

Introduction

Hello, my name is _____. I'm with the High/Scope Educational Research Foundation of Ypsilanti, Michigan. Beginning in the years before you attended school, you were part of a research project called the High/Scope Perry Preschool Study. Over the years since then, you answered questions that helped us learn more about people's lives from childhood to adulthood.

Now, I'd like to talk to you about important parts of your adult life – your family, your health, jobs you may have had, how you meet your economic needs, and your activities in the community. We will keep all of your answers completely confidential. We will not share them with anyone who is not connected with this research. Your name will not be attached to your answers on any computer files. Please tell me exactly what you think, not what you think I want to hear. If there are any questions that are not clear to you or that you feel are too personal, please tell me.

INTERVIEW

Schooling

To begin, I'd like to ask you some questions about your education and training.

17. What educational or training programs have you participated in? *(Complete all that apply.)*

___ High school *(Check one.)*

___ Some high school: Highest grade completed: _____

___ Graduate of regular high school

___ Received GED certificate

___ Graduate of adult high school

___ Job training program

School and location: _____

Major field of study: _____

Certification earned: _____

Dates attended: _____

___ Second job-training program

School and location: _____

Major field of study: _____

Certification earned: _____

Dates attended: _____

___ College

School and location: _____

Major field of study: _____

Dates attended: _____

___ No degree earned ___ Degree earned (*specify*): _____

___ Second college or graduate school

School and location: _____

Major field of study: _____

Dates attended: _____

___ No degree earned ___ Degree earned (*specify*): _____

18. Are you currently enrolled in an educational or training program?

___ No

___ Yes

Do you expect to complete it?

___ No

___ Yes (*specify expected date*): _____

School and location: _____

Major field of study: _____

Type of degree or certification sought: _____

19. Do you plan to complete any more education or training programs?

___ No

___ Yes

What is the program you plan to complete? _____

In what month and year do you plan to complete it? _____

20. What magazines does your family get regularly?

21. Does your family get a daily newspaper?

☐ No
☐ Yes

22. How often do you read:	Never/less than once a month	1-3 times a month	Weekly	1-3 times a week	Daily
Newspapers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Magazines	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Books	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

23. Do you use a computer at home?

☐ No
☐ Yes - Is it connected to the Internet? ☐ No ☐ Yes

Go to the next page.

Marital Status and Spouse

24. What is your marital status?

- ☐ Single, not cohabiting
☐ Divorced or separated, not cohabiting
☐ Widowed, not cohabiting
☐ Cohabiting with partner
☐ Married
-

What is the highest grade or educational level completed by your current spouse or partner?

Highest grade or educational level completed: _____

☐ Spouse or partner is in school (*Specify level*): _____

Is your spouse or partner currently employed?

- ☐ Not employed
☐ Yes

Is your spouse or partner employed part-time or full-time?

- ☐ Part-time
☐ Full-time

What is your spouse's or partner's occupation? _____

Go to the next page.

25. Have you ever been married?

☐ No
☐ Yes - How many times? times

What month and year did each marriage begin and, if applicable, what year were you divorced or widowed?

Month/year began:	Month/year ended (if applicable):		
_____	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
_____	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
_____	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

Health and Health Services

Now I have some questions about your health and the health services that you use.

26. Would you say that in general your health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

Go to the next page.

27. In the past 15 years, has your health ever stopped you from working for a week or more, including holding a job or being able to do housework?

☐ No

☐ Yes

What is or was the major impairment or health problem that has limited your activities?

(Read only if necessary.)

☐ Arthritis or rheumatism

☐ Fractures, bone or joint injury

☐ Lung or breathing problem

☐ Eye or vision problem

☐ Hypertension or high blood pressure

☐ Diabetes

☐ Depression, anxiety or emotional problem

☐ Back or neck problem

☐ Walking problem

☐ Hearing problem

☐ Heart problem

☐ Stroke problem

☐ Cancer

☐ Surgery - Type: _____

☐ Other impairment or problem (*specify*): _____

Has your doctor ever prescribed medication or medical treatment for your condition(s)?

☐ No

☐ Yes

Do you take your medication or follow your treatment plan exactly as prescribed?

☐ Exactly as prescribed

☐ Usually as prescribed

☐ No

Go to the next page.

28. During the past 12 months, have you been admitted as a patient in the hospital for any reason?

☐ No

☐ Yes

How many times were you admitted as a patient in the hospital in the past 12 months?

_____ times

How many nights did you stay as a patient in a hospital, altogether, in the past 12 months?

_____ nights

Why did you go to the hospital? *(Do not read list; check all that apply.)*

☐ Accident or injury

☐ Surgery

☐ Illness, no operation

☐ Childbirth, abortion, miscarriage

☐ Emotional or mental problem

☐ Drug or alcohol problem

☐ Other *(specify)*: _____

29. Aside from hospitalization, were there any times during the past 12 months when you stayed in bed most or all of the day because of illness?

☐ No

☐ Yes

How many times? _____ times

What was the matter? *(Check all that apply. Probe any answers that do not explain what they had or why they had to stay in bed.)*

☐ Flu, cold sore throat, virus

☐ Menstrual or pregnancy problems

☐ Alcohol-related

☐ Exhaustion, fatigue

☐ Accident

☐ Asthma, bronchitis, pneumonia

☐ Drug-related

☐ Stomach ailment

☐ Depression

☐ Other *(specify)*: _____

30. Now I have some questions about the health services that you use. Please indicate how many times you saw each of the following doctors in the past 12 months about your physical health. Include only visits regarding your own physical health, not visits when you took someone else to be examined. *If none, please enter "0".*

A doctor for a routine check-up or exam times

A dentist for a routine check-up or exam times

An eye doctor for a routine check-up or exam times

A doctor, emergency room, or clinic for urgent care treatment (for example, because of new symptoms, an accident, or something else unexpected) times

A doctor, hospital, or clinic for scheduled treatment or surgery times

31. Is there one particular clinic, health center, doctor's office, or other place that you usually go to for medical care?

Yes - Name of place or physician: _____

No - What is the main reason you do not have a usual source of medical care?

(Read only if necessary; check all that apply.)

Two or more usual places

Have not needed a doctor

Do not like, trust, or believe in doctors

Do not know where to go

Previous doctor is not available or recently moved

No insurance or cannot afford insurance

No place is available, close enough, or convenient

Other (specify): _____

32. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?

No

Yes

33. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (Health Maintenance Organizations), or government plans such as Medicare or Medicaid?

☐ No

☐ Yes Name of insurer _____

34. How is most of your medical care paid for? Is the coverage through:

(Please read.)

☐ Your employer

☐ Someone else's employer

☐ A plan that you or someone else buys on your own

☐ Medicaid or Medical Assistance [or substitute state program name]

☐ The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]

☐ Medicare

☐ Some other source (*specify*): _____

☐ Out of pocket

Go to the next page.

35. During the past 15 years, was there any time that you did not have any health insurance or coverage?

☐ No

☐ Yes

About how long were you without health care coverage?

(Read only if necessary.)

☐ 6 months

☐ 1 year

☐ 2 years

☐ 5 years

☐ 6-10 years

☐ More than 10 years

☐ Never

What is the main reason you were without health care coverage?

(Read only if necessary.)

☐ Lost job or changed employers

☐ Spouse or parent lost job or changed employers (includes any person who had insurance from their job before they left their job)

☐ Became divorced or separated

☐ Spouse or parent died

☐ Became ineligible because of age or because left school

☐ Employer doesn't offer or stopped offering coverage

☐ Cut back to part time or became temporary employee

☐ Benefits from employer or former employer ran out

☐ Couldn't afford to pay the premiums

☐ Insurance company refused coverage

☐ Lost Medicaid or Medical Assistance eligibility

☐ Other (specify): _____

36. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

(Read only if necessary.)

- ☐ Within the past 6 months (1 to 6 months ago)
- ☐ Within the past year (6 to 12 months ago)
- ☐ Within the past 2 years (1 to 2 years ago)
- ☐ Within the past 5 years (2 to 5 years ago)
- ☐ 5 or more years ago
- ☐ Never

37. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

☐ No

☐ Yes →

Have you been told this on more than one occasion or only once?

☐ More than once ☐ Only once

38. Have you ever been tested for diabetes?

☐ No

☐ Yes

39. Have you ever been told by a doctor that you have diabetes?

☐ No

☐ Yes - Ask females: Was this only when you were pregnant? ☐ No ☐ Yes →

How old were you when you were told you have diabetes? years old

Are you now taking insulin or other medicine for diabetes as prescribed?

- ☐ No
- ☐ Miss doses occasionally
- ☐ Exactly as prescribed

40. Did a doctor ever tell you that you had asthma?

☐ No

☐ Yes

Do you still have asthma?

☐ No

☐ Yes - Do you take medicine for asthma? ☐ No ☐ Occasionally ☐ Daily

41. During the past 12 months, have you had chronic pain, aching, stiffness or swelling in or around a joint?

☐ No

☐ Yes

Have you ever been told by a doctor that you have arthritis?

☐ No

☐ Yes - Which kind? ☐ Rheumatoid ☐ Osteoarthritis ☐ Other

Do you take medicine for arthritis? ☐ No ☐ Yes

42. How long has it been since you last visited a dentist or a dental clinic for any reason?
Include visits to dental specialists, such as orthodontists.

Read only if necessary

☐ Within the past year (1 to 12 months ago)

☐ Within the past 2 years (1 to 2 years ago)

☐ Within the past 5 years (2 to 5 years ago)

☐ 5 or more years ago

☐ Never

43. How many of your permanent teeth have been removed because of tooth decay or gum disease? *(Do not include teeth lost for other reasons, such as injury or orthodontics.)*

☐ None

☐ 1 or 2

☐ 3 to 5

☐ 6 or more but not all

☐ All

The next questions are about fitness, recreation, or physical activities other than your regular job duties.

44. During the past month, did you participate regularly in any physical activities such as walking for exercise, running, sports or other fitness exercise?

☐ No

☐ Yes →

What type of physical activity or exercise did you spend the most time doing during the past month?

.....

How often did you take part in this activity during the past month?

- ☐ Two or more times per week
☐ Once per week
☐ Two or three times per month
☐ Once a month
☐ Rarely or never

45. About how much do you weigh without shoes? pounds

46. About how tall are you without shoes? feet, inches

47. In the past 15 years have you made any changes in your diet for health reasons?

☐ No

☐ Yes - Describe changes:

.....

.....

48. Have you smoked at least 100 cigarettes (= 5 packs) in your entire life?

☐ No

☐ Yes

49. Do you now smoke cigarettes or use other forms of tobacco?

☐ No

☐ Yes

If yes, do you now smoke cigarettes every day or just some days?

☐ Every day

☐ Some days

If daily, how many cigarettes do you usually smoke each day? cigarettes

Have you ever tried to stop smoking for more than a week?

☐ No

☐ Yes

50. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

☐ No

☐ Yes

During the past month, how many days did you drink any alcoholic beverages?

..... days

A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you had a drink, about how many drinks did you drink on the average? drinks

Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

..... times (if none, write 0)

During the past month, how many times have you driven when you've probably had too much to drink?

..... times (if none, write 0)

The next questions are about your use of drugs or medications on your own.

51. 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, during the past 15 years, did you ever use any of the following substances on your own?

Sedatives, sleeping pills, tranquilizers, amphetamines, prescription painkillers, or antidepressants (e.g. Seconal, Valium, speed, Demoral, Percodan, Prozac) <u>not as prescribed by a doctor</u>	___ No	___ Yes
Marijuana or hashish	___ No	___ Yes
Cocaine or crack or free base	___ No	___ Yes
LSD or other hallucinogens (e.g. PCP, angel dust, peyote, ecstasy (MDMA), mescaline)	___ No	___ Yes
Heroin	___ No	___ Yes

52. Has your use of drugs or alcohol ever had a negative effect on your life?

___ No

___ Yes

What part of your life was affected?

(Read list; check all that apply.)

- ___ Your work on a job
- ___ Your marriage or love life
- ___ Caring for your children, if you have them
- ___ Caring for your home
- ___ Your physical health
- ___ Your mental or emotional health
- ___ Your finances
- ___ Anything else (*specify*): _____

(For each of the above checked, ask):

What substance or substances caused the trouble?

53. Have you ever felt that you needed treatment for drug use or drinking?

☐ No
☐ Yes

Have you ever been treated for drug use or drinking?

☐ No - What kept you from going into treatment? _____

☐ Yes - How many times have you been in treatment in the past 15 years?

..... times

Was the treatment (*check one for each period of treatment*):

☐ voluntary ☐ court-ordered ☐ ordered by employer

Current Employment

Now I have some questions about your present and past jobs.

54. Are you working now?

☐ No

Are you looking for a job now?

☐ No

☐ Yes

Go to Employment History, item 62.

☐ Yes - Are you looking for another job now? ☐ No ☐ Yes

The following questions deal with your current job or jobs. Tell me first about your main job, the one that is most important to you, and then about your second most important job if you have one.

55. What is the title of your current job, and what do you do?

56. What is the type of setting of your current job, such as a factory or a restaurant?

57. How many hours per week (average) do you work at this job? hours

58. What is the pay, before taxes, per hour and per month? \$ per hour

..... \$ per month

59. Month and year this job began:

60. In this job, how satisfied are you:

**Very
dissatisfied** **Somewhat
dissatisfied** **Fairly
satisfied** **Very
satisfied**

Overall	_____	_____	_____	_____
With pay	_____	_____	_____	_____
With the type of work	_____	_____	_____	_____
With your co-workers	_____	_____	_____	_____
With your supervisor	_____	_____	_____	_____
With your opportunity to advance	_____	_____	_____	_____

61. Do you have another current job?

___ No
___ Yes →

What is the job title of this other job, and what do you do? _____

What is the type of setting of this job? _____

How many hours a week on average do you work at this job? _____ hours

What is the pay before taxes, per hour and per month? \$ _____ per hour

..... \$ _____ per month

Employment History

Now I have some questions about jobs you've held in the past.

62. Have you been employed in the past 15 years?

___ No -

Why not?

Go to Money, item 66.

___ Yes

63. In the past 24 months, how many months have you not been employed, nor in school?

..... _____ months

64. How many jobs have you had in the past 15 years? _____ jobs

65. Please tell me about the four most recent previous jobs you've held.

	Past job	Past job	Past job	Past job
Job title/work activity				
Type of setting				
Hours per week (average)				
Pay per hour				
Month and year job began				
Month and year job ended				
Job satisfaction:				
Very dissatisfied	_____	_____	_____	_____
Somewhat dissatisfied	_____	_____	_____	_____
Fairly satisfied	_____	_____	_____	_____
Very satisfied	_____	_____	_____	_____

Money

Now I have some questions about money. Remember all your answers will be kept completely confidential.

66. In the past month, what is the total earnings before taxes that you (and your spouse or partner) received from work only?

Past month's earnings of respondent: \$ _____

Past month's earnings of spouse or partner: \$ _____

67. Was this a typical month?

☐ Yes
☐ No

If no, what made it different? _____

What is a typical month's earnings? \$_____ per month

68. What is the total earnings you (and your spouse or partner) received from work last calendar year (January to December), before taxes?

Past year's earnings of respondent: \$_____

Past year's earnings of spouse or partner: \$_____

69. Do you have a savings account or save or invest money in other ways such as a pension, retirement plan, or stocks, either on your own or through your job (include joint accounts or investments with spouse or partner)?

☐ No
☐ Yes - What types? _____

70. Do you have any life insurance?

☐ No
☐ Yes

71. Do you use a checking account (include joint accounts with spouse or partner)?

☐ No
☐ Yes

72. Do you use one or more credit cards?

☐ No
☐ Yes

73. What are your monthly payments for the following?

Loans or leases on one or more cars: \$_____ per month

One or more credit cards: \$_____ per month

Education loans: \$_____ per month

Other loans: \$_____ per month

74. Have you ever had to declare bankruptcy?

☐ No
☐ Yes

75. If you have a former spouse, do you contribute to his or her financial support?

☐ Not applicable
☐ No, do not give money to former spouse.
☐ Yes \$_____ per month

76. If you have any children who do not live with you, do you contribute to their financial support?

☐ Not applicable
☐ No, do not contribute to support of own child (or children).
☐ Yes \$_____ per month

77. If you have ever been divorced, do you now receive alimony from a former spouse for your own support?

☐ Not applicable
☐ No, do not receive money from former spouse for own support.
☐ Yes \$_____ per month

78. If you have any children living with you whose other parent does not live with you, do you now receive money for child support from the child's other parent?

☐ Not applicable
☐ No, do not receive money from other parent for child support.
☐ Yes \$_____ per month

79. Do you (and your current spouse or partner) regularly receive money from family or friends other than for work?

☐ No
☐ Yes \$_____ per month

80. Did you (and your current spouse) receive any type of financial welfare assistance from the government in the past two months?

☐ No
☐ Yes →

What are the sources of these funds and the dollars, or dollar value, per month?

☐ Temporary Assistance to Needy Families (TANF): \$_____ per month

☐ Food Stamps: \$_____ per month

☐ Child care subsidy: \$_____ per month

☐ Supplemental Security Income (SSI): \$_____ per month

☐ Unemployment compensation: \$_____ per month

☐ General Welfare Assistance: \$_____ per month

☐ Medicaid: \$_____ per month

☐ Other (*specify*): _____: \$_____ per month

81. At any time during the past 15 years, have you received welfare assistance from AFDC or any of the government sources just mentioned?

☐ No
☐ Yes →

How many of those 15 years have you received welfare? years

In what states have you received welfare? _____

Have you ever been refused public assistance because of the time limits rule?

☐ No
☐ Yes

82. Currently, in addition to the things we've mentioned, do you (and your spouse or partner) regularly receive any other money?

No

Yes: \$ _____ per month

What are the sources of these funds? _____

83. Do you (and spouse or partner) sometimes receive money for occasional jobs, such as babysitting or errands?

No

Yes

What occasional jobs do you (and your spouse or partner) get paid for?

Dollars in the past 12 months from these jobs? \$ _____

84. If you (and your spouse or partner) ever find that you're short of money to meet some expenses, where do you get the money you need?

85. How often during the past 12 months did you find yourself short of money for living expenses? times

86. During the past 12 months, how much additional money did you have to get, in total?

..... \$ _____

87. In the past month, considering all the sources we've discussed, what was your total household income from all sources before taxes? \$ _____

Living Arrangements

Now I have some questions about your living arrangements.

88. Who do you live with at this time? *Indicate number of persons in the category.*

- | | |
|--|--|
| <input type="checkbox"/> Live alone | <input type="checkbox"/> Other children |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Mother or stepmother |
| <input type="checkbox"/> Partner (spouse equivalent) | <input type="checkbox"/> Father or stepfather |
| <input type="checkbox"/> Room-mate(s) of the same sex | <input type="checkbox"/> Grandparent(s) |
| <input type="checkbox"/> Room-mate(s) of the opposite sex (not spouse) | <input type="checkbox"/> Aunts, uncles, other relatives |
| <input type="checkbox"/> Children of your own | <input type="checkbox"/> Brothers and sisters (including stepbrothers and stepsisters) |
| <input type="checkbox"/> Step children | <input type="checkbox"/> Other(s) (<i>specify</i>): _____ |

89. How many persons are living in your household, counting yourself? _____ persons

90. How many are under 18 years of age? _____ persons

91. Last year, from January to December, what was the total income before taxes from all sources of each person in your household, including you (and your spouse or partner)?

Relationship to Respondent	Monthly Contribution
Respondent	\$ _____
Spouse or partner	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

92. What type of household dwelling do you live in?

(*Check one.*)

- ☐ House
☐ Duplex (or double house)
☐ Apartment, town house
☐ Mobile home or trailer
☐ Condominium
☐ Dormitory/single room
☐ Other (*specify*): _____

93. How is this household dwelling paid for?

___ Own; loan repayment: \$ _____ per month

___ Rent: \$ _____ per month

___ Others own or rent: \$ _____ per month

___ Public subsidy

___ Staying with someone temporarily

94. How many rooms, including bathrooms, are in your residence? rooms

95. How many times have you moved in the past 15 years? times

96. Have you ever lived outside of Michigan?

___ No

___ Yes

In addition to Michigan, what other states have you lived in and during what years?

State: _____ From _____ To _____

State: _____ From _____ To _____

State: _____ From _____ To _____

State: _____ From _____ To _____

97. Which of the following do you (and your spouse or partner) own?

___ Washer

___ Dryer

___ Number of televisions

Go to the next page.

Childrearing

98. *Females only:* I have some questions about pregnancy. Are you now or have you ever been pregnant?

☐ No
☐ Yes

How many times have you been pregnant? times

How many, if any, voluntary abortions have you had? abortions

How many, if any, miscarriages have you had? miscarriages

How many, if any, were given up for adoption? given up for adoption

Everyone: Now we have a series of questions about your experience in raising children.

99. Have you had any biological children?

☐ No
☐ Yes

How many? children

What month(s) and year(s) were they born?

How many of them are still living? children

Go to the next page.

100. Have you raised any other children?

☐ No

☐ Yes

How many? children

What were their relationships to you?

How many of them are still living? children

101. Do you have any grandchildren or step-grandchildren?

☐ No

☐ Yes - How many? grandchildren

The next set of questions pertains to your experience in raising children.

102. How many children have you had a major role in raising for at least four years, whether the child was biological or not? children

If no children, go to Neighborhood, item 211.

Now let's talk about the two oldest children you have had a major role in raising.

Oldest Child You Had a Major Role in Raising

103. What is the name of the oldest (or only) child you have had a major role in raising?

Use this name wherever "CHILD" appears in the following items.

104. What is CHILD's relationship to you?

105. CHILD's gender: ☐ Male ☐ Female

106. What is CHILD's date of birth: ____/____/____

107. At what ages was CHILD when you had a major childrearing role? ..

108. What is CHILD's current age:

109. Did CHILD attend a child care center, nursery school, preschool, pre-kindergarten, or Head Start Program when he or she was 3 or 4-years-old? (*Check all that apply.*)

- ☐ Child care center
- ☐ Nursery school
- ☐ Preschool
- ☐ Pre-kindergarten
- ☐ Head start
- ☐ Did not attend program

110. Does CHILD now attend school?

☐ No - Why not

☐ Yes - Current grade or level:

111. What educational programs has CHILD completed? *Check all that apply.*

- ☐ Still in school
- ☐ Dropped out before completing high school - Highest grade completed:
- ☐ Graduate of regular high school
- ☐ Received GED certificate
- ☐ Graduate of adult high school
- ☐ One or more job training programs
- ☐ College, no degree earned
- ☐ College degree earned - Type of degree:

112. How much does CHILD like to read books (*OR, if child does not yet read, have books read to them*)?

- ☐ Hates to read books
- ☐ Is not interested in reading books
- ☐ Likes to read books
- ☐ Loves to read books

If CHILD's current age is 18 or younger, go to item 134.

Oldest Child: Age 19 or Older

113. How well did CHILD do in high school academically?

- ☐ Failing
- ☐ Below average
- ☐ Average
- ☐ Above average

114. In your opinion, did CHILD perform up to his or her academic ability?

- ☐ No - Why not? _____
- ☐ Yes
- ☐ Unsure

115. Has CHILD ever received special recognition for academic achievement, such as being on the honor roll?

☐ No

☐ Yes →

At what level or levels of schooling? ☐ Elementary school

☐ Middle school

☐ High school

116. How well did CHILD behave in school?

- ☐ Almost never a problem
- ☐ Occasionally a problem
- ☐ Frequently a problem
- ☐ Constantly a problem

117. Were you called more than once to the school to discuss CHILD's behavior?

- ☐ No
- ☐ Yes

118. Has CHILD ever been suspended or expelled from school?

- ☐ No
- ☐ Yes

119. Did CHILD receive special help such as tutoring?

- ☐ No
- ☐ Yes

120. Did CHILD ever repeat a grade?

- ☐ No
- ☐ Yes - How many grades did CHILD repeat? _____

121. Was CHILD ever classified by the school as needing special education?

- ☐ No
- ☐ Yes

122. After CHILD finished (finishes) high school, what did (do) you expect him/her to do?
(Check all that apply.)

- ☐ Get a job
- ☐ Sign up for military service
- ☐ Get in some technical training program
- ☐ Go to community college or a technical school
- ☐ Go to college
- ☐ Other (specify): _____
- ☐ Not sure

123. How much schooling do you expect that CHILD will complete? (Check one.)

- ☐ 11th grade or less
- ☐ Graduate from high school
- ☐ Post-high school vocational training
- ☐ Up to 2 years of college
- ☐ More than 2 years of college
- ☐ Graduate from a 4-year college
- ☐ Master's degree
- ☐ M.D., law, Ph.D., or other doctoral degree

124. In general, how satisfied are you with the way CHILD is developing?

- ☐ Not as well as you expected
- ☐ About the way you expected
- ☐ Better than you expected

125. Is CHILD employed?

☐ No
☐ Yes: ☐ Full time OR ☐ Part time - Job type: _____

126. In the past 24 months, how many months has CHILD been neither employed nor in school?
..... months

127. Has CHILD ever received any type of welfare assistance?

☐ No
☐ Yes: ☐ Number of years Type of welfare: _____

128. Has CHILD ever been arrested?

☐ No
☐ Yes

Number of arrests _____

Reason for arrest(s) _____

Location(s) (city, state) _____

129. What is CHILD's marital status?

☐ Single, not cohabiting
☐ Divorced or separated, not cohabiting
☐ Widowed, not cohabiting
☐ Cohabiting with partner
☐ Married

130. Has CHILD ever been married?

☐ No

☐ Yes

How many times? times
What month and year did each marriage begin and, if applicable, what year was CHILD divorced or widowed?

Month/year began:

Month/year ended:

☐ Divorced

☐ Widowed

☐ Divorced

☐ Widowed

☐ Divorced

☐ Widowed

131. Does CHILD have any biological children?

☐ No

☐ Yes - Number of children:

Month/year each born: _____

132. Does CHILD own a car?

☐ No

☐ Yes

Go to the next page.

133. Has your doctor or health professional ever said that CHILD had:	Yes	No
A seizure or convulsion?	_____	_____
Asthma?	_____	_____
Diabetes?	_____	_____
More than 3 ear infections in a year?	_____	_____
Speech impairment or delay?	_____	_____
Serious hearing difficulty or deafness?	_____	_____
Serious difficulty seeing or blindness?	_____	_____
Mental retardation?	_____	_____
A serious emotional disturbance?	_____	_____
Anemia or iron deficiency?	_____	_____
Elevated levels of lead in the blood?	_____	_____
Orthopedic impairment?	_____	_____
Developmental delay?	_____	_____
A learning disability? <i>(Specify):</i> _____	_____	_____
Autism?	_____	_____
Hyperactivity or attention deficit disorder (ADD or ADHD)?	_____	_____
Any other problems? <i>Specify:</i> _____	_____	_____

<i>If more than one child, go to Next Oldest Child You Had a Major Role in Raising, item 157.</i>
--

<i>If only one child, go to Neighborhood, item 211.</i>
--

Oldest Child: Age 18 or Younger

134. How well is CHILD doing (*or if no longer in school, did CHILD do*) in school academically?

- ☐ Failing
☐ Below average
☐ Average
☐ Above average

135. In your opinion, does (did) CHILD perform up to his or her academic ability?

- ___ No - Why not? _____
___ Yes _____
___ Unsure _____

136. Has CHILD ever received special recognition for academic achievement, such as being on the honor roll?

No

Yes

At what level or levels of schooling?

☐ Elementary school
☐ Middle school
☐ High school

137. Does (did) CHILD participate in any activities such as sports, music lessons, or a boys' or girls' club?

- ____ No
 ____ Yes - List activities: _____

138. How well does (did) CHILD behave in school?

- ☐ Almost never a problem
☐ Occasionally a problem
☐ Frequently a problem
☐ Constantly a problem

139. Have you been called more than once to the school to discuss CHILD's behavior?

☐ No
☐ Yes

140. Has CHILD ever been suspended or expelled from school?

☐ No
☐ Yes

141. Does (did) CHILD receive special help such as tutoring?

☐ No
☐ Yes

142. Did CHILD ever repeat a grade?

☐ No
☐ Yes - How many grades did CHILD repeat? _____

143. Has CHILD ever been classified by the school as needing special education?

☐ No
☐ Yes

144. How often do (did) you help CHILD with homework?

☐ Never
☐ Less than once a month
☐ Once a month or so
☐ Once a week or so
☐ Several times a week
☐ Every day

145. To what extent does (did) CHILD talk with you about problems in school or with friends?

☐ Never
☐ Once in awhile
☐ Sometimes
☐ Usually
☐ Always

146. Most children get so angry at their parents that they say things like "I hate you" or swear when they are very upset. As I read this list, please tell me which actions you would take if this happened. (*Check all that apply.*)

- ☐ Ground the child
- ☐ Spank the child
- ☐ Talk with the child
- ☐ Give the child a household chore
- ☐ Ignore it
- ☐ Send the child to a room for more than 1 hour
- ☐ Take away the child's allowance
- ☐ Take away tv, phone, or other privileges
- ☐ Have the child take a short timeout
- ☐ Other (*specify*): _____

147. After CHILD finishes (finished) high school, what do (did) expect him/her to do?
(*Check all that apply.*)

- ☐ Get a job
- ☐ Sign up for military service
- ☐ Get in some technical training program
- ☐ Go to community college or a technical school
- ☐ Go to college
- ☐ Other (*specify*): _____
- ☐ Not sure

148. How much schooling do you expect that CHILD will complete? (*Check one.*)

- ☐ 11th grade or less
- ☐ Graduate from high school
- ☐ Post-high school vocational training
- ☐ Up to 2 years of college
- ☐ More than 2 years of college
- ☐ Graduate from a 4-year college
- ☐ Master's degree
- ☐ M.D., law, Ph.D., or other doctoral degree

149. In general, how satisfied are you with the way CHILD is developing?

- ☐ Not as well as you expected
- ☐ About the way you expected
- ☐ Better than you expected

150. Is CHILD employed?

☐ No
☐ Yes: ☐ Full time OR ☐ Part time - Job type: _____

151. Has CHILD ever received any type of welfare assistance?

☐ Not applicable
☐ No
☐ Yes: _____ Number of years Type of welfare: _____

152. Has CHILD ever been arrested?

☐ No
☐ Yes

Number of arrests _____

Reason for arrest(s) _____

Location(s) (city, state) _____

153. What is CHILD's marital status?

☐ Single, not cohabiting
☐ Divorced or separated, not cohabiting
☐ Widowed, not cohabiting
☐ Cohabiting with partner
☐ Married

Go to the next page.

154. Has CHILD ever been married?

☐ No

☐ Yes

How many times? times			
What month and year did each marriage begin and, if applicable, what year was CHILD divorced or widowed?			
Month/year began:	Month/year ended:		
_____	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
_____	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
_____	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

155. Does CHILD have any biological children?

☐ No

☐ Yes - Number of children: _____

Month/year each born: _____

Go to the next page.

156. Has your doctor or health professional ever said that CHILD had:	Yes	No
A seizure or convulsion?	_____	_____
Asthma?	_____	_____
Diabetes?	_____	_____
More than 3 ear infections in a year?	_____	_____
Speech impairment or delay?	_____	_____
Serious hearing difficulty or deafness?	_____	_____
Serious difficulty seeing or blindness?	_____	_____
Mental retardation?	_____	_____
A serious emotional disturbance?	_____	_____
Anemia or iron deficiency?	_____	_____
Elevated levels of lead in the blood?	_____	_____
Orthopedic impairment?	_____	_____
Developmental delay?	_____	_____
A learning disability? <i>(specify)</i> : _____	_____	_____
Autism?	_____	_____
Hyperactivity or attention deficit disorder (ADD or ADHD)?	_____	_____
Any other problems? <i>(specify)</i> : _____	_____	_____

<i>If more than one child, continue.</i>
<i>If only one child, go to Neighborhood, item 211.</i>

Next Oldest Child You Had a Major Role in Raising

157. What is the name of the next oldest child you have had a major role in raising?

Use this name in the following items wherever CHILD appears.

158. What is CHILD's relationship to you?

159. CHILD's gender: ___ Male ___ Female

160. What is CHILD's date of birth: ____/____/____

161. At what ages was CHILD when you had a major childrearing role?

162. What is CHILD's current age:

163. Did CHILD attend a child care center, nursery school, preschool, pre-kindergarten, or Head Start Program when he or she was 3 or 4-years-old? *(Check all that apply.)*

- ___ Child care center
- ___ Nursery school
- ___ Preschool
- ___ Pre-kindergarten
- ___ Head start
- ___ Did not attend program

164. Does CHILD now attend school?

___ No - Why not

___ Yes - Current grade or level -

165. What educational programs has CHILD completed? *Check all that apply.*

- ___ Still in school
- ___ Dropped out before completing high school - Highest grade completed:
- ___ Graduate of regular high school
- ___ Received GED certificate
- ___ Graduate of adult high school
- ___ One or more job training programs
- ___ College, no degree earned
- ___ College degree earned - Type of degree:

166. How much does CHILD like to read books (*OR, if child does not yet read, have books read to them*)?

- ☐ Hates to read books
- ☐ Is not interested in reading books
- ☐ Likes to read books
- ☐ Loves to read books

If Next Oldest Child's age is 18 or younger, go to item 188.

Next Oldest Child: Age 19 or Older

167. How well did CHILD do in high school academically?

- ☐ Failing
- ☐ Below average
- ☐ Average
- ☐ Above average

168. In your opinion, did CHILD perform up to his or her academic ability?

- ☐ No - Why not? _____
- ☐ Yes
- ☐ Unsure

169. Has CHILD ever received special recognition for academic achievement, such as being on the honor roll?

☐ No

☐ Yes

At what level or levels of schooling? ☐ Elementary school

☐ Middle school

☐ High school

170. How well did CHILD behave in school?

- ☐ Almost never a problem
- ☐ Occasionally a problem
- ☐ Frequently a problem
- ☐ Constantly a problem

171. Were you called more than once to the school to discuss CHILD's behavior?

☐ No
☐ Yes

172. Has CHILD ever been suspended or expelled from school?

☐ No
☐ Yes

173. Did CHILD receive special help such as tutoring?

☐ No
☐ Yes

174. Did CHILD ever repeat a grade?

☐ No
☐ Yes - How many grades did CHILD repeat? _____

175. Was CHILD ever classified by the school as needing special education?

☐ No
☐ Yes

176. After CHILD finished (finishes) high school, what do you expect him/her to do?
(Check all that apply.)

☐ Get a job
☐ Sign up for military service
☐ Get in some technical training program
☐ Go to community college or a technical school
☐ Go to college
☐ Other (specify): _____
☐ Not sure

177. How much schooling do you expect that CHILD will complete? (Check one.)

- ☐ 11th grade or less
- ☐ Graduate from high school
- ☐ Post-high school vocational training
- ☐ Up to 2 years of college
- ☐ More than 2 years of college
- ☐ Graduate from a 4-year college
- ☐ Master's degree
- ☐ M.D., law, Ph.D., or other doctoral degree

178. In general, how satisfied are you with the way CHILD is developing?

- ☐ Not as well as you expected
- ☐ About the way you expected
- ☐ Better than you expected

179. Is CHILD employed?

- ☐ No
- ☐ Yes: ☐ Full time OR ☐ Part time - Job type: _____

180. In the past 24 months, how many months has CHILD been neither employed nor in school?

_____ months

181. Has CHILD ever received any type of welfare assistance?

- ☐ No
- ☐ Yes: _____ Number of years Type of welfare: _____

182. Has CHILD ever been arrested?

☐ No

☐ Yes

Number of arrests _____

Reason for arrest(s) _____

Location(s) (city, state) _____

183. What is CHILD's marital status?

- ☐ Single, not cohabiting
☐ Divorced or separated, not cohabiting
☐ Widowed, not cohabiting
☐ Cohabiting with partner
☐ Married

184. Has CHILD ever been married?

☐ No

☐ Yes →

How many times? times
What month and year did each marriage begin and, if applicable, what year was CHILD divorced or widowed?

Month/year began:

Month/year ended:

☐ Divorced

☐ Widowed

☐ Divorced

☐ Widowed

☐ Divorced

☐ Widowed

185. Does CHILD have any biological children?

☐ No

☐ Yes - Number of children: _____

Month/year each born: _____

186. Does CHILD own a car?

☐ No

☐ Yes

Go to the next page.

187. Has your doctor or health professional ever said that CHILD had:	Yes	No
A seizure or convulsion?	_____	_____
Asthma?	_____	_____
Diabetes?	_____	_____
More than 3 ear infections in a year?	_____	_____
Speech impairment or delay?	_____	_____
Serious hearing difficulty or deafness?	_____	_____
Serious difficulty seeing or blindness?	_____	_____
Mental retardation?	_____	_____
A serious emotional disturbance?	_____	_____
Anemia or iron deficiency?	_____	_____
Elevated levels of lead in the blood?	_____	_____
Orthopedic impairment?	_____	_____
Developmental delay?	_____	_____
A learning disability? (<i>specify</i>): _____	_____	_____
Autism?	_____	_____
Hyperactivity or attention deficit disorder (ADD or ADHD)?	_____	_____
Any other problems? (<i>specify</i>): _____	_____	_____

<i>Go to Neighborhood, item 211.</i>

Next Oldest Child: Age 18 or Younger

188. How well is CHILD doing (*or if no longer in school, did CHILD do*) in school academically?

- ☐ Failing
- ☐ Below average
- ☐ Average
- ☐ Above average

189. In your opinion, does (did) CHILD perform up to his or her academic ability?

- ☐ No - Why not? _____
- ☐ Yes
- ☐ Unsure

190. Has CHILD ever received special recognition for academic achievement, such as being on the honor roll?

- ☐ No
- ☐ Yes

At what level or levels of schooling? ☐ Elementary school
☐ Middle school
☐ High school

191. Does (did) CHILD participate in any activities such as sports, music lessons, or a boys' or girls' club?

- ☐ No
- ☐ Yes - List activities: _____

192. How well does (did) CHILD behave in school?

- ☐ Almost never a problem
- ☐ Occasionally a problem
- ☐ Frequently a problem
- ☐ Constantly a problem

193. Have you been called more than once to the school to discuss CHILD's behavior?

☐ No
☐ Yes

194. Has CHILD ever been suspended or expelled from school?

☐ No
☐ Yes

195. Does (did) CHILD receive special help such as tutoring?

☐ No
☐ Yes

196. Did CHILD ever repeat a grade?

☐ No
☐ Yes - How many grades did CHILD repeat? _____

197. Has CHILD ever been classified by the school as needing special education?

☐ No
☐ Yes

198. How often do (did) you help CHILD with homework?

☐ Never
☐ Less than once a month
☐ Once a month or so
☐ Once a week or so
☐ Several times a week
☐ Every day

199. To what extent does CHILD talk with you about problems in school or with friends?

☐ Never
☐ Once in awhile
☐ Sometimes
☐ Usually
☐ Always

200. Most children get so angry at their parents that they say things like "I hate you" or swear when they are very upset. As I read this list, please tell me which actions you would take if this happened. (*Check all that apply.*)

- ☐ Ground the child
- ☐ Spank the child
- ☐ Talk with the child
- ☐ Give the child a household chore
- ☐ Ignore it
- ☐ Send the child to a room for more than 1 hour
- ☐ Take away the child's allowance
- ☐ Take away tv, phone, or other privileges
- ☐ Have the child take a short timeout
- ☐ Other (*specify*): _____

201. After CHILD finishes (finished) high school, what do (did) expect him/her to do? (*Check all that apply.*)

- ☐ Get a job
- ☐ Sign up for military service
- ☐ Get in some technical training program
- ☐ Go to community college or a technical school
- ☐ Go to college
- ☐ Other (*specify*): _____
- ☐ Not sure

202. How much schooling do you expect that CHILD will complete? (*Check one.*)

- ☐ 11th grade or less
- ☐ Graduate from high school
- ☐ Post-high school vocational training
- ☐ Up to 2 years of college
- ☐ More than 2 years of college
- ☐ Graduate from a 4-year college
- ☐ Master's degree
- ☐ M.D., law, Ph.D., or other doctoral degree

203. In general, how satisfied are you with the way CHILD is developing?

- ☐ Not as well as you expected
- ☐ About the way you expected
- ☐ Better than you expected

204. Is CHILD employed?

☐ No

☐ Yes: ☐ Full time OR ☐ Part time - Job type: _____

205. Has CHILD ever received any type of welfare assistance?

☐ Not applicable

☐ No

☐ Yes: _____ Number of years Type of welfare: _____

206. Has CHILD ever been arrested?

☐ No

☐ Yes

Number of arrests _____

Reason for arrest(s) _____

Location(s) (city, state) _____

207. What is CHILD's marital status?

☐ Single, not cohabiting

☐ Divorced or separated, not cohabiting

☐ Widowed, not cohabiting

☐ Cohabiting with partner

☐ Married

208. Has CHILD ever been married?

☐ No
☐ Yes

How many times? times			
What month and year did each marriage begin and, if applicable, what year was CHILD divorced or widowed?			
Month/year began:	Month/year ended:		
_____	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
_____	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
_____	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

209. Does CHILD have any biological children?

☐ No
☐ Yes - Number of children: _____

Month/year each born: _____

Go to the next page.

210. Has your doctor or health professional ever said that CHILD had:	Yes	No
A seizure or convulsion?	_____	_____
Asthma?	_____	_____
Diabetes?	_____	_____
More than 3 ear infections in a year?	_____	_____
Speech impairment or delay?	_____	_____
Serious hearing difficulty or deafness?	_____	_____
Serious difficulty seeing or blindness?	_____	_____
Mental retardation?	_____	_____
A serious emotional disturbance?	_____	_____
Anemia or iron deficiency?	_____	_____
Elevated levels of lead in the blood?	_____	_____
Orthopedic impairment?	_____	_____
Developmental delay?	_____	_____
A learning disability? (<i>specify</i>): _____	_____	_____
Autism?	_____	_____
Hyperactivity or attention deficit disorder (ADD or ADHD)?	_____	_____
Any other problems? (<i>specify</i>): _____	_____	_____

Neighborhood

211. How would you rate your neighborhood as a place to raise children?

- ___ Excellent
- ___ Very Good
- ___ Good
- ___ Fair
- ___ Poor

Thinking about this area as your neighborhood, we are interested in knowing about the characteristics of the people in this area

212. Not counting family members who live with you, how many of your family and relatives live in your neighborhood? _____ relatives
213. How many good friends do you have that live in your neighborhood? _____ good friends
214. How many of the adults living in your neighborhood, including relatives and friends, do you have friendly conversations with regularly? _____ adults
215. How many children or teenagers living in your neighborhood do you know by name? _____ children/teenagers

216. What proportion of the people on your neighborhood:	Almost None	Less than Half	About Half	More than Half	Almost All	Don't Know
Own their own house or apartment?	___	___	___	___	___	___
Are African-American?	___	___	___	___	___	___
Are White?	___	___	___	___	___	___
Are other than African-American or white?	___	___	___	___	___	___

217. How difficult is it for you to tell a stranger in your neighborhood from someone who is a resident?

- ☐ Very difficult
- ☐ Somewhat difficult
- ☐ Not at all difficult

218. How safe is it for a person to walk around alone in your neighborhood after dark?

- ☐ Completely safe
- ☐ Fairly safe
- ☐ Somewhat dangerous
- ☐ Extremely dangerous

219. Do you own a handgun?

- ☐ No
- ☐ Yes

Family Relations

Now I have some questions about the family you grew up in.

220. How have you been getting along with the family that you grew up in?

- ☐ Not too good, you hardly get along at all
- ☐ Fair, you get by with them
- ☐ You get along very well with your family

221. How does your family feel about how you're doing?

- ☐ They think you are doing great
- ☐ They think you are getting by
- ☐ They think you're not doing anything worth much

222. Are you turning out to be the kind of person your family expected you to be?

- ☐ Not doing as well as they expected
- ☐ Just about the way they expected
- ☐ Doing better than they expected

Stress and Coping

223. Now I'm going to read a list of feelings and attitudes that people may have about themselves. Please say whether you strongly agree, disagree, or strongly disagree with each statement that I read to you.

	Strongly Agree	Agree	Disagree	Strongly Disagree
There is really no way I can solve some of the problems I have	_____	_____	_____	_____
Sometimes I feel that I'm being pushed around in life	_____	_____	_____	_____
I have little control over the things that happen to me	_____	_____	_____	_____
I can do just about anything I really set my mind to	_____	_____	_____	_____
I often feel helpless in dealing with the problems of life	_____	_____	_____	_____
What happens to me in the future mostly depends on me	_____	_____	_____	_____
There is little I can do to change many of the important things in my life	_____	_____	_____	_____

224. Now I'd like to name some different types of people and ask you if any of them have been giving you a hard time lately.

(Check all that apply.)

<input type="checkbox"/> Spouse or partner	<input type="checkbox"/> Social worker(s), including welfare
<input type="checkbox"/> Room-mate(s)	<input type="checkbox"/> Friend(s)
<input type="checkbox"/> Supervisor at work	<input type="checkbox"/> Lawyer(s)
<input type="checkbox"/> People you work with	<input type="checkbox"/> Collection agency (agencies)
<input type="checkbox"/> Teacher(s)	<input type="checkbox"/> Storekeeper(s)
<input type="checkbox"/> The police	<input type="checkbox"/> Member(s) of your family
<input type="checkbox"/> The court(s)	<input type="checkbox"/> Doctor(s)/hospital staff
<input type="checkbox"/> Neighbor(s)	<input type="checkbox"/> Others (<i>specify</i>): _____
<input type="checkbox"/> People at church	<input type="checkbox"/> No people

Social Behavior

This next section deals with activities that may be against the rules or against the law. We hope you will answer all these questions. However, if you find a question which you cannot answer honestly, we would prefer that you simply say that you don't want to answer. Remember, your answers will not be connected with your name.

	No	Yes	How - many times?	Describe what happened in this (or the most serious) incident.
225. In the past 15 years, have you:				
Gotten into a serious fight at work?	_____	_____	_____	_____
Gotten into a dangerous physical fight with someone in your household?	_____	_____	_____	_____
Taken part in a fight where a group of your friends were against another group?	_____	_____	_____	_____
Hurt someone badly enough to need bandages or a doctor?	_____	_____	_____	_____
Used a knife or gun or some other object (like a club) to get something from a person?	_____	_____	_____	_____
Taken something not belonging to you worth less than \$50?	_____	_____	_____	_____
Taken something not belonging to you worth more than \$50?	_____	_____	_____	_____
Taken a car that didn't belong to someone in your family without permission?	_____	_____	_____	_____
Taken a part of a car without permission of the owner?	_____	_____	_____	_____
Gone into or broken into some house or building where you weren't supposed to be?	_____	_____	_____	_____
Set fire to someone's property on purpose?	_____	_____	_____	_____
Damaged property at work on purpose?	_____	_____	_____	_____
Been suspended from work for misconduct?	_____	_____	_____	_____

226. During the past 15 years, were you ever arrested by the police because of something you did?

____ No
 ____ Yes: ____ times

Please describe what happened (most serious incident if 2 or more).

How old were you the first time you were arrested by the police? _____ years old

For each time you've been arrested, when and where were you arrested, and were you charged with a crime and convicted? (If more than five arrests, ask respondent to select the five most serious ones.)

Date arrested	City, state where arrested	Reason arrested	Check if Charged	Check if Convicted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Exactly how much time in total have you spent in jail or prison? _____

Exactly how much time in total have you spent on probation? _____

Cars

227. Do you (and your spouse or partner) own or lease one or more cars?

☐ No
☐ Yes

	<u>Make</u>	<u>Year</u>
First car		
Second car		
Third car		

228. In the past 15 years, did you ever receive a traffic ticket, not counting parking tickets?

☐ Never

☐ Number *Please describe what happened (most serious incident if 2 or more).*

229. When you are in a car, do you wear a seat belt?

☐ No

☐ Sometimes

☐ Usually

☐ Always

Community Activities

Here are a few questions about your community activities.

230. How often do you usually attend religious services?

☐ Never

☐ Less than once a month

☐ Once a month

☐ A few times a month

☐ Once a week

☐ Several times a week

231. How important would you say religion is to you?

- ☐ Very important
☐ Somewhat important
☐ Not important

232. What are the names of the groups to which you belong apart from your work or school (like church, parent group, clubs, teams)?

233. Are you registered to vote?

- ☐ No
☐ Yes

234. Did you vote in the last presidential election?

- ☐ No
☐ Yes

235. Did you vote in any state or local election in the past two years?

- ☐ No
☐ Yes

236. Have you ever attended a meeting of the school board or the city council?

- ☐ No
☐ Yes

237. Have you ever volunteered for community activities such as coaching a team or working with children or older adults?

- ☐ No
☐ Yes - Describe what you did: _____

Open-Ended Questions

(Interviewer: Write down the answers and, if the respondent does not mind being tape-recorded, tape-record them. If you don't receive an answer to the question, repeat or rephrase it.)

238. What is your main employment goal for the next five years?

239. What is your main personal goal aside from employment for the next five years?

240. What are your plans to achieve your employment and personal goals?

241. What are your biggest obstacles to achieving your plans?

242. What is the best aspect of your life today?

Information Releases

I have some information release forms I'd like to look over with you. These forms will allow us to get further information from some of the places we've talked about. We will not give such groups any information about you, and any records we get will be kept strictly confidential.

Thank you very much for helping us.

AFTER THE INTERVIEW: Interviewer Judgments

After the interview, rate the respondent's behavior during the interview on the following dimensions.

Resistive	___	___	___	___	___	___	___	Cooperative
Sociable	___	___	___	___	___	___	___	Shy
Indifferent	___	___	___	___	___	___	___	Involved
Talkative	___	___	___	___	___	___	___	Quiet
Easily distracted	___	___	___	___	___	___	___	Attentive
Active	___	___	___	___	___	___	___	Passive
Nervous	___	___	___	___	___	___	___	Relaxed
Quick to respond	___	___	___	___	___	___	___	Needs urging
Keeps trying	___	___	___	___	___	___	___	Gives up easily
Needs reassurance	___	___	___	___	___	___	___	Self-confident
Open	___	___	___	___	___	___	___	Secretive
Untruthful	___	___	___	___	___	___	___	Truthful
Warm	___	___	___	___	___	___	___	Hostile

Responses to antisocial behavior items:

- ___ Appeared to be completely honest.
- ___ Appeared honest after encouragement from me.
- ___ May be exaggerated or otherwise distorted.
- ___ Are likely to be false. What makes you think so? _____

Please explain any potentially confusing family situations or relationships of this respondent.

Please elaborate on any ambiguous or conflicting information in this interview that will help us to code the information correctly.

How would you describe the interview situation? Please add any clarifying remarks that will be helpful to editors and coders when this interview is processed. If this study participant should be recontacted for missing information, is there something else we should be aware of?

PERMISSIONS FOR RELEASE OF INFORMATION

I authorize release of all of the following information to the High/Scope Educational Research Foundation. I understand that this information will be used for research purposes only and will be held in strictest confidence. I understand that my name will not be released to anyone not connected with the research.

School Information

Information from school records and special education records if any may be obtained from the _____
School District(s) and all other educational programs that I have attended.

Police Information

Information on any arrests and case dispositions may be obtained from any state, local or federal police agencies or courts.

Social Services and Welfare Information

Information about my participation and funds received from various social services and welfare programs – including General Assistance, Medicaid, Family Services, Food Stamps, and other social programs – may be obtained from the Michigan Family Independence Agency or other state departments of social services.

Employment Information

Information about my employment history may be obtained from any of my employers.

Signature

Print name

Witnessed by:

Witness Signature

Print name

Date: _____



PERMISSION TO RELEASE MEDICAL INFORMATION

Name (print): _____

Address, City, State, Zip: _____

Date of birth: _____ Identification Number: _____

I authorize release of information from:

Name of physician, hospital, or clinic

Address, City, State, Zip

Please send requested information to:

Dr. Larry Schweinhart
High/Scope Educational Research Foundation
600 North River Street
Ypsilanti, MI 48198-2898
Phone (734) 485-2000 Fax: (734) 485-0704

Information requested:

___ Medical/surgical ___ Alcohol/Substance Abuse
___ Outpatient reports From _____ to _____
___ Inpatient summaries From _____ to _____

Information is requested for research purposes only and will be kept completely confidential.

Revocation clause and signature:

This consent form remains in effect for a period of three years. I understand that I may revoke authorization at any time by writing to Dr. Larry Schweinhart, High/Scope Educational Research Foundation, 600 North River Street, Ypsilanti, MI 48198-2898.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Subtest 1: Arithmetic

Discontinue Rule: Four consecutive items scored 0
Time Limit: None

Item	Response	Score	
1. Pennies (Both correct for credit): (12) <input type="checkbox"/> (9) <input type="checkbox"/>	_____	1	0
2. Most meetings: (Lopez)	_____	1	0
3. Minutes until 6:00: (14 to 15)	_____	1	0
4. How much money? (42 cents)	_____	1	0
5. Tell time (Both correct for credit): (9:00) <input type="checkbox"/> (3:30) <input type="checkbox"/>	_____	1	0
6. Hours x days: (35 hours)	_____	1	0
7. Quarters in \$5.00 = (20)	_____	1	0
8. °F = (degrees) <input type="checkbox"/> (Fahrenheit) <input type="checkbox"/> (Both correct for credit)	_____	1	0
9. 6 shelves @ \$3.50 = (\$21)	_____	1	0
10. 30 min. before 3:20: (2:50)	_____	1	0
11. Half of 90 cents = (45 cents)	_____	1	0
12. Temp difference: (8 degrees)	_____	1	0
13. 1/8 of \$1,600 = (\$200)	_____	1	0
14. Cost per roll = (31 cents)	_____	1	0
15. 1/3 of 1 tbs = (1/3 tbs or 1 tsp)	_____	1	0
16. Percent of budget left: (37%)	_____	1	0
17. Pop in 2050: (250,000)	_____	1	0
18. (1/5 of \$200) x 4 = (\$160)	_____	1	0
19. 144 oz ÷ 12 oz = (12)	_____	1	0
20. 13% of \$3,000 = (\$390)	_____	1	0
21. 1:00 am:7:00 pm as 9:00 am:? (3:00 am)	_____	1	0
22. (3,360 ÷ 30)\$1.40 = (\$156.80)	_____	1	0
23. Benton to Sanborn: (140 miles)	_____	1	0
24. (\$3,600 x 10%) ÷ 4 = (\$90)	_____	1	0
25. (4 yds x 6 yds) \$10 = (\$240)	_____	1	0

RAW SCORE
 (25 points max.)

Subtest 2: Reading

Discontinue Rule: Four consecutive items scored 0
Time Limit: None

Item	Response	Score	
1. Handicap signs (Both correct for credit): (B) <input type="checkbox"/> (F) <input type="checkbox"/>		1	0
2. PUSH OUT CLOSED (All 3 correct for credit) (D) <input type="checkbox"/> (F) <input type="checkbox"/> (B) <input type="checkbox"/>		1	0
3. Do this: (shut your eyes)		1	0
4. Do this: (tell me your name)		1	0
5. Women's restroom signs (B) <input type="checkbox"/> (D) <input type="checkbox"/> (E) <input type="checkbox"/>		1	0
6. Out of order (A)		1	0
7. Entrance sign (B)		1	0
8. Employees Only sign (H)		1	0
9. Parental Guidance sign (B)		1	0
10. Expiration date: (July 1997)		1	0
11. non-smkrs means: (nonsmokers)		1	0
12. Serve on Saturday, make on: (Friday)		1	0
13. bldg. means: (building)		1	0
14. Rebus means: (poison)		1	0
15. Eggs in recipe: (should be separated)		1	0
16. Misc. means: (miscellaneous)		1	0
17. IRS means: (Internal Revenue Service)		1	0
18. Reorder: (Let's try to make the best of a difficult situation)		1	0
19. mpg means: (miles per gallon)		1	0
20. PT means: (Part Time)		1	0
21. FT means: (Full Time)		1	0
22. Rebus means: (female)		1	0
23. EKG means: (electrocardiogram)		1	0
24. Fill in the second blank: (largest)		1	0
25. Fill in the first blank: (accepted)		1	0
26. prof. cpl. means: (professional) <input type="checkbox"/> (couple) <input type="checkbox"/> (Both correct for credit)		1	0
27. EEG means: (electroencephalogram)		1	0
28. e.g. means: (for example)		1	0
29. et al. means: (and others)		1	0

RAW SCORE
 (29 points max.)