



Third Year Questionnaire

FORM CODE: AF3
VERSION B 7-28-2004

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the third year annual follow-up call. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"The next questions concern how you see yourself, today, as a person living and doing things in the real world. Listen carefully to each question and tell me the response which describes how you feel. Each person is different, so there are no right or wrong answers. We would like an honest appraisal of how you generally see yourself. For each item, tell me if it is completely true, somewhat true, somewhat false, or completely false."

Completely True	Somewhat True	Somewhat False	Completely False	Don't Know	Refused
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1. I've always felt that I could make of my life pretty much what I wanted to make of it A B C D K R

2. Once I make up my mind to do something, I stay with it until the job is completely done A B C D K R

3. I like doing things that other people thought could not be done A B C D K R

4. When things don't go the way I want them to, that just makes me work even harder A B C D K R

Completely True	Somewhat True	Somewhat False	Completely False	Don't Know	Refused
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5. Sometimes I feel that if anything is going to be done right, I have to do it myself A B C D K R
6. It's not always easy, but I manage to find a way to do things I really need to get done A B C D K R
7. Very seldom have I been disappointed by the results of my hard work A B C D K R
8. I feel that I am the kind of individual who stands up for what he believes in, regardless of the consequences A B C D K R
9. In the past, even when things got really tough, I never lost sight of my goals A B C D K R
10. It's important for me to be able to do things the way I want to do them rather than the way other people want me to do them A B C D K R
11. I don't let my personal feelings get in the way of doing a job A B C D K R
12. Hard work has really helped me get ahead in life A B C D K R

"Now I would like to ask you some questions about what it is like to live in your neighborhood. Things about people's neighborhoods may be important to their health. By neighborhood, I mean the area around where you live. It may include places you shop, religious or public institutions, or a local business district. It is the general area around your house where you might perform routine tasks, such as shopping, going to the park, or visiting with neighbors.

For each of the following statements, please tell me whether you strongly agree, agree, disagree, or strongly disagree."

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Refused
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- 13 This is a close knit neighborhood A B C D K R
14. People around here are willing to help their neighbors A B C D K R
15. People in this neighborhood generally don't get along with each other A B C D K R
16. People in this neighborhood can be trusted A B C D K R
17. People in this neighborhood do not share the same values A B C D K R
18. This neighborhood is safe from crime A B C D K R

"Now I am going to describe some events that may or may not have happened in your neighborhood. For each phrase, please tell me whether it has happened in this neighborhood during the past six months often, sometimes, rarely, or never."

Often	Some-times	Rarely	Never	Don't Know	Refused
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During the past six months...

19. How often was there a fight in this neighborhood
in which a weapon was used? O S R N K R

20. How often was there a violent argument
between neighbors? O S R N K R

21. How often were there gang fights? O S R N K R

22. How often was there a sexual assault or rape? O S R N K R

23. How often was there a robbery or mugging? O S R N K R

"Thinking about your neighborhood as a whole, please tell me how much each of the following is a problem in your neighborhood. Please respond by indicating whether the following is a very serious problem, somewhat serious problem, minor problem, or not really a problem in your neighborhood."

	Very Serious Problem	Somewhat Serious Problem	Minor Problem	Not Really a Problem	Don't Know	Refused
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24. Excessive noise..... V S M N K R
25. Heavy traffic or speeding cars..... V S M N K R
26. Lack of access to adequate food and/or shopping V S M N K R
27. Lack of parks or playgrounds..... V S M N K R
28. Trash and litter V S M N K R
29. No sidewalks or poorly maintained sidewalks V S M N K R

ADMINISTRATIVE INFORMATION

30. Date of data collection:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
m	m		d	d		y	y	y	y

31. Method of data collection:..... Computer C
Paper form P

32. Code number of person completing this form:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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