In the past 12 months, have you often been under the effects of alcohol or suffering its aftereffects while at work or school or while taking care of children?

1. YES 5. NO

359. During the past 12 months, were you ever under the effects of alcohol or feeling its aftereffects in a situation which increased your chances of getting hurt - like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming?

1. YES 5. NO

360. During the past 12 months, did you have any emotional or psychological problems from using alcohol -- such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

1. YES

5. NO

361. During the past 12 months, did you have such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else?

1. YES

5. NO

362. During the past 12 months, did you have a period of a month or more when you spent a great deal of time using alcohol or getting over its effects?

1. YES

5. NO

363. During the past 12 months, did you often use much larger amounts of alcohol than you intended to when you began, or did you use it for a longer period of time than you intended to?

1. YES

5. NO

364. During the past 12 months, did you ever find that you had to use more alcohol than usual to get the same effect or that the same amount had less effect on you than before?

1. YES

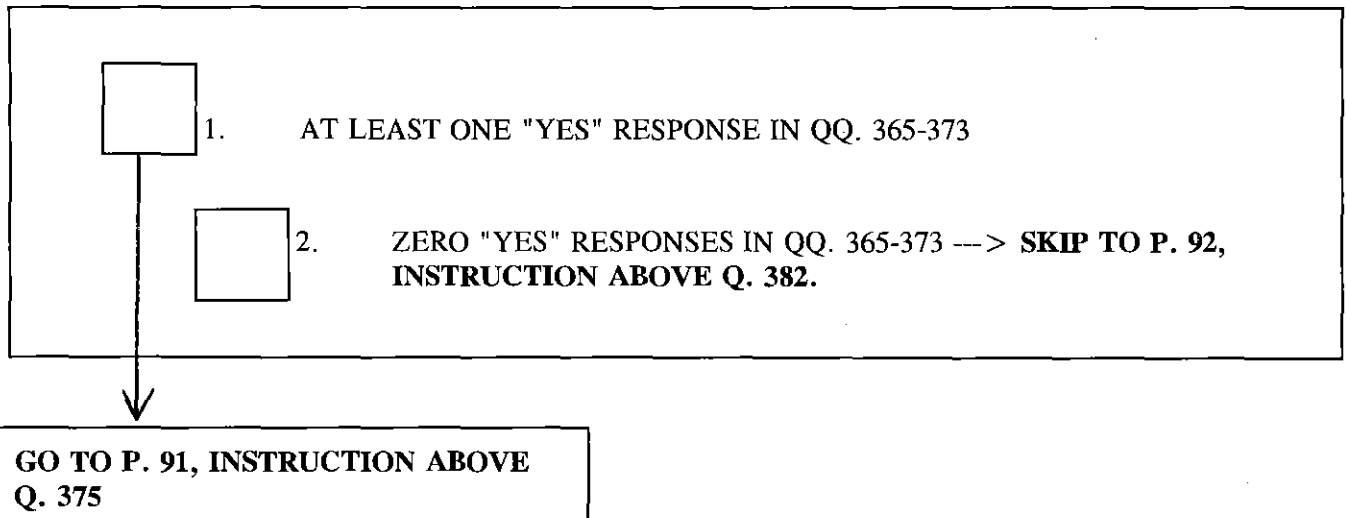
5. NO

The next questions are about your use of drugs on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use any the following drugs on your own during the past 12 months?

During the past 12 months did you use:

	YES	NO
365. sedatives, including either barbiturates or sleeping pills? (e.g., Seconal, Halcion, Methaqualone)	1	5
366. tranquilizers or "nerve pills"? (e.g., Librium, Valium, Ativan, Meproamate, Xanax)	1	5
367. (How about) amphetamines or other stimulants? (e.g., Methamphetamine, Preludin, Dexedrine, Ritalin, "Speed")	1	5
368. analgesics or other prescription painkillers? (NOTE: this does not include normal use of aspirin, Tylenol without codeine, etc., but <u>does</u> include use Tylenol with Codeine and other Rx painkillers like Demerol, Darvon, Percodan, Codeine, Morphine, and Methadone)	1	5
369. (How about) inhalants that you sniff or breathe to get high or to feel good?	1	5
370. marijuana or hashish?	1	5
371. cocaine or crack or free base?	1	5
372. LSD or other hallucinogens? (e.g., PCP, angel dust, peyote, ecstasy (MDMA), mescaline)	1	5
373. heroin?	1	5

374. **INTERVIEWER CHECKPOINT, SEE QQ. 365-373**



(THE NEXT QUESTIONS ARE AWKWARDLY WORDED. READ SLOWLY)

375. The next questions are about problems caused by (this/ any of these) substance(s) during the past 12 months. In the past 12 months, have you often been under the effects of (this/any of these) substance(s) or suffering (its/their) aftereffects while at work or school or while taking care of children?

1. YES

5. NO

376. During the past 12 months, were you ever under the effects of (this/any of these) or feeling (its/their) aftereffects in a situation which increased your chances of getting hurt - like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming?

1. YES

5. NO

377. During the past 12 months, did you have any emotional or psychological problems from using (this/any of these) -- such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

1. YES

5. NO

378. During the past 12 months, did you have such a strong desire or urge to use (this/any of these) that you could not resist it or could not think of anything else?

1. YES

5. NO

379. During the past 12 months, did you have a period of a month or more when you spent a great deal of time using (this/any of these) or getting over any of (its/their) effects?

1. YES

5. NO

380. During the past 12 months, did you often use much larger amounts of (this/any of these) than you intended to when you began, or did you use (it/them) for a longer period of time than you intended to?

1. YES

5. NO

381. During the past 12 months, did you ever find that you had to use more of (this/any of these) than usual to get the same effect or that the same amount had less effect on you than before?

1. YES

5. NO

(HAND R CARD 12)

382. In mid-November 1992, several tornadoes and associated severe weather were present in the Houston area. We are interested in seeing how such events affect people and their family. By "family" we are referring to your parents (your [spouse/partner] (and) your children.) Just tell me the number of your answer from the card. Which of the following best describes your experiences during that time:

(SKIP TO Q. 384)	you were living <u>with</u> your family in the Houston area at the time,	1
(ASK Q. 383)	you and your family were living <u>separately</u> in the Houston area at the time,	2
	you were living in the Houston area at the time but your family was not,	3
(SKIP TO Q. 384)	your family was living in the Houston area at the time but you were not, or	4
(SKIP TO P. 93, Q. 386)	neither you nor your family were living in the Houston area at the time?	5
(DO NOT READ)	Don't know/ Don't remember	8

(TAKE BACK CARD 12)

383. We are interested in the effect the tornadoes or associated severe weather may have had in your life. Did you: (READ a-i BELOW)

(IF CODE 3 IN Q. 382, SKIP TO P. 93, Q. 385)

384. We are interested in the effect the tornadoes or associated severe weather may have had in your family's (and your) (life/lives). Did (you and) your family: (a-i)

	YOU Q. 383		(YOU AND) YOUR FAMILY Q. 384	
	Yes	No	Yes	No
a. experience damage to (your/their) house or apartment?	1	2	1	2
b. experience damage to the landscape, yard, trees, etc. surrounding (your/their) home?	1	2	1	2
c. experience damage to vehicles?	1	2	1	2
d. experience damage to other personal belongings, furniture or clothing?	1	2	1	2
e. experience physical injury?	1	2	1	2
f. experience loss of time at school or work?	1	2	1	2
g. experience damage in (your/their) neighborhood?	1	2	1	2
h. experience loss of electrical power?	1	2	1	2
i. seek shelter away from home overnight or longer?	1	2	1	2

(IF CODE 4 IN Q. 382, SKIP TO Q. 386)

385. Were you very frightened, somewhat frightened or not at all frightened by:

	Very frightened	Somewhat frightened	Not all frightened
a. the darkness of the skies?	1	2	3
b. the intensity of the rain?	1	2	3
c. the rising water?	1	2	3
d. the wind?	1	2	3
e. reports of tornadoes in the neighborhood?	1	2	3

386. Now we need to know a few more things about you. What is your birthdate?

_____/_____/19_____
(MONTH) (DAY) (YEAR)

387. INTERVIEWER: CODE SEX OF RESPONDENT.

Male	1
Female	2

(HAND R CARD 13)

388. Which one of the following racial or ethnic groups do you belong to? Please tell me the number.

(IF MIXED, ASK): Which one do you more closely identify with?

(SKIP TO P. 96, INSTRUCTION ABOVE Q. 407)	White	1
	Black	2
(GO TO INSTRUCTION ABOVE Q. 389)	Mexican American	3
	Mexican National	4
	Cuban	5
	Puerto Rican	6
	Other Spanish-speaking	7
(SKIP TO P. 96, INSTRUCTION ABOVE Q. 407)	* Japanese	8
	Chinese	9
	Vietnamese	10
	Other Oriental	11
	Indian (from India)	12
	American Indian	13
	Some other group (SPECIFY): _____	14

(TAKE BACK CARD 13)

(HAND R CARD 14)

You can answer these questions by just giving me the number.

	Spanish all the time	Spanish most of the time	Spanish and English equally	English most of the time	English all the time
389. What language do you prefer to speak?	1	2	3	4	5
390. What language do you speak at home?	1	2	3	4	5
391. What language do you speak with friends?	1	2	3	4	5
392. In general, in what language are the movies, TV, and radio programs you like to watch and listen to the most?	1	2	3	4	5

(TAKE BACK CARD 14)

Now I would like to ask you some true or false questions.

	True	False
393. If someone has the chance to help a person get a job, it is always better to choose a relative than a friend.	1	2
394. When someone has serious problems, only relatives can help.	1	2
395. When looking for a job, a person should find work near his parents, even if that means he loses a good job somewhere else.	1	2
396. People dislike me because I am Hispanic.	1	2
397. It is hard for me to get along with others because I don't speak English well.	1	2
398. It was hard for me to get good grades because of problems in understanding English.	1	2
399. I have problems with my family because I prefer American customs and habits.	1	2
400. I am treated unfairly at work because I am Hispanic.	1	2
401. I have often seen friends treated badly because they are Hispanic.	1	2
402. I wish I was more "American."	1	2
403. I often (get/got) upset with my parents because they (don't/didn't) know American ways.	1	2

404. How American or Hispanic (are/were) your mother's customs or habits? (Are/Were) they mostly American, some American and some Hispanic, or (are/were) they mostly Hispanic? (CODE IN Q. 404 COLUMN BELOW)

405. How American or Hispanic (are/were) your father's customs or habits? (Are/Were) they mostly American, some American and some Hispanic, or (are/were) they mostly Hispanic? (CODE IN Q. 405 COLUMN BELOW)

406. How American or Hispanic are your customs or habits? Are they mostly American, some American and some Hispanic, or are they mostly Hispanic? (CODE IN Q. 406 COLUMN)

	Q. 404 Mother	Q. 405 Father	Q. 406 Respondent
Mostly American	1	1	1
Some American/Some Hispanic	2	2	2
Mostly Hispanic	3	3	3
Parent not Hispanic	4	4	

407. Please look at this card and tell me the letters of the people who live with you most of the time?

(GO TO P. 97, Q. 408)

R lives alone

95

(CIRCLE CODE 1 FOR EACH HOUSEHOLD MEMBER. IF j-v, ASK): How many (RELATIVE FROM Q. 407) live with you most of the time?

a.	Biological (natural) mother	a.	1	RECORD EXACT NUMBER:
b.	Adoptive mother	b.	1	
c.	Stepmother	c.	1	
d.	A woman who lives with your father but is not married to him	d.	1	
e.	Biological (natural) father	e.	1	
f.	Adoptive father	f.	1	
g.	Stepfather	g.	1	
h.	A man who lives with your mother but is not married to her	h.	1	
i.	Spouse or partner	i.	1	
j.	Biological (natural) daughter	j.	1	
k.	Adopted/step/other daughter	k.	1	
l.	Biological (natural) son	l.	1	
m.	Adopted/step/other son	m.	1	
n.	Biological (natural) sister	n.	1	
o.	Adopted sister/Half-sister/Stepsister	o.	1	
p.	Biological (natural) brother	p.	1	
q.	Adopted brother/Half-brother/Stepbrother	q.	1	
r.	Grandmother	r.	1	
s.	Grandfather	s.	1	
t.	Aunt	t.	1	
u.	Uncle	u.	1	
v.	Other (SPECIFY): _____	v.	1	
	_____		1	

(TAKE BACK CARD 15)

408. In what state have you resided for most of the last 12 months?

(CIRCLE THE CODE)

Alabama	1
Alaska	2
Arizona	3
Arkansas	4
California	5
Colorado	6
Connecticut	7
Delaware	8
Florida	9
Georgia	10
Hawaii	11
Idaho	12
Illinois	13
Indiana	14
Iowa	15
Kansas	16
Kentucky	17
Louisiana	18
Maine	19
Maryland	20
Massachusetts	21
Michigan	22
Minnesota	23
Mississippi	24
Missouri	25
Montana	26

Nebraska	27
Nevada	28
New Hampshire	29
New Jersey	30
New Mexico	31
New York	32
North Carolina	33
North Dakota	34
Ohio	35
Oklahoma	36
Oregon	37
Pennsylvania	38
Rhode Island	39
South Carolina	40
South Dakota	41
Tennessee	42
Texas	43
Utah	44
Vermont	45
Virginia	46
Washington	47
West Virginia	48
Wisconsin	49
Wyoming	50
District of Columbia	51
Puerto Rico	52
Foreign Country	53

409. What kind of a community are you now living in? Is it:

	in open country not on a farm,	1
	on a farm,	2
	in a small city or town, under 50,000 people,	3
	in a medium-size city, between 50,000 and 250,000,	4
	in a large city, between 250,000 and one million,	5
	in a large city of more than one million people, or	6
	in a suburb of a large city?	7
(DO NOT READ)	Other (SPECIFY): _____	77

(INTENTIONALLY BLANK)

410. How many biological children have you ever had that were born alive? Do not include step, adopted or foster children.

(# OF BIOLOGICAL CHILDREN)

(IF NONE, SKIP TO P. 102, Q. 424)

<p>411. (Beginning with the oldest.) What (is/are) the full name(s) of your biological child(ren)?</p> <p>(RECORD ALL NAMES BELOW. THEN ASK Q. 412-420 ABOUT EACH CHILD, ONE CHILD AT A TIME.)</p>	<p>412. (CIRCLE CODE FOR SEX BELOW)</p> <p>(IF UNCERTAIN ASK: Is (NAME) male or female?)</p>		<p>413. Where does (NAME) usually live?</p> <p>In this household 1 Deceased 2 Temporarily away from home 3 Child's other parent 4 Other relatives 5 Foster care 6 Adoptive parents 7 In an institution 8 On his/her own 9 With friend's family 10 With own spouse/partner 11 Other (SPECIFY BELOW) 12</p> <p>(IF DECEASED, RETURN TO Q. 412 FOR NEXT CHILD. IF NO MORE CHILDREN, SKIP TO INSTRUCTIONS ABOVE Q. 421.)</p>	<p>414. How old was (NAME) on (his/her) last birthday?</p> <p>(IF CHILD IS 12 OR OLDER, CIRCLE THE AGE. HE/SHE IS ELIGIBLE FOR IMMEDIATE INTERVIEW.)</p>
RECORD FULL NAMES BELOW	MALE	FEMALE	RECORD BELOW	RECORD BELOW
<p>01</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	1	2	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>_____ (AGE)</p>
<p>02</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	1	2	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>_____ (AGE)</p>
<p>03</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	1	2	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>_____ (AGE)</p>
<p>04</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	1	2	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>_____ (AGE)</p>
<p>05</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	1	2	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>_____ (AGE)</p>
<p>06</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	1	2	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>_____ (AGE)</p>

<p>415. What is (NAME)'s date of birth?</p> <p>(IF BEFORE 1/1/86, CIRCLE DATE OF BIRTH)</p>	<p>416. How many years of (NAME)'s life has (he/she) lived with you? Include any time spent away at school or camp.</p> <p>(RECORD NUMBER OF YEARS LIVED WITH R)</p> <p>(IF AGE OR DOB CIRCLED IN Q. 414 OR Q. 415, CIRCLE "ELIGIBLE" BELOW)</p>	<p>(ASK ONLY UP TO CHILD'S PRESENT AGE)</p> <p>417. Was (NAME) separated from you for a period of a year or more between the ages of:</p> <p>a. 0 - 6 years old? (CODE BELOW)</p> <p>b. 7 - 12 years old? (CODE BELOW)</p> <p>c. 13 - 18 years old? (CODE BELOW)</p>	<p>(IF YOUNGER THAN 6, SKIP TO INSTRUCTIONS ABOVE Q.419)</p> <p>418. What grade is (NAME) in? (IF NOT IN SCHOOL, ASK): What was the last grade (he/she) completed?</p>	<p>(IF CODE 1 RECORDED IN Q. 413, RETURN TO Q. 412 FOR NEXT CHILD. IF NO MORE CHILDREN, SKIP TO INSTRUCTIONS ABOVE Q. 421.)</p> <p>(IF CODE 3 - 12 RECORDED IN Q. 413, ASK Q.Q. 419-420. THEN RETURN TO Q. 412 FOR NEXT CHILD. IF NO MORE CHILDREN, SKIP TO INSTRUCTIONS ABOVE Q. 421.)</p> <p>419. What is the full name of the adult who is responsible for (NAME)'s care?</p> <p>(IF NO ADULT, RECORD "NO ADULT")</p>									
RECORD BELOW	RECORD BELOW		RECORD BELOW	RECORD FULL NAMES BELOW									
<p>____/____/19</p> <p>MM/DD/YY</p>	<p>____</p> <p>(# OF YEARS)</p> <p>ELIGIBLE</p>	<table border="1"> <tr> <td>a. Age 0 - 6</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. Age 7 - 12</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. Age 13 - 18</td> <td>1</td> <td>2</td> </tr> </table>	a. Age 0 - 6	1	2	b. Age 7 - 12	1	2	c. Age 13 - 18	1	2	<p>____</p> <p>(GRADE #)</p>	<p>____ (FIRST) _____ (MIDDLE)</p> <p>____ (LAST)</p>
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b. Age 7 - 12	1	2											
c. Age 13 - 18	1	2											
<p>____/____/19</p> <p>MM/DD/YY</p>	<p>____</p> <p>(# OF YEARS)</p> <p>ELIGIBLE</p>	<table border="1"> <tr> <td>a. Age 0 - 6</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. Age 7 - 12</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. Age 13 - 18</td> <td>1</td> <td>2</td> </tr> </table>	a. Age 0 - 6	1	2	b. Age 7 - 12	1	2	c. Age 13 - 18	1	2	<p>____</p> <p>(GRADE #)</p>	<p>____ (FIRST) _____ (MIDDLE)</p> <p>____ (LAST)</p>
a. Age 0 - 6	1	2											
b. Age 7 - 12	1	2											
c. Age 13 - 18	1	2											

<p>420. What is <u>(NAME)</u>'s current address and phone number?</p> <p>(RETURN TO Q. 412 FOR NEXT CHILD. IF NO MORE CHILDREN, GO TO INSTRUCTIONS ABOVE Q. 421.)</p>	<p>(READ Q. 421 TO R FOR CHILDREN WITH "ELIGIBLE" CIRCLED IN Q. 416. IF NO "ELIGIBLE" CIRCLED, SKIP TO P. 102, Q. 424.)</p> <p>421. Dr. Kaplan is also interested in interviewing children born before January 1, 1986 when they are 12 years old or older. The survey is much like the one you just completed, only shorter, and the information obtained will be kept confidential. (HAND R YOUTH INTERVIEW CONSENT FORM TO READ)</p> <p>(PREPARE A SEPARATE FORM FOR EACH CHILD WITH "ELIGIBLE" CIRCLED IN Q. 416. RECORD INFORMATION IN INTERVIEWER BOX 1.)</p> <p>If, after reading this consent form, you agree to let us interview (this/these) child(ren), please sign the consent form on the respondent line. (OBTAIN R'S SIGNATURE ON THE RESPONDENT LINE OF EACH FORM. IF R IS NOT CHILD'S LEGAL GUARDIAN, RECORD LEGAL GUARDIAN'S NAME, ADDRESS AND PHONE NUMBER.)</p> <p>(TAKE BACK CONSENT FORM(S) AND GO TO Q. 422)</p>	<p>422. INTERVIEWER:</p> <p>DID R GIVE WRITTEN CONSENT TO INTERVIEW EACH CHILD?</p> <p>(IF NO, RECORD REASON IN INTERVIEWER OBSERVATIONS, P. 114, Q.482 AND ON YOUTH CRF)</p>	<p>(ASK Q. 423 FOR EACH YOUTH WHOSE AGE IN Q. 414 IS CIRCLED AND "YES" IN Q. 422. THEN GO TO P. 102, Q. 424.)</p> <p>423. What would be the best time to talk to <u>(NAME)</u> about the interview?</p> <p>Youth available now 1 Appointment made (SPECIFY DATE, DAY AND TIME) 2 Youth will be contacted later 3 Youth's whereabouts unknown 4 Youth cannot be interviewed due to mental/emotional/physical problems 5 Youth to be interviewed elsewhere 6</p>		
<p align="center">RECORD BELOW</p>		<table border="1"> <tr> <th>YES</th> <th>NO</th> </tr> </table>	YES	NO	<p align="center">RECORD BELOW AND ON YOUTH CRF</p>
YES	NO				
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (_____) _____</p>		<table border="1"> <tr> <td align="center">1</td> <td align="center">2</td> </tr> </table>	1	2	<p align="center">_____ (CODE #)</p> <p>DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
1	2				
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (_____) _____</p>		<table border="1"> <tr> <td align="center">1</td> <td align="center">2</td> </tr> </table>	1	2	<p align="center">_____ (CODE #)</p> <p>DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
1	2				
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (_____) _____</p>		<table border="1"> <tr> <td align="center">1</td> <td align="center">2</td> </tr> </table>	1	2	<p align="center">_____ (CODE #)</p> <p>DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
1	2				
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (_____) _____</p>		<table border="1"> <tr> <td align="center">1</td> <td align="center">2</td> </tr> </table>	1	2	<p align="center">_____ (CODE #)</p> <p>DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
1	2				
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (_____) _____</p>		<table border="1"> <tr> <td align="center">1</td> <td align="center">2</td> </tr> </table>	1	2	<p align="center">_____ (CODE #)</p> <p>DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
1	2				
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (_____) _____</p>		<table border="1"> <tr> <td align="center">1</td> <td align="center">2</td> </tr> </table>	1	2	<p align="center">_____ (CODE #)</p> <p>DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
1	2				

424. How many adopted children have you ever had, including any step children that you legally adopted?

(# OF ADOPTED CHILDREN)

(IF NONE, SKIP TO P. 105, Q. 439)

<p>425. (Beginning with the oldest,) What (is/are) the full name(s) of your adopted child(ren)?</p> <p>(RECORD ALL NAMES BELOW. THEN ASK QQ. 426-436 ABOUT EACH CHILD, ONE CHILD AT A TIME.)</p>	<p>426. (CIRCLE CODE FOR SEX BELOW)</p> <p>(IF UNCERTAIN ASK): Is (NAME) male or female?</p>		<p>427. Where does (NAME) usually live?</p> <table border="0"> <tr><td>In this household</td><td>1</td></tr> <tr><td>Deceased</td><td>2</td></tr> <tr><td>Temporarily away from home</td><td>3</td></tr> <tr><td>Child's other parent</td><td>4</td></tr> <tr><td>Other relatives</td><td>5</td></tr> <tr><td>Foster care</td><td>6</td></tr> <tr><td>Other adoptive parents</td><td>7</td></tr> <tr><td>In an institution</td><td>8</td></tr> <tr><td>On his/her own</td><td>9</td></tr> <tr><td>With friend's family</td><td>10</td></tr> <tr><td>With own spouse/partner</td><td>11</td></tr> <tr><td>Other (SPECIFY BELOW)</td><td>12</td></tr> </table> <p>(IF DECEASED, RETURN TO Q. 426 FOR NEXT CHILD. IF NO MORE CHILDREN, SKIP TO INSTRUCTIONS ABOVE Q. 436.)</p>	In this household	1	Deceased	2	Temporarily away from home	3	Child's other parent	4	Other relatives	5	Foster care	6	Other adoptive parents	7	In an institution	8	On his/her own	9	With friend's family	10	With own spouse/partner	11	Other (SPECIFY BELOW)	12	<p>428. What year was (NAME) legally adopted?</p>	<p>429. How old was (NAME) on (his/her) last birthday?</p> <p>(IF CHILD IS 12 OR OLDER, CIRCLE THE AGE. HE/SHE IS ELIGIBLE FOR IMMEDIATE INTERVIEW.)</p>
In this household	1																												
Deceased	2																												
Temporarily away from home	3																												
Child's other parent	4																												
Other relatives	5																												
Foster care	6																												
Other adoptive parents	7																												
In an institution	8																												
On his/her own	9																												
With friend's family	10																												
With own spouse/partner	11																												
Other (SPECIFY BELOW)	12																												
<p>RECORD FULL NAMES BELOW</p>	<p>M</p>	<p>F</p>	<p>RECORD BELOW</p>	<p>RECORD BELOW</p>	<p>RECORD BELOW</p>																								
<p>21</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	<p>1</p>	<p>2</p>	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>19_____ (YEAR)</p>	<p>_____ (AGE)</p>																								
<p>22</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	<p>1</p>	<p>2</p>	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>19_____ (YEAR)</p>	<p>_____ (AGE)</p>																								
<p>23</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	<p>1</p>	<p>2</p>	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>19_____ (YEAR)</p>	<p>_____ (AGE)</p>																								
<p>24</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	<p>1</p>	<p>2</p>	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>19_____ (YEAR)</p>	<p>_____ (AGE)</p>																								
<p>25</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	<p>1</p>	<p>2</p>	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>19_____ (YEAR)</p>	<p>_____ (AGE)</p>																								
<p>26</p> <p>_____ (FIRST) (MIDDLE)</p> <p>_____ (LAST)</p>	<p>1</p>	<p>2</p>	<p>_____ (CODE #)</p> <p>(IF CODE 12, SPECIFY): _____</p>	<p>19_____ (YEAR)</p>	<p>_____ (AGE)</p>																								

<p>435. What is (NAME)'s current address and phone number?</p> <p>(RETURN TO Q. 426 FOR NEXT CHILD. IF NO MORE CHILDREN, GO TO INSTRUCTIONS ABOVE Q. 436.)</p>	<p>(READ Q. 436 TO R FOR CHILDREN WITH "ELIGIBLE" CIRCLED IN Q. 431. IF NO "ELIGIBLE" CIRCLED, SKIP TO P. 106, Q. 439. IF PREVIOUSLY READ TO R, SKIP TO • BELOW.)</p>	<p>437. INTERVIEWER: DID R GIVE WRITTEN CONSENT TO INTERVIEW EACH CHILD?</p> <p>(IF NO, RECORD REASON IN INTERVIEWER OBSERVATIONS, P. 114, Q.482 AND ON YOUTH CRF.)</p>	<p>(ASK Q. 438 FOR EACH YOUTH WHOSE AGE IN Q. 429 IS CIRCLED AND "YES" TO Q. 437. THEN GO TO P. 106, Q. 439.)</p> <p>438. What would be the best time to talk to (NAME) about the interview?</p> <p>Youth available now 1 Appointment made (SPECIFY DATE, DAY AND TIME) 2 Youth will be contacted later 3 Youth's whereabouts unknown 4 Youth cannot be interviewed due to mental/emotional/physical problems 5 Youth to be interviewed elsewhere 6</p>
<p>RECORD BELOW</p>		<p>YES NO</p>	<p>RECORD BELOW AND ON YOUTH CRF</p>
<p>Address _____ City _____ State _____ Zip _____ Phone (_____) _____</p>	<p>436. Dr. Kaplan is also interested in interviewing children born before January 1, 1986 when they are 12 years old or older. The survey is much like the one you just completed, only shorter, and the information obtained will be kept confidential.</p> <p>• (HAND R YOUTH INTERVIEW CONSENT FORM TO READ.)</p>	<p>1 2</p>	<p>(CODE #) DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
<p>Address _____ City _____ State _____ Zip _____ Phone (_____) _____</p>	<p>(PREPARE A SEPARATE FORM FOR EACH CHILD WITH "ELIGIBLE" CIRCLED IN Q. 431. RECORD INFORMATION IN INTERVIEWER BOX 1.)</p>	<p>1 2</p>	<p>(CODE #) DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
<p>Address _____ City _____ State _____ Zip _____ Phone (_____) _____</p>	<p>If, after reading this consent form, you agree to let us interview (this/these) child(ren), please sign the consent form on the respondent line.</p>	<p>1 2</p>	<p>(CODE #) DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
<p>Address _____ City _____ State _____ Zip _____ Phone (_____) _____</p>	<p>(OBTAIN R'S SIGNATURE ON THE APPROPRIATE LINE OF EACH FORM. IF R IS NOT CHILD'S LEGAL GUARDIAN, RECORD LEGAL GUARDIAN'S NAME, ADDRESS AND PHONE NUMBER.)</p>	<p>1 2</p>	<p>(CODE #) DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
<p>Address _____ City _____ State _____ Zip _____ Phone (_____) _____</p>	<p>(TAKE BACK CONSENT FORM[S] AND GO TO Q. 437)</p>	<p>1 2</p>	<p>(CODE #) DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>
<p>Address _____ City _____ State _____ Zip _____ Phone (_____) _____</p>		<p>1 2</p>	<p>(CODE #) DATE: _____ P.M. DAY: _____ TIME: _____ A.M.</p>

<p>444. What is (NAME)'s date of birth?</p> <p>(IF BEFORE 1/1/86, CIRCLE DATE OF BIRTH.)</p>	<p>445. How many years of (NAME)'s life has (he/she) lived with you? Include any time spent away at school or camp.</p> <p>(RECORD # OF YEARS LIVED WITH R)</p> <p>(IF AGE OR DOB CIRCLED IN Q. 443 OR Q. 444, CIRCLE "ELIGIBLE" BELOW)</p>	<p>(ASK ONLY UP TO CHILD'S PRESENT AGE)</p> <p>446. Was (NAME) separated from you for a period of a year or more between the ages of:</p> <p>a. 0 - 6 years old? (CODE BELOW)</p> <p>b. 7 - 12 years old? (CODE BELOW)</p> <p>c. 13 - 18 years old? (CODE BELOW)</p>			<p>(IF YOUNGER THAN 6, SKIP TO INSTRUCTIONS ABOVE Q. 448)</p> <p>447. What grade is (NAME) in? (IF NOT IN SCHOOL, ASK): What was the last grade (he/she) completed?</p>	<p>(IF CODE 1 RECORDED IN Q. 442, RETURN TO Q. 441 FOR NEXT CHILD. IF NO MORE CHILDREN, SKIP TO INSTRUCTIONS ABOVE Q. 450.)</p> <p>(IF CODE 3 - 12 RECORDED IN Q. 442, ASK QQ. 448-449. THEN RETURN TO Q. 441 FOR NEXT CHILD. IF NO MORE CHILDREN, SKIP TO INSTRUCTIONS ABOVE Q. 450.)</p> <p>448. What is the full name of the adult who is responsible for (NAME)'s care?</p> <p>(IF NO ADULT, RECORD "NO ADULT")</p>
RECORD BELOW	RECORD BELOW		YES	NO	RECORD BELOW	RECORD FULL NAMES BELOW
<p>___/___/19</p> <p>MM/DD/YY</p>	<p>_____</p> <p>(# OF YEARS)</p> <p>ELIGIBLE</p>	<p>a. Age 0 - 6</p>	<p>1</p>	<p>2</p>	<p>_____</p> <p>(GRADE #)</p>	<p>_____</p> <p>(FIRST) (MIDDLE)</p> <p>_____</p> <p>(LAST)</p>
<p>___/___/19</p> <p>MM/DD/YY</p>	<p>_____</p> <p>(# OF YEARS)</p> <p>ELIGIBLE</p>	<p>a. Age 0 - 6</p>	<p>1</p>	<p>2</p>	<p>_____</p> <p>(GRADE #)</p>	<p>_____</p> <p>(FIRST) (MIDDLE)</p> <p>_____</p> <p>(LAST)</p>
<p>___/___/19</p> <p>MM/DD/YY</p>	<p>_____</p> <p>(# OF YEARS)</p> <p>ELIGIBLE</p>	<p>a. Age 0 - 6</p>	<p>1</p>	<p>2</p>	<p>_____</p> <p>(GRADE #)</p>	<p>_____</p> <p>(FIRST) (MIDDLE)</p> <p>_____</p> <p>(LAST)</p>
<p>___/___/19</p> <p>MM/DD/YY</p>	<p>_____</p> <p>(# OF YEARS)</p> <p>ELIGIBLE</p>	<p>a. Age 0 - 6</p>	<p>1</p>	<p>2</p>	<p>_____</p> <p>(GRADE #)</p>	<p>_____</p> <p>(FIRST) (MIDDLE)</p> <p>_____</p> <p>(LAST)</p>
<p>___/___/19</p> <p>MM/DD/YY</p>	<p>_____</p> <p>(# OF YEARS)</p> <p>ELIGIBLE</p>	<p>a. Age 0 - 6</p>	<p>1</p>	<p>2</p>	<p>_____</p> <p>(GRADE #)</p>	<p>_____</p> <p>(FIRST) (MIDDLE)</p> <p>_____</p> <p>(LAST)</p>
<p>___/___/19</p> <p>MM/DD/YY</p>	<p>_____</p> <p>(# OF YEARS)</p> <p>ELIGIBLE</p>	<p>a. Age 0 - 6</p>	<p>1</p>	<p>2</p>	<p>_____</p> <p>(GRADE #)</p>	<p>_____</p> <p>(FIRST) (MIDDLE)</p> <p>_____</p> <p>(LAST)</p>

<p>449. What is (NAME)'s current address and phone number?</p> <p>(RETURN TO Q. 441 FOR NEXT CHILD. IF NO MORE CHILDREN, GO TO INSTRUCTIONS ABOVE Q. 450.)</p>	<p>(READ Q. 450 TO R FOR CHILDREN WITH "ELIGIBLE" CIRCLED IN Q. 445. IF NO "ELIGIBLE" CIRCLED, SKIP TO P. 108, Q.453. IF PREVIOUSLY READ TO R, SKIP TO • BELOW.)</p> <p>450. Dr. Kaplan is also interested in interviewing children born before January 1, 1986 when they are 12 years old or older. The survey is much like the one you just completed, only shorter, and the information obtained will be kept confidential.</p>	<p>451.</p> <p>INTERVIEWER:</p> <p>DID R GIVE WRITTEN CONSENT TO INTERVIEW EACH CHILD?</p> <p>(IF NO, RECORD REASON IN INTERVIEWER OBSERVATIONS, P. 114, Q. 482 AND ON YOUTH CRF.)</p>	<p>(ASK Q. 452 FOR EACH YOUTH WHOSE AGE IN Q. 443 IS CIRCLED AND "YES" IN Q. 451. THEN GO TO P. 108, Q. 453.)</p> <p>452. What would be the best time to talk to (NAME) about the interview?</p> <p>Youth available now 1 Appointment made (SPECIFY DATE, DAY AND TIME) 2 Youth will be contacted later 3 Youth's whereabouts unknown 4 Youth cannot be interviewed due to mental/emotional/physical problems 5 Youth to be interviewed elsewhere 6</p>
<p>RECORD BELOW</p>		<p>YES NO</p>	<p>RECORD BELOW AND ON YOUTH CRF</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>• (HAND R YOUTH INTERVIEW CONSENT FORM TO READ)</p>	<p>1 2</p>	<p>(CODE #)</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>(PREPARE A SEPARATE FORM FOR EACH CHILD WITH "ELIGIBLE" CIRCLED IN Q. 445. RECORD INFORMATION IN INTERVIEWER BOX 1.)</p>	<p>1 2</p>	<p>(CODE #)</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>If, after reading this consent form, you agree to let us interview (this/these) child(ren), please sign the consent form on the respondent line. (OBTAIN R'S SIGNATURE ON THE APPROPRIATE LINE OF EACH FORM.</p>	<p>1 2</p>	<p>(CODE #)</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>IF R IS NOT CHILD'S LEGAL GUARDIAN, RECORD LEGAL GUARDIAN'S NAME, ADDRESS AND PHONE NUMBER.)</p>	<p>1 2</p>	<p>(CODE #)</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>(TAKE BACK CONSENT FORM[S] AND GO TO Q. 451)</p>	<p>1 2</p>	<p>(CODE #)</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>		<p>1 2</p>	<p>(CODE #)</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>

453. How many children (other than biological, adopted or step children) have you had parental responsibility for and who lived with you for at least one year?

(# OF OTHER CHILDREN)

(IF NONE, SKIP TO P. 111, Q. 468)

454. (Beginning with the oldest,) What (is/are) the full name(s) of your other child(ren)? (RECORD ALL NAMES BELOW. THEN ASK QQ. 455-464 ABOUT EACH CHILD, ONE CHILD AT A TIME.)	455. (CIRCLE CODE FOR SEX BELOW) (IF UN-CERTAIN ASK: Is (NAME) male or female?	456. Where does (NAME) usually live? In this household 1 Deceased 2 Temporarily away from home 3 Child's parent 4 Other relatives 5 Foster care 6 Adoptive parents 7 In an institution 8 On his/her own 9 With friend's family 10 With own spouse/partner 11 Other (SPECIFY BELOW) 12 (IF DECEASED, RETURN TO Q. 455 FOR NEXT CHILD. IF NO MORE CHILDREN, SKIP TO INSTRUCTIONS ABOVE Q. 465.)	457. How is (NAME) related to you? Foster child 1 Grandchild 2 Nephew/niece 3 Brother/Sister 4 Friend of family 5 Other (SPECIFY BELOW) 7	458. How old was (NAME) on (his/her) last birthday? (IF CHILD IS 12 OR OLDER, CIRCLE THE AGE. HE/SHE IS ELIGIBLE FOR IMMEDIATE INTERVIEW.)
RECORD FULL NAMES BELOW	M F	RECORD BELOW	RECORD BELOW	RECORD BELOW
61 _____ (FIRST) (MIDDLE) _____ (LAST)	1 2 1 2	_____ (CODE #) (IF CODE 12, SPECIFY): _____	_____ (CODE #) (IF CODE 7, SPECIFY): _____	_____ (AGE)
62 _____ (FIRST) (MIDDLE) _____ (LAST)	1 2 1 2	_____ (CODE #) (IF CODE 12, SPECIFY): _____	_____ (CODE #) (IF CODE 7, SPECIFY): _____	_____ (AGE)
63 _____ (FIRST) (MIDDLE) _____ (LAST)	1 2 1 2	_____ (CODE #) (IF CODE 12, SPECIFY): _____	_____ (CODE #) (IF CODE 7, SPECIFY): _____	_____ (AGE)
64 _____ (FIRST) (MIDDLE) _____ (LAST)	1 2 1 2	_____ (CODE #) (IF CODE 12, SPECIFY): _____	_____ (CODE #) (IF CODE 7, SPECIFY): _____	_____ (AGE)
65 _____ (FIRST) (MIDDLE) _____ (LAST)	1 2 1 2	_____ (CODE #) (IF CODE 12, SPECIFY): _____	_____ (CODE #) (IF CODE 7, SPECIFY): _____	_____ (AGE)
66 _____ (FIRST) (MIDDLE) _____ (LAST)	1 2 1 2	_____ (CODE #) (IF CODE 12, SPECIFY): _____	_____ (CODE #) (IF CODE 7, SPECIFY): _____	_____ (AGE)

<p>464. What is (NAME)'s current address and phone number?</p> <p>(RETURN TO Q. 465 FOR NEXT CHILD. IF NO MORE CHILDREN, GO TO INSTRUCTIONS ABOVE Q. 465.)</p>	<p>(READ Q. 466 TO R FOR CHILDREN WITH "ELIGIBLE" CIRCLED IN Q. 460. IF NO "ELIGIBLE" CIRCLED, SKIP TO P. 111, Q. 468. IF PREVIOUSLY READ TO R, SKIP TO • BELOW.)</p>	<p>466. INTERVIEWER:</p> <p>DID R GIVE WRITTEN CONSENT TO INTERVIEW EACH CHILD?</p> <p>(IF NO, RECORD REASON IN INTERVIEWER OBSERVATIONS, P. 114, Q. 482 AND ON YOUTH CRF)</p>	<p>(ASK Q. 467 FOR EACH YOUTH WHOSE AGE IN Q. 458 IS CIRCLED AND "YES" IN Q. 466. THEN GO TO P. 111, Q. 468.)</p> <p>467. What would be the best time to talk to (NAME) about the interview?</p> <p>Youth available now 1 Appointment made (SPECIFY DATE, DAY AND TIME) 2 Youth will be contacted later 3 Youth's whereabouts unknown 4 Youth cannot be interviewed due to mental/emotional/physical problems 5 Youth to be interviewed elsewhere 6</p>
<p>RECORD BELOW</p>		<p>YES NO</p>	<p>RECORD BELOW AND ON YOUTH CRF</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>465. Dr. Kaplan is also interested in interviewing children born before January 1, 1986 when they are 12 years old or older. The survey is much like the one you just completed, only shorter, and the information obtained will be kept confidential.</p>	<p>1 2</p>	<p>(CODE #) _____</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>• (HAND R YOUTH INTERVIEW CONSENT FORM TO READ)</p>	<p>1 2</p>	<p>(CODE #) _____</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>(PREPARE A SEPARATE FORM FOR EACH CHILD WITH "ELIGIBLE" CIRCLED IN Q. 460. RECORD INFORMATION IN INTERVIEWER BOX 1.)</p>	<p>1 2</p>	<p>(CODE #) _____</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>If, after reading this consent form, you agree to let us interview (this/these) child(ren), please sign the consent form on the respondent line. (OBTAIN R'S SIGNATURE ON THE APPROPRIATE LINE OF EACH FORM.</p>	<p>1 2</p>	<p>(CODE #) _____</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>IF R IS NOT CHILD'S LEGAL GUARDIAN, RECORD LEGAL GUARDIAN'S NAME, ADDRESS AND PHONE NUMBER.)</p>	<p>1 2</p>	<p>(CODE #) _____</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>
<p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone (____) _____</p>	<p>(TAKE BACK CONSENT FORM[S] AND GO TO Q. 466.)</p>	<p>1 2</p>	<p>(CODE #) _____</p> <p>DATE: _____ P.M.</p> <p>DAY: _____ TIME: _____ A.M.</p>

468. SEE QQ. 416, 431, 445 AND 460. IF "ELIGIBLE" IS CIRCLED FOR ANY YOUTH, GO TO "A". OTHERWISE, SKIP TO "B".

A. ADULT R HAS ELIGIBLE CHILD/CHILDREN - (USE THE BLUE "Dear Parent" LETTER/PARENT SCHOOL RECORD PERMISSION FORM.)

FOR PARENT - (BLUE)

1. COMPLETE THE INTERVIEWER BOX ON THE BLUE FORM.

2. HAND THE BLUE LETTER/FORM AND A PEN TO R AND SAY:

I would like you to read this letter from the researchers who are conducting this important study. (WHEN R HAS FINISHED READING, SAY):

As you can see, among the questions the researchers are interested in is the relationship between the school achievement of two successive generations. For that reason, they are asking your permission to obtain information from your schools and from the schools attended by your child(ren) who (was/were) born before January 1, 1986.

Please sign and date this blue form and record your social security number, date of birth and school information.

3. IF R DOES NOT SIGN THE CONSENT FORM, RECORD REASON(S) ON P. 114, Q. 482, THE INTERVIEWER OBSERVATIONS SECTION.

FOR YOUTH - (TAN)

4. USE A SEPARATE TAN YOUTH SCHOOL RECORD PERMISSION FORM FOR EACH CHILD WHO IS OR WILL BE ELIGIBLE FOR THE YOUTH INTERVIEW.

5. COMPLETE THE INTERVIEWER BOX ON EACH TAN FORM.

6. HAND EACH TAN FORM TO THE PARENT AND SAY:

Please sign on the "PARENT RESPONDENT'S SIGNATURE" line and record the date. If you are not the legal guardian, please print the legal guardian's name below your signature.

Please record your child's social security number and school information.

7. IF R DOES NOT SIGN THE CONSENT FORM, RECORD REASON(S) ON P. 114, Q. 482, THE INTERVIEWER OBSERVATIONS SECTION.

8. SKIP TO P. 112, INSTRUCTION ABOVE Q. 469

B. ADULT R HAS NO ELIGIBLE CHILD - (USE THE GREEN "Dear Participant" LETTER/ADULT SCHOOL RECORD PERMISSION FORM.)

1. COMPLETE THE INTERVIEWER BOX ON THE GREEN FORM.

2. HAND THE GREEN LETTER/FORM AND A PEN TO R AND SAY:

As you can see, among the questions the researchers are interested in is the relationship between school experiences and later life activities. For that reason, they are asking your permission to obtain information from your schools.

Please sign and date this green form and record your social security number, date of birth and school information.

3. IF R DOES NOT SIGN THE CONSENT FORM, RECORD REASON(S) ON P. 114, Q. 482, THE INTERVIEWER OBSERVATIONS SECTION.

(IF NO SPOUSE OR PARTNER, [P. 2, INSTRUCTION BOX A, CODE 3], SKIP TO Q. 470)

469. What is your (spouse's/partner's) full name?

(PRINT BELOW)

(FIRST) (MIDDLE/MAIDEN) (LAST)

470. If the researcher should wish to continue this study at some time in the future, he may need to talk again with some of the people we are interviewing now. In case we need to get in touch with you again, would you please give me the names of two close relatives or friends who do not live with you who would be likely to know where you can be reached in the future?

(PROBE FOR TWO PEOPLE. ASK R TO SPELL ALL INFORMATION. PRINT ALL INFORMATION.)

PERSON #1

(FIRST) (MIDDLE) (LAST)

471. How is (he/she) related to you?

PERSON IS R's: _____
(RELATIONSHIP)

472. What is (his/her) address?

(NUMBER) (STREET) (APT)

(CITY) (STATE) (ZIP)

473. What is (his/her) telephone number?

(AREA CODE) (NUMBER)

474. What is (his/her) (wife's/husband's) name?

(FIRST) (MIDDLE) (LAST)

Not Married	95
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475. PERSON #2

(FIRST) (MIDDLE) (LAST)

476. How is (he/she) related to you?

PERSON IS R's: _____
(RELATIONSHIP)

477. What is (his/her) address?

(NUMBER) (STREET) (APT)

(CITY) (STATE) (ZIP)

478. What is (his/her) telephone number?

(AREA CODE) (NUMBER)

479. What is (his/her) (wife's/husband's) name?

(FIRST) (MIDDLE) (LAST)

Not Married	95
-------------	----

480. The last form I will ask you to complete is the Participation Form that will start the process for sending you your \$25 check in appreciation for your cooperation. Please be sure that you print your correct mailing address on it.

(PRINT R'S NAME AND CASE # ON THE PARTICIPATION FORM. OBTAIN R'S SIGNATURE, MAILING ADDRESS AND SOCIAL SECURITY NUMBER. IF YOU ARE ASKED WHY THE SOCIAL SECURITY NUMBER IS NEEDED ON TWO FORMS, EXPLAIN THAT THE FORMS WILL BE PROCESSED SEPARATELY.)

481. My office will contact you within the next few weeks to verify that I have conducted this interview as I was trained to do. Thank you very much for participating in this very important study.

(RECORD TIME ENDED HERE AND ON THE COVER): _____
A.M.
P.M.

(IF THERE IS AN ELIGIBLE YOUTH, 12 OR OLDER, AND HE/SHE IS AVAILABLE, SPEAK TO HIM/HER NOW.)

(ANSWER THE QUESTIONS IN THE INTERVIEWER OBSERVATIONS SECTION [P. 114] AS SOON AS POSSIBLE, BUT NOT IN THE PRESENCE OF THE RESPONDENT OR ANY OTHER HOUSEHOLD MEMBER.)

(COMPLETE A SEPARATE YOUTH CALL REPORT FORM FOR EACH ELIGIBLE YOUTH IDENTIFIED ON PP. 99-110 IN THE ADULT QUESTIONNAIRE AND ON THE CHILDREN CONTINUATION FORMS)

INTERVIEWER OBSERVATIONS

482. If R did not sign any consent forms, record the reason(s) here for each form not signed.

	TYPE OF CONSENT	REASON FOR REFUSAL
FOR ADULT R		
FOR CHILD#:		

483. Was there any indication from R's behavior or circumstances surrounding the interview that R was not giving truthful answers?

	Yes	1
(SKIP TO Q. 485)	No	2

484. Were these indications related to:

	Yes	No
a. the presence of another person?	1	2
b. inability of R to understand the questions?	1	2
c. suspicion or hostility toward the interviewer?	1	2
d. disinterest?	1	2
e. interruptions?	1	2
f. something else? (SPECIFY): _____	1	2

485. Was there anything unusual about the respondent, the interviewing situation or the interview itself that will help in interpreting the data?

No comments, nothing unusual	1
Comments recorded below	2

INSTITUTE FOR SURVEY RESEARCH
TEMPLE UNIVERSITY
- Of the Commonwealth System of Education -
1601 NORTH BROAD STREET
PHILADELPHIA, PA 19122

1993-1998

STUDY #40-1591-451

ADAPTATIONS TO STRESS STUDY

CHECKLIST FOR MAILING TO ISR

CASE#: _____ - _____

- This Questionnaire
- Biological, Adopted, Step, Foster/Other Children Continuation Forms, if applicable
- Adult SAQ
- Adult CR/SF
- Adult Interview Consent Form
- Adult or Parent Participant School Record Permission Form
- Participation Form (both copies)

For each child who will not be 12 years old within one month of the adult interview, include:

- Code 2 Youth CRF with P. 1 completed
- Youth Interview Consent Form
- Youth School Record Permission Form