

PERRY AGE 15

High/Scope Educational Research Foundation
125 North Huron Street
Ypsilanti, Michigan 48197

April 1975

YOUTH FOLLOW-UP INTERVIEW

RESPONDENT'S NAME: _____
(First) _____ (Last) _____

RESPONDENT'S CODE NUMBER: _____

INTERVIEWER'S NAME: _____ DATE: _____

TIME STARTED: _____ TIME ENDED: _____

Introductory Statement

I'm a representative of the High/Scope Educational Research Foundation. This is an independent foundation--we are not part of the schools or the government.

Our work involves learning more about teenagers like yourself. In this interview, we will be asking a number of questions about how you feel about your friends and other people you see daily, about the things you like to do both in and outside of school, about you and your family, and about your life in general.

It is important that you feel free to tell me exactly what you think, and not just what you feel I want to hear. Everything you tell me is completely confidential. Your name is not written on the interview form, so no one will ever see your name together with your answers. Don't feel that we can't talk about the questions. If there are questions that aren't clear to you or that you feel are too personal, please tell me.

What is your present address? _____
(street) _____

_____ (city) _____ (state)

What is your telephone number? _____

Do you have a social security number? _____

(IF YES): What is it? _____

Interviewer enter code on Page 1
and remove face sheet.

Respondent's Code # _____

(INSTRUCTIONS TO INTERVIEWER ARE IN UPPER CASE. EVERYTHING THAT IS SUPPOSED TO BE READ TO THE RESPONDENT IS IN lower case. THROUGHOUT INTERVIEW MAKE SURE THAT THE RESPONDENT IS FOLLOWING QUESTIONS IN HIS/HER BOOKLET.)

1. Do you live with both parents?

YES

NO

If no, then who are your guardians?

MALE _____

FEMALE _____

We are interested in the kinds of friendships that teenagers have (with persons of both sexes).

2. How important would you say your friends are in your life? (READ SCALE

very important

quite important

somewhat important

not very important (SKIP TO QUESTION 3)

2a. In what ways are your friends important in your life?

3. Could you tell me just the first names of your best friends? Include both boys and girls, if you wish, and any who are out of school as well as in school. (LIST NAMES ON THE TABLE BELOW)

(FOR EACH FRIEND ASK THE FOLLOWING SET OF QUESTIONS)

- a. Could you go down the list and tell me the ~~_____~~ age of each friend?
 - b. Is he (she) still in school, and in what grade? (IF IN COLLEGE, RECORD IN COLUMN d)
 - c. (IF NOT IN SCHOOL): Did he (she) drop out of school or graduate?
 - d. (IF NOT IN SCHOOL): What is he (she) doing now? (E.G., WORKING AT WHAT; GOING TO COLLEGE; NOT WORKING)

4. What kinds of things do you do when you are with your friends?

(PROBE:)

5. When you are with your friends, how often do they do things that you suggest? (READ SCALE)

- they more often do what I suggest than what anybody else suggests
- they often do what I suggest
- sometimes they do what I suggest
- they hardly ever do what I suggest
- they never ever do what I suggest

6. Do you make friends easily?

- YES
- SOMETIMES
- NO

The next questions are about you and your family.

7. How often does your whole family do things together that you all enjoy--like going places together or working on things together? (READ SCALE)

- () several times a week
() about once a week
() once or twice a month
() less than once a month

(IF THERE IS NO MALE GUARDIAN IN THE HOME, THEN QUESTIONS 8-10 DO NOT APPLY AND YOU SHOULD MOVE ON TO QUESTION 11.)

8. How close do you feel to your father (or male guardian)? (READ SCALE)

- () extremely close
() quite close
() fairly close
() not very close

9. How much do you want to be like the kind of person your father (or male guardian) is? (READ SCALE)

- () very much like him
() somewhat like him
() a little like him
() not very much like him
() not at all like him

10. How often do you and your father (or male guardian) do things together that you both enjoy? (READ SCALE)

- () several times a week
- () about once a week
- () once or twice a month
- () less than once a month

(IF THERE IS NO FEMALE GUARDIAN IN THE HOME, THEN QUESTIONS 11-13 DO NOT APPLY AND YOU SHOULD MOVE ON TO QUESTION 14.)

11. How close do you feel to your mother (or female guardian)? (READ SCALE)

- () extremely close
- () quite close
- () fairly close
- () not very close

12. How much do you want to be like the kind of person your mother is (or female guardian)? (READ SCALE)

- () very much like her
- () somewhat like her
- () a little like her
- () not very much like her
- () not at all like her

13. How often do you and your mother (or female guardian) do things together that you both enjoy? (READ SCALE)

- () several times a week
- () about once a week
- () once or twice a month
- () less than once a month

14. How much influence do you feel you have in family decisions that affect you? (READ SCALE)

- () I always get my own way
 - () they generally listen to me
 - () sometimes they listen to me
 - () they hardly ever listen to me
 - () I never get my own way

Next, we would like to get some idea of how your parents (or guardians) do each of the following things.

15. Blame you or criticize you when you don't deserve it
 16. Talk over important decisions with you . .
 17. Threaten to slap you
 18. Listen to your side of the argument. . . .
 19. Yell, shout, or scream at you.
 20. Act fair and responsible in what they ask of you
 21. Nag at you

21.5 Who is the boss around your house (disciplinarian)?

RELATIONSHIP TO CHILD:

- 21.6 Would you say that this person is usually (READ CONTRASTS AND CHECK ONE OF EACH PAIR)

- () strong or () wishwashy
() unfriendly toward you or () friendly toward you
() consistent (together) or () inconsistent (untogether)

- 21.7 When this person tells you to do something do you: (READ SCALE)

- () do it right away
 - () decide for yourself whether to do it or not
 - () get uptight and take your time about it
 - () give them a hassle about it

22. Of all the people you know who are no longer in school (that is adults) who do you admire most? By that I mean, who would you most like to be like in some way when you are older? (ASK ABOUT RELATION TO RESPONDENT AND ALSO OCCUPATION, AGE, SEX, MARITAL STATUS. PERSON SHOULD BE SOMEONE RESPONDENT KNOWS RATHER THAN SOMEONE HE/SHE HAS ONLY HEARD ABOUT.)

a. Person's age

| |
|--|
| |
|--|

b. Person's sex

| | |
|---|---|
| M | F |
|---|---|

c. Relation to respondent

| | | |
|----------|-----------------|------------------|
| RELATIVE | PERSONAL FRIEND | FRIEND OF FAMILY |
|----------|-----------------|------------------|

d. Occupation

| |
|--|
| |
|--|

e. Marital status

| | |
|--------------------|---------|
| SINGLE (SEPARATED) | MARRIED |
|--------------------|---------|

23. What exactly do you like about this person?

- 23a. Can you tell me more about this person--why do you like to be with him (her)?

24. All in all, how important would you say this person is in your life? Would you say that he (she) is: (READ SCALE)

() very important

() not very important

() quite important

() not at all important

() somewhat important

25. How much time do you spend with this person? (READ SCALE)

() see every week

() see about once a month

() hardly see at all

26. Is there any other adult whom you know, admire, and would like to be like in some way? [ASK SAME QUESTIONS AS ABOVE]

| | Occupation | Time Spent | | |
|--------------------|--|-------------------|------------------|-----------------|
| | | See hardly at all | See once a month | See once a week |
| 26a. | | | | |
| 26b. any other? | | | | |
| 26c. any other? | | | | |
| 26d. any other? | | | | |
| 26e. any other? | | | | |
| | What do you particularly like about this person? | | | |

27. Compared with others your age, how important is it for you to get to know adults well? (READ SCALE)

- much more important than average
- a little more important than average
- about average importance
- a little less important than average
- much less important than average

28. I would like to find out about people you know as friends--that is, personal friends, relatives, and friends of your family. On each card in this stack (HAND CARDS TO RESPONDENT), there is a name of a job or occupation. I'd like for you to sort the cards into two stacks. If you know a personal friend, relative, or friend of your family who does what is described on a card, put the card here (POSITION TITLE CARD). If you don't, put the card here (POSITION OTHER TITLE CARD). If you have any questions about what to do or about what it says on some card, please ask me.

(ENTER CARD SORT DATA BELOW AFTER THE INTERVIEW HAS BEEN COMPLETED. WHEN THE RESPONDENT HAS FINISHED SORTING ALL CARDS, PLACE ITEM CARDS UNDER APPROPRIATE TITLE CARDS SUCH THAT THE SORT CAN BE RECONSTRUCTED LATER AND RETURN CARDS TO ENVELOPE.)

| | Friend or Relative | Not Friend or Relative | Refused to Sort |
|-------------------------------------|--------------------|------------------------|-----------------|
| 1. Nurse | | | |
| 2. Postman or Policeman | | | |
| 3. Secretary | | | |
| 4. Medical or Dental Technician | | | |
| 5. Electrician or Plumber | | | |
| 6. Foreman or Supervisor | | | |
| 7. Hustler | | | |
| 8. Pusher | | | |
| 9. Muslims or Black Revolutionaries | | | |
| 10. Sales Clerk | | | |
| 11. Factory Worker | | | |
| 12. Waiter or Waitress | | | |
| 13. Truck or Taxi Driver | | | |
| 14. Gas Station Attendant | | | |
| 15. Cleaning Lady or Janitor | | | |
| 16. Lawyer | | | |
| 17. Dentist | | | |
| 18. Doctor | | | |
| 19. Minister | | | |
| 20. Teacher | | | |
| 21. Store Owner or Manager | | | |

29. If you thought you might be in serious trouble, who would you go to for advice? (MULTIPLE CODE IF MORE THAN ONE MENTIONED)

- () PEERS
() ADULTS (NON-FAMILY)
() ADULTS (FAMILY)
-

I'd like to find out how you spend time by yourself.

30. How much time do you spend by yourself: (READ SCALE)

- () a lot of time every day
() some time every day or two
() some time every week
() hardly any time at all

31. What sort of things do you enjoy doing when you are by yourself?

(PROBE: ANYTHING ELSE?)

32. Do you have any room in your home where you may go whenever you want to be alone?

- () YES (GO ON TO 32a)
() NO

32a. (IF YES) Which rooms?

- 1) _____ 2) _____
3) _____ 4) _____

33. Is there enough room in your home for you to engage in activities that you prefer doing by yourself?

- () YES
() NO

34. Do you feel free to invite friends over to your house?

() YES

() SOMETIMES

() NO

35. How often do you invite friends over to your house? (READ SCALE)

() almost every day

() about once or twice a week

() several times a month

() hardly ever

36. When your friends come to your house, is there a special place where you spend time together?

() YES

() NO

Now I would like to ask you some questions about things that you do outside of classes at school.

37. What kinds of things do you enjoy doing outside of class

37a. How often do you engage in
these activities? (READ SCALE)

| ACTIVITIES | Several times a week | Once a week | A couple of times a month | Hardly ever |
|------------|----------------------|-------------|---------------------------|-------------|
| | | | | |
| X | | | | |
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38. Do you belong to any community or church organizations or clubs?

() NO (GO TO QUESTION 39)

() YES

38a. What are they?

| What groups? | 38b.What do they do? | 38c. Anyone in charge? | | 38d. Peers or Adults |
|--------------|----------------------|------------------------|-----|----------------------|
| | | NO | YES | |
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39. Do you go to church regularly?

() YES

() SOMETIMES

() NO

40. I would like to know whether you are involved in any of the following activities.

[INTERVIEWER SHOULD COLLECT ACTIVITY DATA FIRST, THEN "TIME DATA" ON SECOND PASS.]

| a. Do you... | YES | NO | b. How many times a week on the average do you (activity)? | c. For how long (years) have you done it? |
|--|-----|----|--|--|
| | | | | |
| participate in sports? | | | | |
| play a musical instrument? | | | | |
| make things? | | | | |
| collect things? | | | | |
| cook meals? | | | | |
| do other things of this sort? Such as... | | | | |
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41. What sort of things do you enjoy reading? 41a. Where do you get them?

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42. How often do you read anything for pleasure; outside of class?
[READ SCALE]

- Less than once a week
- 2 - 3 days a week
- 4 - 5 days a week
- everyday

Now I would like to ask you about paying jobs.

43. Have you ever had a job?
 YES (GO TO 43a)
 NO (GO TO 43g)

43a. What kind of job(s)? _____

- 43b. Are you working now or have you worked in the past 2 months?
 YES (GO TO 43c)
 NO (GO TO 43g)

(DESCRIBE PRESENT OR LAST JOB. IF RESPONDENT WORKS AT MORE THAN ONE JOB,
LIST THE ONE HE SPENDS MOST TIME AT.)

- 43c. What do (did you do on
this job? (PROBE FOR
SPECIFIC DESCRIPTION OF
ACTIVITIES AND JOB LEVEL
IF POSSIBLE)

- 43d. What is the pay? (PER
HOUR, WEEK, JOB, ETC.)

_____ per _____
(amount)

- 43e. About how many hours per
week do you work on this
job?

_____ hours per week

- 43f. How long have you had
this job? (ENTER DATE
STARTED OR NUMBER OF
MONTHS)

- 43g. What kind of job would you most like to have in the future?

- 43h. What kind of job do you think you will actually be able to get?

Now I'd like to ask you some questions about school.

44a. What school were you enrolled in during kindergarten?

44b. How many grades did you attend at that school? Then,
what school, etc.

(COMPLETE UP TO PRESENT GRADE)

45. Do you plan to finish high school?

() YES (SKIP TO QUESTION 45e)

() NO (GO ON TO QUESTION 45a)

45a. Why is that? _____

(PROBE: ARE THERE OTHER REASONS?) _____

45b. When do you expect to leave school? _____

(ENTER LAST GRADE RESPONDENT EXPECTS TO COMPLETE) _____

45c. What could still convince you to stay in school?

45d. What grade were you in when you first thought of leaving school? _____

(SKIP TO QUESTION 46)

45e. Why do you think you will finish high school? _____

45f. How certain are you that you actually will graduate? Would you say you are: (READ ALTERNATIVES BELOW)

() certain to graduate

() fairly certain

() uncertain; about 50-50

() or do you think your chances are pretty slim; much less than 50-50

45g. Is there anything that might keep you from graduating?

() YES: What is that? _____

() NOTHING SHORT OF A CATASTROPHE

45h. Have you ever thought of going to college?

() YES

() NO

Now, I'm going to ask you about some statements different people have made about school. Tell me how much you agree with each of these statements: very much, pretty much, a little, or not at all:

46. A real education comes from your own experience and not from things you learn in school.
 47. Even if I could get a very good job at present I'd still choose to stay in school and get my education.
 48. I can satisfy my curiosity better by the things I learn outside of school than by the things I learn here at school.
 49. All people should have at least a high school education.
 50. I feel I can learn more from a very good job than I can here at school.
 51. I think school is important, not only for the practical value, but because learning itself is very worthwhile.
 52. I feel the things I do at school waste my time more than the things I do outside of school.

53. Does your school work require preparation by you at home?

() YES (ASK QUESTION 53a)

() NO (SKIP TO QUESTION 54)

53a. How many days a week, on the average, do you spend time outside of school in preparation for classes?

() DAYS (RECORD ACTUAL #)

54. How interesting are most of your courses to you? (READ SCALE)

() I look forward to most of my classes each day

() I think they are usually interesting

() sometimes interesting, sometimes dull

() most classes are dull

() the whole school day is dull

55. What is the average grade you got in your classes last year. That is, putting them all together, how would your grades average out?

A B C D F (CIRCLE ONE)

56. Sometimes students get a chance to make their own choice of assignments or topics in their school work--like picking out a book for a report or selecting a project for a class. How often do you get a chance to make your own choices like that? (READ SCALE)

() about once a day

() about once a week

() hardly ever

56a. Would you like a chance to do more of this?

() YES

() NO

56b. Within the past year have you undertaken any individual project (or projects) of particular interest to you--which you really got involved in?

() YES

() NO

57. What do you really enjoy doing in school?

(PROBE: E.G., ARE THERE ANY OTHER THINGS? WHAT ABOUT THINGS
OUTSIDE OF CLASS?)

58. How many of your teachers seem to take a personal interest in you?
(READ SCALE)

- all of my teachers take a personal interest in me
- most of my teachers take a personal interest in me
- some of my teachers take a personal interest in me
- a few of my teachers take a personal interest in me
- none of my teachers take a personal interest in me

59. How often do you have a private talk with any of your teachers about things other than school work? (READ SCALE)

- () nearly every day
- () about once or twice a week
- () about once or twice a month
- () once or twice a term
- () never

60. Do your parents talk with your teacher about your school work?

- () YES
- () NO

61. How much do your parents attend school activities or functions, i.e., open house, parent-teacher conferences? (READ SCALE)

- () very much
- () pretty much
- () a little
- () not at all

62. How important do your parents think your grades are? (READ SCALE)

- () very important
- () pretty important
- () of little importance
- () not important

63. How concerned are your parents with your success in other areas of school? (READ SCALE)

- () very concerned
- () pretty concerned
- () a little concerned
- () not at all concerned

Now I would like to ask you a few questions about your ability--not how well you are actually doing, but how well you could do in your coursework.

(IF RESPONDENT INSISTS THAT HE/SHE IS "SAME AS", RECORD 3½.)

64. How smart do you think you are compared with others in your grade at school?

(READ SCALE ONE TIME.)

1. much more than others in your grade at school
2. more than others in your grade at school
3. a little more than others in your grade at school
4. a little less than others in your grade at school
5. less than others in your grade at school
6. much less than others in your grade at school

Just tell me the number that best describes you.

| | | | | | | | |
|-------------------------------------|--------------|---|---|---|---|---|--------------|
| INTERVIEWER CIRCLE ONE NUMBER | Much more | | | | | | Much less |
| | 1 | 2 | 3 | 4 | 5 | 6 | |

65. How about your reading ability compared with others in your grade? What number best describes you?

| | | | | | | | |
|-------------------------------------|--------------|---|---|---|---|---|--------------|
| INTERVIEWER CIRCLE ONE NUMBER | Much more | | | | | | Much less |
| | 1 | 2 | 3 | 4 | 5 | 6 | |

66. How do you rate yourself in school ability compared with others in your grade? What number best describes you?

| | | | | | | | |
|-------------------------------------|--------------|---|---|---|---|---|--------------|
| INTERVIEWER CIRCLE ONE NUMBER | Much more | | | | | | Much less |
| | 1 | 2 | 3 | 4 | 5 | 6 | |

67. How close do you come to doing the best work you are able to do in school? (READ SCALE)

- very close
- quite close
- somewhat close
- not very close
- not at all close

68. How satisfied are you with the way you're actually doing in school? (READ SCALE)

- very satisfied
- quite satisfied
- somewhat satisfied
- not very satisfied
- not at all satisfied

| Always | Often | Sometimes | Seldom | Never |
|--------|-------|-----------|--------|-------|
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68.1 Do you think that you are the kind of person that your teachers would like for you to be? (READ SCALE ONE TIME) . . .

68.2 Do you think that you are the kind of person that your parents would like for you to be?

68.3 Do you think that you are the kind of person that your friends would like for you to be?

These next questions are about your health at the present time.

| Always | Often | Sometimes | Seldom | Never |
|--------|-------|-----------|--------|-------|
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69. Are you troubled by headaches or pains in the head (READ SCALE ONE TIME).
70. Do you find it difficult to get up in the morning?
71. How often do you feel you are in good health?.
72. How often would you say you had a cold during the year?.

73. Do you feel you are: (READ SCALE)

- () much too tall
() a little too tall
() about the right height
() a little too short
() much too short

74. Do you feel you are: (READ SCALE)

- () very overweight
() slightly overweight
() about the right weight
() slightly underweight
() very underweight

The next set of questions are concerned with how you feel about yourself.
You need not answer them if they make you uncomfortable.

75. How important to you are the types and styles of clothes that you wear? (READ SCALE)

- () very important
() pretty important
() a little important
() not at all important

76. Do you wish that you could dress differently than you do?

- () YES
() NO (SKIP TO QUESTION 77.)

76a. In what ways would you dress differently?

These next questions are about work you do both in and outside of school.

77. Do you mostly want to feel proud of the work you do or do you mostly want someone else to tell you that you are doing a good job?

() FEEL PROUD

() OTHER COMPLIMENT

78. When you want to see how well you are doing do you compare yourself to others doing the same thing or do you find out how well someone in charge thinks you're doing?

() COMPARE WITH OTHERS

() SEE WHAT PERSON IN CHARGE THINKS

79. If someone said you were doing good work would you feel good mostly because someone knew you had been working hard or mostly because you knew you had learned something?

() SOMEONE KNEW YOU WORKED HARD

() LEARNED SOMETHING

80. After you have been working hard, would you rather feel you had done your best, or have someone compliment your work?

() FEEL YOU HAD DONE YOUR BEST

() HAVE SOMEONE COMPLIMENT YOU

Now I would like to ask you to describe the kind of person you are. For each of these questions tell me how often you feel it is true for you.
 (READ SCALE)

| Almost Always True | Often True | Sometimes True | Seldom True | Never True |
|--------------------------|---------------|-------------------|----------------|---------------|
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81. How often do you feel that you can't do anything right? (READ SCALE ONE TIME) .
82. How often do you feel that you are a person of worth, at least on an equal plane with others?
83. How often do you take a positive attitude toward yourself?
84. How often do you feel like "Sometimes I think I am no good at all"?

Here are some questions about your opinions. What I would like you to do is select the one statement of each pair which you more strongly believe to be true as far as you are concerned. Obviously, there are no right or wrong answers. Just tell me the alternative which you personally believe to be more true.

85. () I have found that what is going to happen will happen.
 or () Being just plain lucky has never turned out right for me, and I did better when I made up my mind to do something, and did it.
86. () When I make plans, I am almost certain that I can make them work.
 or () It doesn't always work when you plan things too far ahead because many things turn out to be a matter of good or bad luck anyhow.
87. () Many times I feel that I have little control over the things that happen to me.
 or () It is impossible for me to believe that good or bad luck plays an important part in my life.

88. () People who don't make it in life are often hard workers but they just don't get the right breaks.

or () Some people just don't use the breaks that they get in life. If they don't do well, it's their own fault.

Now I would like to ask some questions dealing with things schools often make rules about. We're interested in those things you might do that could get you into trouble at school. The only way we can learn about how people your age act is by each one giving honest answers to each question. Remember, no one at home or at school will see your answers. This is completely confidential.

| Almost Always | Often | Some- times | Seldom | Never |
|------------------|-------|----------------|--------|-------|
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89. How often do you put other students down?
(READ SCALE ONE TIME)

90. How often do you threaten your teachers?

91. How often are you late to class?

92. How often do you skip classes (when against the school rules)?

93. How often do you come to class unprepared?

94. How often do you do things that you know will make the teacher angry?

95. How often do you cheat on tests?

96. How often do you copy someone else's assignments?

97. How often are you kept after school?

SECOND CARD SORT

Now I'd like to turn to a different topic. Young people sometimes do things that are against the law or things that would get them into trouble if they were caught. On each card in this stack is a sentence about something like that--such as, "took something that didn't belong to you." I'd like to know which of the things on these cards you have done in the last three years whether you were caught or not. If you think that you can't tell me about this kind of thing honestly, then it is better that you don't try to answer at all.

Let me remind you at this point that everything you say is completely confidential; no one will ever see your name together with your answers.

(CHECK YES OR NO)

Shall we go ahead? YES NO (SKIP TO QUESTION 115 ON PAGE 32)

Here are three cards to mark the stacks (PUT EACH TITLE CARD ON THE TABLE AS YOU READ IT): "never in the last three years", "once in the last three years", and "more than once in the last three years". Put each card in this stack (ITEM CARDS) under the card on the table that tells how often you have done what is described on the card. If you don't understand what is written on any card, please ask. (HAND CARDS TO RESPONDENT.)

APFTER RESPONDENT IS FINISHED, PLACE ALL ITEM CARDS UNDER THE THREE CHOICE CARDS. THEN STACK THE FILES IN THE FOLLOWING ORDER: "MORE THAN ONCE" ON TOP; "ONCE" NEXT; AND "NEVER" ON THE BOTTOM. ANY CARDS WHICH RESPONDENT REFUSED TO SORT SHOULD BE PLACED ON TOP OF THE DECK.

NOW, BEGINNING WITH THE FIRST CARD, CODE RESPONSE FOR EACH ITEM ON THE NEXT PAGE (30) AND PROBE WHEN "MORE THAN ONCE" OR "ONCE". INTERVIEWER CODES FOR INFORMATION COLLECTED DURING ITEM PROBES ARE ENTERED IN THE SAME MATRIX (PAGE 30). ADDITIONAL DESCRIPTIVE DATA AND COMMENTS MAY BE ENTERED ALONG WITE ITEM NUMBER IN VERBAL RECORD FORMS BEGINNING ON PAGE 31.

*FURTHER QUESTIONS IF ITEM RESPONSE WAS "ONCE" OR "MORE".

| ITEM | Response Code by Item | Can you describe briefly what happened? NO NAMES | | Have you talked about this with... / | | Do you think that other your age feel this? |
|---|--|---|-------------------------------------|--------------------------------------|----------|---|
| | | INTERVIEWER PROBE AND CODE | | Friends? | Parents? | |
| | | FREQUENCY if more than once | SERIOUSNESS of most serious offense | | | |
| Never=1 Once =2 More than once=3 NR =0 | Never = 1 Once = 2 Twice = 3 Occasional = 4 Habitual = 5 NR = 0 | Never or trivial = 1 Minor seriousness = 2 Serious = 3 Very serious = 4 Legal involvement = 5 NR = 0 | YES | YES | NO | YES SOME NO |
| 98. Ran Away | | | | | | |
| 99. Hit Parent | | | | | | |
| 100. Damaged Personal Property | | | | | | |
| 101. Lied about Age/I.D. | | | | | | |
| 102. Con | | | | | | |
| 103. Purposeful Injury | | | | | | |
| 104. Threat of Injury | | | | | | |
| 105. Drinking without Permission | | | | | | |
| 106. Smoked Marijuana | | | | | | |
| 107. Other Drugs for Kicks | | | | | | |
| 108. Group Fight | | | | | | |
| 109. Carried Gun or Knife | | | | | | |
| 110. Took Personal Property | | | | | | |
| 111. Took Institutional Property | | | | | | |
| 112. Took By Force from Person | | | | | | |
| 113. Caught for Breaking Law | | | | | | |
| 114. Damaged Institutional Property | | | | | | |

VERBAL RECORD FORM

| ITEM | RESPONSE |
|------|----------|
| | |

115. I'm interested in knowing what kind of life you would like to have for yourself? (i.e., when you get out of school and are on your own, what would you like to be doing and what kind of things would you like to have?)

116. How do you think you might be able to have this kind of life for yourself? (What do you think it will take for you to get there?)

END OF INTERVIEW

That's it. Thank you very much for your cooperation. Do you have any questions about the interview or any comments on how I might have done a better job?

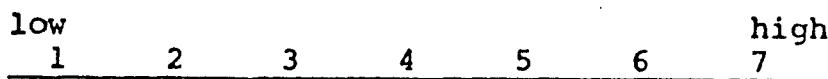
COMMENTS (IF ANY) BY RESPONDENT:

12. Thumbnail Sketch

(Any comments about the respondent or the interview situation that seem important to note for interpreting responses.)

POST-INTERVIEW RATINGS AND OBSERVATIONS

1. Overall, how great was respondent's interest in the interview?
(Circle one)



2. Overall, how sincere and honest did this respondent seem to be in answering questions? (Circle one)



- 2a. Did honesty vary across different sections of the interview?

COMMENT: _____

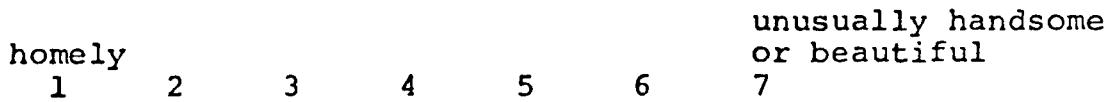
3. Where was interview held? _____

4. How satisfactory were the environmental conditions under which the interview took place?



- 4a. Note unfavorable conditions (if any) including interruptions by other people. (whom, how long):

5. How would you judge the respondent's physical appearance?



6. How would you judge the respondent's stylishness (based on clothes and grooming) ?



7. Overall, to what extent would you say that the respondent seemed to have opinions about the issues being discussed (not a measure of verbal skills)?



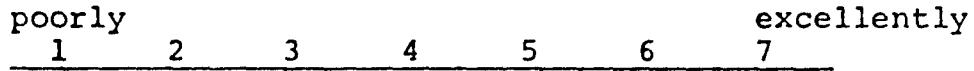
8. Overall, how would you rate this respondent on ability to express ideas, opinions, and feelings in verbal communication?



9. Overall, how well do you feel this respondent understood your verbal directions during the interview?



10. On the basis of what you observed during the interview, how able do you think this respondent is to cope with the mainstream middle-class culture?



- 10a. And how motivated is this respondent to participate in mainstream culture?



11. Do you feel that this respondent would cooperate in another less structured "case study" type of interview?

[] YES

[] NO

12. Thumbnail Sketch

(Any comments about the respondent or the interview situation that seem important to note for interpreting responses.)

High/Scope Educational Research Foundation
125 North Huron Street
Ipsilanti, Michigan 48197

April 1974

PARENT FOLLOW-UP INTERVIEW

9th GRADE

RESPONDENT'S NAME: _____
(First) _____ (Last) _____

CHILD'S ID NUMBER: _____

INTERVIEWER'S NAME: _____ DATE: April 30, 1974

TIME STARTED: 11:00 TIME ENDED: 12:00

Introductory Statement

I'm a representative of the High/Scope Educational Research Foundation. This is an independent foundation--not part of the schools or the government.

Since (sample child) was 3 years old, he/she has been part of a study that is trying to find ways to make education better for children. Up until now, we have tested children in the study each spring to see how they have grown in school abilities. This year, we interviewed (sample child) and other teenagers in the study to get a more complete picture of what they are like both in and out of school. We are now talking with parents to get yet another view of what children in the study are like and what has happened to them over the years. In this interview, we will be asking a number of questions about your family which were asked before when you first became a part of this study. I hope that we will be able to finish this part of the interview quickly so that we can move to more interesting and more important questions about (sample child's) life outside of school, about what you think is important for him/her to learn, about the goals that you have for him/her, about how well you think he/she has done in school, about how well you think the schools have done their job, and other questions which will help us to understand better the kind of person (sample child) is and the ways in which schools could be more helpful.

It is important that you feel free to tell me exactly what you think, and not just what you feel I want to hear. Everything you tell me is completely confidential. I am going to remove this sheet from the interview form, so that no one will ever see your name together with your answers. Don't feel that we can't talk about the questions. If there are questions that aren't clear to you, tell me. I don't think that there are any questions here that you will find too personal to answer, but if you do, please feel free to tell me about that too.

What is your present address? _____

(City)

(State)

What is your telephone number? _____

April 30, 1974

I would like to begin the interview by asking you a number of questions which we asked about 12 years ago when (sample child) first became a part of this study. We are asking these questions again because we would like to know what has happened during all these years.

1. First, I'd like to ask you some questions about the family. Could you tell me, beginning with the adults and going down to the youngest children, the first names of everyone who lives here including yourself and (sample child)?

o For each person listed ask the following questions and record answers in the spaces provided below. Be certain to establish the relationship of male and/or female guardians to child (natural parents, step-parents, other).

- a. What relation (kin or other) is _____ to (sample child)?
- b. [If not obvious, ask:] What sex?
- c. What is his/her age? [as of last birthday]
- d. [If older than 3 years and younger than 21 years, ask:] Is _____ in school (preschool, nursery school)?
- e. [If in school, ask:] What grade?
or
[If not in school or over 21 years of age, ask:] What grade did he/she complete in school?
- f. [If older than 14 years, ask:] Does _____ have a part-time or a full-time paid job?
- g. [If has job, ask:] What kind of job is it?
or
[If not working and not in school, ask:] What is _____ doing now?

| FIRST NAME | a RELATION TO SAMPLE CHILD | b SEX M/F | c AGE | d IN SCHOOL YES/NO | e GRADE | f WORKING: NO, PART, FULL-TIME | g KIND OF JOB [IF working] OR OTHER ACTIVITY |
|------------|-------------------------------|--------------|----------|-----------------------|------------------|-----------------------------------|---|
| Janet | Mother | M | 42 | No | 12 th | No | Part-time |
| Alma | Mother | F | 38 | No | 12 th | No | |
| John | Brother | M | 16 | Yes | 10 th | Part-time | Stock boy at Store |
| Alma | | M | 15 | Yes | 8 th | No | |
| John | Sister | F | 13 | Yes | 7 th | | |
| John | Sister | F | 12 | Yes | 6 th | | |

2. Does sample child have any other brothers or sisters who are not living at home?

[] NO [Skip to next page.]

YES [Ask the following questions and record answers in space below.]

a. What are their first names?

b. [If not obvious, ask:] Brother or sister?

c. What is his/her age? [as of last birthday]

d. Does _____ have his/her own family?

e. [If younger than 21 years, ask:] Is _____ in school?

f. [If in school, ask:] What grade (or level)?
or
[If not in school or over 21 years, ask:] What grade did he/she complete in school?

g. [If over 14 years, ask:] Does _____ have a part-time or full-time paid job?

h. [If has job, ask:] What kind of job is it?
or
[If not working and not in school, ask:] What is _____ doing now?

- Questions on the next two pages are asked about the sample child's female guardian if he/she has one. Where FG appears, substitute "you", "your wife", etc., depending upon whom is being questioned.

FEMALE GUARDIAN IF CURRENTLY EMPLOYED AND LIVING IN THE HOME

3. Now I'd like to ask you a little more about (FG's) current job: Where do/does (FG) work and what is (FG's) job called?

TITLE: _____ PLACE: _____

- 3a. Exactly what type of work do/does (FG) do? [Probe if necessary: work activity; responsibilities; etc.] _____
- 3b. Is this a part-time or full-time job? [] PART-TIME [] FULL-TIME [check only one category, additional job(s) appear in Question 4.]
- 3c. Did (FG) receive any special training for this job?
 NO [Skip to question 3e.]
 YES 3d. What kind of training? _____
- 3e. Have/has (FG) received any promotions that resulted in raises or changes in job titles or responsibilities while working at this place?
 NO [Skip to question 3g.]
 YES 3f. What? _____
- 3g. How long have/has (FG) had this job? _____
- 3h. How satisfied are/is (FG) with this job?
 very satisfied
 somewhat satisfied
 somewhat dissatisfied
 very dissatisfied
4. Do/does (FG) have any part-time job in addition to the job that you have already told me about? [] NO [] YES
5. Is there some other job that (FG) are/is trying to get now?
 NO [Skip to question 6.]
 YES [Ask:] 5a. What job?
5b. What are/is (FG) doing to get it? _____
6. Have/has (FG) had any other jobs during the past five years?
 NO [Skip to question 7.]
 YES [Ask:] 6a. How many other jobs? [Circle number given.]
1....2....3....4....5....6....more than 6
7. How many months have/has (FG) been unemployed during the past five years?
 not at all
 less than 3 months
 3 to 6 months
 6 to 12 months
 more than 12 months

FEMALE GUARDIAN IF CURRENTLY UNEMPLOYED AND PRESENT

8. Have/has (FG) had any paid jobs since (sample child) started to school?
 NO [Skip to next page.]
 YES [Proceed to next question.]

9. What was the last job that (FG) had?

TITLE: _____ PLACE: _____

9a. Exactly what type of work did (FG) do? [Probe if necessary: work activity; responsibilities; etc.]

9b. Was this a part-time or full-time job: [] PART-TIME [] FULL-TIME

9c. Did (FG) receive any special training for this job?
 NO [Skip to question 9e.]
 YES 9d. What kind of special training? _____

9e. Did (FG) receive any promotions that resulted in raises or changes in job titles or responsibilities while working at this place?
 NO [Skip to question 3g.]
 YES 9f. What? _____

9g. How long did (FG) have this job? [When to when]

9h. How satisfied were/was (FG) with this job?

- very satisfied
- somewhat satisfied
- somewhat dissatisfied
- very dissatisfied

10. Have/has (FG) had any other jobs during the past five years?

- NO [Skip to question 11.]
- YES [Ask:] 10a. How many other jobs? [Circle number given.
1....2....3....4....5....6....more than 6]

11. How many months have/has (FG) been unemployed during the past five years? [] not at all

- less than 3 months
- 3 to 6 months
- 6 to 12 months
- more than 12 months

12. Is there some job that (FG) are/is trying to get now?

- NO [Skip to next page.]
- YES [Ask:] 12a. What job?
12b. What are/is (FG) doing to get this job?

- Questions on the next two pages are asked about the sample child's male guardian if he/she has one. Where MG appears, substitute "you", "your husband", etc., depending upon whom is being questioned.

MALE GUARDIAN IF CURRENTLY EMPLOYED AND LIVING IN THE HOME

13. Now I'd like to ask you a little more about (MG's) current job: Where do/does (MG) work and what is (MG's) job called?

TITLE: _____ PLACE: _____

13a. Exactly what type of work do/does (MG) do? [Probe if necessary: work activity; responsibilities; etc.] _____

13b. Is this a part-time or full time job? [] PART-TIME [] FULL-TIME [check only one category; additional job(s) appear in Question 14.]

13c. Did (MG) receive any special training for this job:

[] NO [Skip to question 13e.]

[] YES 13d. What kind of training? _____

13e. Have/has (MG) received any promotions that resulted in raises or changes in job titles or responsibilities while working at this place?

[] NO [Skip to question 13g.]

[] YES 13f. What? _____

13g. How long have/has (MG) had this job? _____

13h. How satisfied are/is (MG) with this job?

[] very satisfied

[] somewhat satisfied

[] somewhat dissatisfied

[] very dissatisfied

14. Do/does (MG) have any part-time job in addition to the job that you have already told me about? [] NO [] YES

15. Is there some other job that (MG) are/is trying to get now?

[] NO [Skip to question 16.]

[] YES [Ask:] 15a. What job?

15b. What are/is (MG) doing to get it? _____

16. Have/has (MG) had any other jobs during the past five years?

[] NO [Skip to question 17.]

[] YES [Ask:] 16a. How many other jobs? [Circle number given.]
1....2....3....4....5....6....more than 6

17. How many months have/has (MG) been unemployed during the past five years? [] not at all

[] less than 3 months

[] 3 to 6 months

[] 6 to 12 months

[] more than 12 months

MALE GUARDIAN IF CURRENTLY UNEMPLOYED AND PRESENT

18. Have/has (MG) had any paid jobs since (sample child) started to school:
 NO [Skip to next page.]
 YES [Proceed to next question.]

19. What was the last job that (MG) had?

TITLE: Kitchen Help PLACE: Home

- 19a. Exactly what type of work did (MG) do? [Probe if necessary: work activity; responsibilities; etc.]
Cleaning

- 19b. Was this a part-time or full-time job? PART-TIME FULL-TIME

- 19c. Did (MG) receive any special training for this job?

NO [Skip to question 19e.]

YES 19d. What kind of special training?

- 19e. Did (MG) receive any promotions that resulted in raises or changes in job titles or responsibilities while working at this place?

NO [Skip to question 19g.]

YES 19f. What?

- 19g. How long did (MG) have this job? [When to when] 6 mos.

- 19h. How satisfied were/was (MG) with this job?

very satisfied

somewhat satisfied

somewhat dissatisfied

very dissatisfied

20. Have/has (MG) had any other jobs during the past five years?

NO [Skip to question 21.]

YES [Ask:] 20a. How many other jobs: [Circle number given.
1....2....3....4....5....6....more than 6]

21. How many months have/has (MG) been unemployed during the past five years? not at all

less than 3 months

3 to 6 months

6 to 12 months

more than 12 months

22. Is there some job that (MG) are/is trying to get now?

NO [Skip to next page.]

YES [Ask:] 22a. What job? Getting a job

22b. What are/is (MG) doing to get this job?
Going to the office

and check into it

Now we are at a point in the interview where you can read the questions along with me. So here is a booklet containing all of the questions that I will be asking. (Give booklet to parent.) Now, to finish up the old questions before moving on to the new, I'd like to ask you about the place that you are living in now and about moves that you might have made since (sample child) entered school.

23. Are you renting or buying this house/apartment? [Check house or apartment.]

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> RENTING <input checked="" type="checkbox"/> BUYING | <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT | [Go on to 23a.] [Skip to 24.] |
|--|---|----------------------------------|

23a. Are you living in the whole house or just part of it?

- | |
|--|
| <input type="checkbox"/> PART <input checked="" type="checkbox"/> WHOLE |
|--|

24. How many rooms are there including bathrooms (in the part of the house you live in)?

TOTAL ROOMS: 6 [Sum from below.]

[Check if present; number if more than one.]

- | |
|---|
| <input type="checkbox"/> KITCHEN <input type="checkbox"/> LIVING ROOM <input type="checkbox"/> DINING ROOM [Only if separate.] <input type="checkbox"/> BATHROOM (S) [If old, multiple family dwelling, note whether bathroom is shared with another family.] <input type="checkbox"/> RECREATION ROOM <input checked="" type="checkbox"/> BEDROOMS <input type="checkbox"/> OTHER ROOMS [List basement and porches only if part of year-round living area.] |
|---|

25. Does (sample child) have his/her own room?

YES [Skip to question 26.]

NO [Ask:] 25a. With whom is it shared?

Dominic and Sarah G.

[First name (s)]

26. Has the family moved at any time since (sample child) started school?
- NO [Skip to question 27.]
 YES [Ask the following questions for each move and enter responses in matrix below.]

- 26a. Could you tell me what grade (sample child) was in when the family moved (the first time, second time, etc.)?
- 26b. Did (sample child) have to change schools because of this move?
- 26c. Did he/she have to change schools during the school year?

| | GRADE | | | | | | | | | |
|------------------------------------|-------|---|---|---|---|---|---|---|---|---|
| | k | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| a. Grade of move [✓] | | | | | | | | | | |
| b. Change schools? [Yes/No] | | | | | | | | | | |
| c. During school year? [Yes/No] | | | | | | | | | | |

27. How would you rate the neighborhood that you are living in now as a place for families to live?

- excellent
 pretty good
 fair
 not so good
 poor

28. Do you have relatives who live in this general area (not members of household)?

- NO
 YES

- 28a. How often do you get together with relatives?

- everyday
 several times a week
 once a week
 several times a month
 once a month
 less than once a month

29. Do you have friends who live in the neighborhood?

- NO
 YES

- 29a. How often do you get together with friends?

- everyday
 several times a week
 once a week
 several times a month
 once a month
 less than once a month

Next, I'd like to ask you some questions which we have not asked before about (sample child).

30. How many of (sample child's) friends do you know?

- all
- most
- some
- a few
- none

31. From what you know of his/her friends, what is your opinion of them?

- generally nice
- alright
- not the kind of people he/she ought to be around

32. What persons in or outside the home would you say (sample child) is most influenced by? [Probe for relation to child and age. Enter responses below.]

32a. In what ways is he/she influenced by these people? [Probe for ways in which each person or group influences child.]

32. Influential Persons 32a. How They Influence
[RELATION] [AGE]

None

33. How close do you feel to (sample child)?

- extremely close
- somewhat close
- not very close
- very distant

34. To what extent does he/she take your (and your husband or wife's) advice

- always
- most of the time
- some of the time
- hardly ever
- never

35. How often do you talk with (sample child) about what he/she is doing in school?

- everyday
- several times a week
- once a week or so
- about once a month
- hardly ever

36. How willing is he/she to talk about what he/she is doing in school?

- refuses to talk about school
- doesn't like to talk about school
- talks about school when asked
- enjoys talking about school

37. To what extent does (sample child) talk with you about problems he/she is having in or out of school?

- always
- usually
- sometimes

- o Ask question 38a-f about both guardians if living in the home.

| Always | Often | Sometimes | Seldom | Never |
|--------|-------|-----------|--------|-------|
| | X | | | |
| | X | | | |
| X | | | | |
| | X | | | |
| | | | | X |

38. How often do you (and your husband, your wife):

- a. Have to use threats to get him/her to do what you want him/her to do?
- b. Listen to his/her point of view in an argument?
- c. Have to yell, shout, or scream at him/her?
- d. Have to use force to make (sample child) do what you want him/her to do?
- e. Find that you blame or criticize him/her when you were not sure of what he/she had done?

39. Who in your family has the most control over (sample child)?

Mother

40. When (sample child) is told to do something by this person does he/she:

- [] do it right away
- [X] do it, but either complains, takes his/her own time about doing it, or needs constant reminding about doing it
- [] often not do it at all

41. How much trouble would you say he/she gets into compared with other teenagers you know?

- [] much less
- [] somewhat less
- [X] somewhat more
- [] much more

41a. Why do you think that is? He is just that type, he comes in like for instance, when he went out to the hospital, when we bring him home every weekend ... last week he was home so went out and broke in a house,

We are also interested in knowing about parents. The following questions deal with the kinds of things you are involved in both inside and outside the home.

He came in and broke in a house, wasn't no big deal.

- o Ask these questions about female guardian if living in home.
 - 42. Do you belong to any of the following kinds of groups? [If interviewing husband, ask: Does your wife belong to any of the following kinds of groups?]
 - o Read each type of group beginning with the first. Whenever the respondent answers "yes", ask question 42a and enter name of group(s) in spaces below.
 - 42a. What are the names of the groups to which you belong?
 - o After completing list of groups, ask question 42b. If no groups mentioned skip to next page.
 - 42b. Do you hold any office or do anything special in any of these groups:
 - [] NO [Skip to question 43.]
 - [] YES [If "YES", ask:]
 - 42c. What job do you do?
[Enter response below.]

42a

42b

42c

NAMES OF GROUPS

OFFICER

TITLE OR RESPONSIBILITY

1. Religious groups or church organizations

Algebra I

— 1 —

2. Clubs or social groups like men's clubs, bowling league?

| | 42a. NAMES OF GROUPS | 42b. OFFICER | 42c. TITLE OR RESPONSIBILITY |
|---|---------------------------------|-----------------|---------------------------------|
| 3. Neighborhood action groups, like Community Action Programs, block groups, parents' councils? | <u>H. C.</u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. Groups mainly concerned with children's education like PTA, etc.? | <u>M.</u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 5. Political action groups like political parties, NAACP, Citizens Committees? | <u>M.W.</u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 6. Other groups like unions, study groups? | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 43. [Not including "church attendance", IF INDICATED] How often do you (your wife, etc.) attend group meetings of any kind? | | | |
| [] less than once a month | [] once a month | | |
| [] two or three times a month | [] once a week | | |
| [] two or three times a week | [] more than three times a wee | | |

| | 44a. <u>NAMES OF GROUPS</u> | 44b. <u>OFFICER</u> | 44c. <u>TITLE OR RESPONSIBILITY</u> |
|--|---|------------------------|--|
| 3. Neighborhood action groups, like Community Action Programs, block groups, parents' councils? | <u>No</u> | | |
| 4. Groups mainly concerned with children's education like PTA, etc.? | <u>No</u> | | |
| 5. Political action groups like political parties, NAACP, Citizens Committees? | <u>No</u> | | |
| 6. Other groups like unions, study groups? | <u>No</u> | | |
| 45. [Not including "church attendance", IF INDICATED] How often do you (your husband, etc.) attend meetings of any kind? | <input type="checkbox"/> less than once a month <input type="checkbox"/> once a month <input type="checkbox"/> two or three times a month <input type="checkbox"/> once a week <input type="checkbox"/> two or three times a week <input type="checkbox"/> more than three times a week | | |

- o When indicated below, questions are to be asked about both male and female guardians. If the child has only one guardian in the home, address questions to that person alone and note se
46. [Ask about both guardians if present.] How often do (you/your wife/your husband) read a newspaper? [Read scale for both guardians.]
- | | |
|---|---|
| 46a. FEMALE | 46b. MALE |
| <input type="checkbox"/> everyday | <input checked="" type="checkbox"/> everyday |
| <input type="checkbox"/> several times a week | <input type="checkbox"/> several times a week |
| <input type="checkbox"/> once a week | <input type="checkbox"/> once a week |
| <input type="checkbox"/> about once a month | <input type="checkbox"/> about once a month |
| <input checked="" type="checkbox"/> hardly ever | <input type="checkbox"/> hardly ever |
47. Do you subscribe to or regularly buy any newspapers or magazines?
- NO [Skip to question 48.]
- YES [Ask:] 47a. Which newspapers or magazines do you get on a regular basis? [List.] _____
-
48. [If not obvious, ask:] Do you have a television set?
- NO [Skip to question 50.]
- YES [Ask next question about both guardians if present.]
49. How often do (you/your wife/your husband) watch national news broadcasts on T.V.?
- | | |
|---|---|
| 49a. FEMALE | 49b. MALE |
| <input checked="" type="checkbox"/> everyday | <input type="checkbox"/> everyday |
| <input type="checkbox"/> several times a week | <input type="checkbox"/> several times a week |
| <input type="checkbox"/> once a week | <input type="checkbox"/> once a week |
| <input type="checkbox"/> about once a month | <input type="checkbox"/> about once a month |
| <input type="checkbox"/> hardly ever | <input checked="" type="checkbox"/> hardly ever |
50. [Ask about both guardians if present.] Are (you/your wife/your husband registered to vote?
- | | |
|---|---|
| 50a. FEMALE | 50b. MALE |
| <input type="checkbox"/> NO | <input type="checkbox"/> NO |
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> YES |
51. [Ask about both guardians if present and registered.] Did (you/your wife/your husband) vote in the last presidential election?
- | | |
|---|---|
| 51a. FEMALE | 51b. MALE |
| <input type="checkbox"/> NO | <input type="checkbox"/> NO |
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> YES |
52. [Ask about both guardians if present and registered.] Did (you/your wife/your husband) vote in the last election for mayor?
- | | |
|---|---|
| 52a. FEMALE | 52b. MALE |
| <input type="checkbox"/> NO | <input type="checkbox"/> NO |
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> YES |
53. [Ask about both guardians if present.] Have (you/your wife/your husband ever attended a school board, city council, or Planning Commission meeting?
- | | |
|---|---|
| 53a. FEMALE | 53b. MALE |
| <input type="checkbox"/> NO | <input type="checkbox"/> NO |
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> YES |

The next set of questions deal with education. In particular, we are interested in knowing about your educational goals for (sample child), and your opinions about education in general and the schools in particular.

54. How important do you think that education is?

- unimportant
- somewhat important
- very important

54a. In what ways do you think that school is important for children? (How does it help them; why are they better for it?) [Probe for thoughtful, informative response.]

... they need to go to school ... if they
need a job ... if they need all the
advantages ... they can't get in order
to have a job.

55. How much schooling would you hope (sample child) would get? [Allow respondent to answer; probe if necessary; try to obtain specific level; check answer below.]

- LESS THAN HIGH SCHOOL
- COMPLETE HIGH SCHOOL
- SOME COLLEGE, JR. COLLEGE
TRADE SCHOOL OR VOCATIONAL TRAINING
- COMPLETE COLLEGE
- AS FAR AS HE/SHE WANTS TO GO

55a. [If level of schooling is specified, ask:] Why do you think that having this amount of schooling is important? [If necessary probe for explanation.]

it might help ... and ... it's good ... it
don't help.

56. [If more than high school, ask:] How do you think he/she will be able to afford his/her education beyond high school? [Probe for indication of any provisions made for child's education and understanding of what is available.]

1. How far do you think that he/she will actually go in school?
 [Allow respondent to answer; probe if necessary; check answer below.]

LESS THAN HIGH SCHOOL
 COMPLETE HIGH SCHOOL
 SOME COLLEGE, JR. COLLEGE
 TRADE SCHOOL OR VOCATIONAL TRAINING
 COMPLETE COLLEGE

If predicted level of education [#57] is less than desired level (specified in #55) ask the following question; otherwise go to question 56.

- 57a. Why don't you think that he/she will get as much schooling as you would like? _____
-
-
-

58. Has (sample child) done as well in school as you would have liked?

YES
 NO
 NO OPINION

- 58a. [Then ask:] Why do you think this is so? He just doesn't care about school and it's not his interest.
-
-

- 58b. What have you done to help (sample child) do well in school?
- Take time and try to help him in all areas, not just school.
-
-

59. In your opinion have the schools acted fairly toward (sample child) and done the best they could to help him/her learn?

YES
 NO

- 59a. [If "NO", ask:] How have the schools acted unfairly or failed to help him/her as much as they could?
-

Spencer data

1021

64. What do you remember about him before he went to school?

Well, Donald was real bright, you know, growing up. He was pretty good, a nice boy. (How happy a child would you say he was?) Very happy. (Did he get along with other children at his age?) Yes. (Did you have any special problems with him at that age?) No. (Do you remember any special differences between Donald and his brothers and sisters when they were that age?) No, not really.

65. What was Donald like when he was in kindergarten and elementary school?

... Well he was a very nice ... (How did he feel about school) ... school (Did he fit

Some of them he didn't like them
too good ... I never did ^{see} him just
really talk about them. (How did
get along with other children ...?)
As far as I know, no problem. Was
school difficult for him during
that time? No. (How happy a
child would you say he was during
those years?) He seemed to be real
happy. (Did you notice any changes
during this period...?) No.

66. Lastly, I would like to know
what Donald has been like since he
started junior high school?

"hospital -
ers to
Yorkwood,
division of
Ypsilanti
State
Mental
Hospital" in that hospital he would go like he
go to school. He just always agitate
kids up there, you know, talking
about them, hitting them and running
in and telling the teacher about he
getting married and wolf at the
and all of that. He was
to agitate all

to the hospital - thought maybe that we were
would help him some. And then [redacted]
having a little problem out there, where,
you know... after that he was doing
pretty good. And right now, he just agitates.
One of the girls [redacted], the one that's
here now, he likes to agitate her. Then
Delores... this one in here he likes,
you know, to agitate her, pick on her,
you know... I mean he just talk
about them [redacted] agitate them all the
time. You tell him something, he goes
to laughing about it and you can be
serious about a thing and he'll be
laughing. And him and Delores
they close together, you know. They are
always into it. Get them two. (... He's
gather you almost go crazy. (... with any
his relationship [redacted] changed
other members of the family changed
besides Delores...) No they talk
back... that oldest [redacted] boy try to tell
him something, he get all smart at
nasty with him. (So you say he
nasty changed a lot in the last
little bit... to get at

**INTERVIEWER OBSERVATION FORM
(SPENCER PARENT INTERVIEW)**

1021

April 30,
1974

INTERVIEWER OBSERVATIONS

TO BE COMPLETED AFTER INTERVIEW AND ATTACHED
TO INTERVIEW FORM

Place of interview (SPECIFY ROOM OR ROOMS); Living Room

RESPONDENT'S DWELLING

1. Type of housing: (CHECK ONE)

- single-family detached house
 duplex or row house, single-family, unconverted
 house converted to multi-family
 apartment with ground level entry - apartment complex
 upper-story apartment - apartment complex
 trailer
 other (SPECIFY) _____

2. Apparent age of respondent's dwelling:

New

Old

1 2 3 4 5 6 7 (CIRCLE ONE)

3. Overall condition of exterior of respondent's dwelling:

Excellent

Poor

1 2 3 4 5 6 7 (CIRCLE ONE)

4. Lighting:

Well-lighted

Drab and dismal

1 2 3 4 5 6 7 (CIRCLE ONE)

5. Odor

Pleasing

Strong and unpleasant

1 2 3 4 5 6 7 (CIRCLE ONE)

6. Quality of interior wall surfaces:

New finish

Old finish or no finish

1 2 3 4 5 6 7 (CIRCLE ONE)

7. Orderliness:

| | |
|---|--------------|
| Orderly | Disorderly |
| 1 2 3 4 5 6 7 | (CIRCLE ONE) |

8. Conditions for outside play (attention to streets, yards, and other components of area surrounding house):

| | |
|------------------------|---------------------|
| Safe | Extremely hazardous |
| 1 2 3 4 | 5 6 7 |
| (CIRCLE ONE) | |

IMMEDIATE NEIGHBORHOOD

9. Apparent age of dwellings in immediate neighborhood:

| | |
|-----------------|------------------------|
| New | Old |
| 1 2 3 | 4 5 6 7 |
| (CIRCLE ONE) | |

10. Overall condition of exteriors of surrounding dwellings:

| | |
|-----------------|------------------------|
| Excellent | Poor |
| 1 2 3 | 4 5 6 7 |
| (CIRCLE ONE) | |

11. Neighborhood checklist:

[X] mostly single-family dwellings
or [] mostly multiple-family dwellings

[] overgrown vacant lot(s) nearby
and [] abandoned house(s) nearby
and [] abandoned auto(s) nearby

[] visible commercial development

12. Estimated SES status of immediate neighborhood:

| | |
|--------------------------------------|--------------|
| high income | impoverished |
| 1 2 3 4 5 6 | 7 |
| (CIRCLE ONE) | |

ATMOSPHERE OF HOUSEHOLD

13. Tone of interpersonal relations in household. (Feelings, hunches, etc., can be used as well as any direct observations.)

| | |
|--------------------|--------------------------------------|
| warm and accepting | cold and arguing |
| 1 | 2 3 4 5 6 7 |
| (CIRCLE ONE) | |

14. Noise level

Quiet

Very noisy and confusing

1 2 3 4 5 6 7 (CIRCLE ONE)

QUALITY OF INTERACTION OF THE INTERVIEW

15. Degree of privacy of interview

Very private
uninterrupted

Others constantly
present

1 2 3 4 5 6 7 (CIRCLE ONE)

16. Openness of person being interviewed

Very open

Suspicious and guarded

1 2 3 4 5 6 7 (CIRCLE ONE)

17. Friendliness of person

Very warm and
friendly

Hostile, argumentative
or sulky

1 2 3 4 5 6 7 (CIRCLE ONE)

18. Interviewee offered information spontaneously

Frequently Occasionally Never

1 2 3 4 5 6 7 (CIRCLE ONE)

19. Interviewee seemed interested in the interview

Very interested Moderately interested Not interested

1 2 3 4 5 6 7 (CIRCLE ONE)

20. Interviewee asked examiner questions

Frequently Occasionally Never

1 2 3 4 5 6 7 (CIRCLE ONE)

21. On the whole the interview

Went very well Did not go too well

X Went fairly well Was terrible

PARENT INTERVIEW SUPPLEMENT

CHILD NAME [REDACTED]

CHILD ID [REDACTED]

PARENT'S NAME [REDACTED]

INTERVIEWER'S NAME [REDACTED]

Introductory Statement

I am a representative of the High/Scope Foundation. This is an independent organization—we are not part of the public schools or the government.

Our work involves learning more about children and families like yours. In this interview I will be asking you a number of questions about your family and especially about (child). Some of the questions are like those that we asked you several years ago when (child) first became a part of this study. We are asking these questions again because we want to know what has happened during all these years. All the information you give me will be completely confidential, and will never be associated with your name. Please feel free not to answer a question if you feel it is too personal.

3.a. Have there been any male adults who you would say have had a particularly important effect on (child) over the years?

0 No

1 Yes [IF YES, ASK:]

30

b. Who was that? [PROBE FOR RELATIONSHIP: IF PERSON NAMED IS OUTSIDE THE HOUSEHOLD, PROBE FOR MALE ADULT IN THE HOUSEHOLD]

- | | |
|----------------------------------|---|
| 00 Natural father | 06 Male friend of mother |
| 01 Step-father | 07 Friend of other family member |
| 02 Grandfather | 08 Social service agency representative |
| 03 Uncle | (i.e. social worker, Big Brother) |
| 04 Brother (full, half, or step) | 09 Teacher, coach |
| 05 Cousin | 10 Clergy |
| | 11 Other (specify) _____ |

31-32

33-34

c. Is this person presently living in your household?

0 No

1 Yes

35

5.a. Do you live in a public housing project?

0 No

1 Yes [IF YES, ASK:]

37

b. What is the name of it?

PROJECT _____

(IF RESPONDENT SAID THAT A MALE ADULT WAS PRESENTLY LIVING IN THE HOUSEHOLD IN QUESTION 3c, ASK QUESTION 11, OTHERWISE SKIP TO QUESTION 12.)

11. During the last year, would you say (male adult) has been employed? [READ ALTERNATIVES]

1 not at all

2 1/4 of the year (3 months)

3 1/2 of the year (6 months)

4 3/4 of the year (9 months)

5 all of the year

46

Child ID

12. During the last year, would you say you have been employed? [READ ALTERNATIVES] 47

- 1 Not at all
- 2 1/4 of the year (3 months)
- 3 1/2 of the year (6 months)
- 4 3/4 of the year (9 months)
- 5 all of the year

17.a. Has (child) been sick a lot or had nervous problems? 59

- 0 No
- 1 Yes [IF YES, ASK:]

b. What was the trouble? _____

OFFICE USE

60-61

18.a. Has (child) ever spent more than a week in the hospital? 62

- 0 No
- 1 Yes [IF YES, ASK:]

b. Why was he/she in the hospital? _____

OFFICE USE

63-64

c. How old was he/she then? 99 65-66

23.a. Did (child) participate in any unusual educational programs in his/her school like speech therapy, special education, etc. [INSERT LOCAL EXAMPLES] 14

- 0 No
- 1 Yes [IF YES, ASK:]

b. Would you describe it for me?

[RECORD FIRST FOUR PROGRAMS MENTIONED]

00 Speech therapy

01 Special education

02 Vocational training

03 Advanced placement or programs for gifted

04 Remedial reading, math or other subject

05 Other (specify) _____

of
Program years
Grades

99

99

99

99

99

99

99

99

99

99

15-19

20-24

25-29

30-34

c. How many years was he/she in the program?

d. What grade was (child) in during the program? [EXPLAIN GRADE LEVEL(OR LEVELS) IN WHICH CHILD RECEIVED PROGRAM.]

[OPEN ENVELOPE TO DETERMINE IF CHILD IS IN EXPERIMENTAL OR CONTROL GROUPS. IF EXPERIMENTAL, CONTINUE WITH QUESTIONS REGARDING INTERVENTION, IF CONTROL SAY:]

Those are all of the questions that I have for you. Thank you very much

Child ID

Delivery System

- 1 Center
- 2 Home
- 3 Combination

3 37

Now I would like to ask some specific questions about the program your child was in. These questions are just to help us evaluate that program; it doesn't mean that any new programs like it are being planned by us.

Perry

I'll be asking you to think back about the Preschool project that (child) was in several years ago, about what it was like, what it did for your child, things you liked about it and so on. I know that it has been a long time, but please try to remember. Take a few minutes to think about where you lived then, who was in the family--to help you remember back when (child) was that age.

26. What were some of the things you liked about the program? [RECORD VERBATIM]

"I liked the different things they
had for the kids"

OFFICE USE

38-39

40-41

42-43

44-45

27. What did you like best? [RECORD VERBATIM] "I don't
remember!"

OFFICE USE

46-47

48-49

50-51

28. What were some of the things you did not like about it? [RECORD VERBATIM]

"I didn't care what going to the most
thing at the school, I wanted
them to leave out food!"

52-53

54-55

56-57

29. How would you have changed it to make it better? [RECORD VERBATIM]

"I don't think I could have made
it any better than it already was."

31.a. Did you like having the program in both a center and in your home?

0 No

72

1 Yes

b. Why or why not? [RECORD VERBATIM] I'd rather have

it at the school!

| | | |
|--------------------------|--------------------------|-------|
| OFFICE USE | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 73-74 |
| <input type="checkbox"/> | <input type="checkbox"/> | 75-76 |
| <input type="checkbox"/> | <input type="checkbox"/> | 77-78 |

c. Did you prefer either the home or center part of the program?

0 No preference

| | | | | | | | | |
|---|---|---|---|---|---|---|---|-----|
| * | * | * | * | * | * | * | 6 | 1-8 |
|---|---|---|---|---|---|---|---|-----|

1 Home

9

2 Center

[IF STATE A PREFERENCE, ASK:]

Why was that? [RECORD VERBATIM] I would have

to be bothered by my other
kids.

| | | |
|--------------------------|--------------------------|-------|
| OFFICE USE | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 10-11 |
| <input type="checkbox"/> | <input type="checkbox"/> | 12-13 |

Perry

32. Generally speaking, was the Preschool program a good thing for your child?

 9

16

0 No

1 Yes

8 Don't know, no answer, don't remember

- 33.a. Programs for young children are set up to provide different kinds of help to families. I have some specific questions about help you, your child, or your family may have received thru this Perry program. It may be hard to remember so take your time and think back to when (child) was that age.

 9

17-18

19-20

21-22

23-24

[HAND RESPONDENT CARD WITH LIST OF SERVICES, AND ALLOW ADEQUATE TIME TO READ THE LIST.]

25-26

27-28

29-30

31-32

33-34

35-36

37-38

07 Parties, picnics, field trips for parents?

08 Information about how children grow and learn?

 07

39-40

09 Help in getting along better with your child?

10 Help in learning how to teach your child things yourself?

 08

41-42

11 Free time so that you could go to school, to work, or do shopping

 09

43-44

98 Don't know

 09

45-46

99 Not applicable

 10

47-48

- b. Now of the services you did receive through the program, which ones made a difference or were important to you?

 11

49-50

[RECORD USING SAME CODE AS 33.a.]

 07

51-52

[COMMENTS]

 08

53-54

 09

55-56

 10

57-58

 11

59-60

That's all the questions I have for you. Thank you very much for your cooperation. Are there any questions you would like to ask me about the interview?

1021 Child ID

- 13 -

[DO NOT ASK NEXT QUESTIONS: COMPLETE AFTER END OF INTERVIEW]

24. [IF THE PARENT LIVES IN A PUBLIC HOUSING PROJECT, CALL HOUSING AUTHORITY TO DETERMINE IF IT IS:]

- 1 Low income
- 2 Moderate income
- 3 Mixed low and moderate income

91 35

34. INTERVIEWER SIGNATURE L. Burton INTERVIEWER ID

10 61-62

35. DATE OF INTERVIEW (Month, Day)

12 09 63-66

36. INTERVIEWER SEX 0 Male, 1 Female

0 67

37. INTERVIEWER ETHNIC ORIGIN

- 0 Caucasian 3 Puerto Rican
- 1 Black 4 Cuban
- 2 Oriental 5 Other (Specify) _____

1 68

38. DURATION OF INTERVIEW (in minutes)

25 69-70

39. PLACE OF INTERVIEW

- 0 Home of respondent
- 1 Center site
- 2 Telephone
- 3 Other (Specify) _____

0 71

40. RATE THE DEGREE OF INVOLVEMENT OF RESPONDENT

- 1 Highly involved and interested
- 2
- 3 Neither involved nor unininvolved
- 4
- 5 Bored, not interested

1 72

COMMENTS ON PROBLEMS WITH INTERVIEW, SPECIAL CIRCUMSTANCES _____

High/Scope Educational Research Foundation

600 North River Street
Ypsilanti, Michigan 48197
(313) 485-2000

David P. Weikart, Ph.D.
President

AGE 19

PERRY PRESCHOOL FOLLOW-UP ASSESSMENT OF YOUNG ADULTS

Name of Respondent: _____

Introduction

Hello, my name is _____. I'm with the High/Scope Educational Research Foundation of Ypsilanti, Michigan. Over the years, while you've been in school, you've been involved in helping us learn more about how children develop into adults. In past years you've provided information on your school experience, how you did and how you felt about it. Now I'd like to talk to you about your school experience and also about other important parts of your life--your family, jobs you may have had, how you handle money, and your activities in the community.

All of your answers will be kept completely confidential; they will not be shared with anyone not connected with this research. Your name appears only on this page, and afterwards I'll detach it so no one will ever see your name together with your answers. It is important that you feel free to tell me exactly what you think, not what you feel 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.

Do you have any questions? OK, let's begin.

PERRY PRESCHOOL FOLLOW-UP ASSESSMENT AT AGE 19

Subject ID Number: _____

Interviewer: _____

Date of Interview: _____

Length of Interview: _____ minutes

Place of Interview: _____

I have some questions about your folks, the family you grew up in. Do you presently stay with one of both of your parents or a guardian?

no yes at school; live with parents in summer

How many brothers and sisters do you presently have, not counting yourself?

brothers sisters

How have you been getting along with your family (the family you grew up in)?

not too good,
don't get along fair, you get
by with them you get along
great with your
family, no problems

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

they think you
are doing great they think you
are getting by
okay they think you're
not doing anything
worth much

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 like
they expected doing better than
they expected

Do you have any children yourself?

no yes - how many? _____

Girls only: Are you now or have you ever been pregnant?

no
 yes: How many times? _____

Are you now married or living together with someone?

single - Do you plan to get married someday? no yes

divorced or separated

widowed

married or living together - How have the two of you been getting along?

not too good,
don't get along fair, you get
by with each
other you get along great
with each other,
no problems

Now I have some questions to find out how satisfied you feel about your experiences in high school.

What are your feelings about the high school you went to?

- It was great; It was okay Didn't like the liked it a lot school at all

If you could have, how much would you have changed your school?

- A lot, there were lots of things that could have been better Somewhat; there were good and bad things there like any other school Hardly at all; it was really good the way it was

How much studying did you do?

- More than enough Enough to just get by Less than you needed to pass

How were your grades for the amount of studying you did?

- Good grades for the amount of studying About what they should have been for the amount of studying Less than you deserved for the amount of studying

Did you feel that you were really part of the school, that you really belonged?

- That's just the way you felt Maybe you sometimes felt that way No; school was just another place you had to be

How important was high school to you as a place to learn?

- very important somewhat important not at all important

How important was high school to you as a place to be with your friends?

- very important somewhat important not at all important

How important was high school to you as a place to get to know teachers and staff?

- very important somewhat important not at all important

How important was high school to you as a place for sports and athletics?

very important somewhat important not at all important

How important was high school to you as a place to join various clubs and organizations?

very important somewhat important not at all important

How often did you try to change something you didn't like about your school?

you tried fairly often sometimes you tried you almost never tried

How good was your education compared to what you feel you could have gotten at another high school?

better than most high schools about the same as other high schools worse than most other high schools

When you took a program of classes, like college prep or vocational, did you feel it was the right program for you?

No; I would have preferred a different program You're not sure if it was right for you or not Yes, you're glad you took the program

About how many of your high school teachers seemed to really care about students?

most of them some of them very few of them

About how many of the counselors at your high school seemed to really care about students?

most of them some of them very few of them

When you finished a day at school, did you feel that you learned something worthwhile?

Almost never Sometimes true Almost always felt that way

Now I have some questions about jobs or work you may have done, including part-time and summer jobs. Are you -

- working now
- not working now but have held a job in the past
- not working; have never held a job (Go to page 8)

| | Present job (if any) | Last job (if any) | 2nd last job (if any) | 3rd last job (if any) |
|-------------------------------|-------------------------|----------------------|--------------------------|--------------------------|
| Name & address of employer | | | | |
| Type of work? | | | | |
| Hours per week (average)? | | | | |
| Pay per hour (average)? | | | | |
| Month/year the job began? | | | | |
| Month/year the job ended? | Any other job? | | | |
| | | Any other job? | Any other job? | |

About how much of the money you make (or made) each week do (did) you put towards the household expenses?

_____ per week

Present or last job

What are your feelings about the kind of work you do (did)?

- It's great, like it a lot
- It's okay
- Don't like the work at all

How's your pay for the kind of work you do (did)?

- Good pay for the kind of job you have (had)
- Just about what it should be for the job
- A lot less than the job is (was) worth

If you have your way would you want to work for this place five years from now?

Definitely no Not sure; depends on how things go Yes you would

Do (did) you feel like you're really part of the company (like you really belong)?

That's just the way you feel (felt) Maybe sometimes you feel (felt) No-just another job that way

How close does (did) your work come to the way you think a job should be?

Nowhere near what you think a job should be Sometimes close to what a job should be It's just the way you think working on a job should b

How good is (was) your pay if you compare it with what you could get at other companies for the same kind of work?

Better pay than other companies for the kind of work About the same pay as other companies Less than other places pay for that kind of work

When you took a job in the company--if you knew then what you know now about it--would you have gone to work there?

No-not if you knew about the place what you know now Not too sure Yes, you would take a job there again

Based on your age, your ability and your experience, how do (did) you feel about your pay?

More pay than a guy (girl) like you would expect to make About where you should be in salary Making less than a guy (girl) with your experience should expect to make

When you finish a day's work, do (did) you feel like you did something worthwhile?

Almost never feel (felt) that way Sometimes true Almost always feel (felt) that way

Do you have a Social Security card?

no yes - What is your Social Security Number?

Since you have been out of school, about how many months have you been without a job or some kind of work for pay?

_____ months

Are you presently looking for work (other work)?

no yes

What work or education plans do you have for the next six months or so? (any one or combination)

- no particular plans
- continue to do what you are presently doing
- get a new job
- enroll in school or training program

What kind of work do you plan to be doing over a longer time--like five to ten years from now?

- don't know (don't plan that far ahead)
- same kind of work you're doing now (or did in previous job)

(single choice of job)

How important is it to you to have a job?

- very important
- somewhat important
- not at all important

Now I have some questions about money. We're putting your answers together with other people's to show us how young adults deal with money. Remember, your answers will be kept completely confidential.

Are you presently supporting yourself on your own earnings (and/or those of your spouse)?

not at all somewhat completely

Do you regularly receive money from family or friends other than for work?

not at all some most of your money
About how much per week? _____

Do you presently receive money from the government (other than for work)?

not at all some most of your money
About how much per week? _____

What kind of benefit (for example, ADC, unemployment, food stamps, Social Security)?

In addition to what we've talked about, do you regularly receive any other money - you don't have to tell me where you get it?

not at all some most of your money
About how much per week? _____

Have you saved any money?

all the time (out of almost every paycheck) some, off and on just about nothing saved

Do you buy things on credit?

no, don't use it some things, like expensive ones most everything

Any trouble getting credit for buying what you want?

can get it almost anytime for anything can get credit for a few things if you need it
 have a tough time getting credit never applied

Do you owe anybody money?

no debts some debt but
 manageable lots of debt

Do you own a car or other vehicle?

no yes - Make and year? _____

Do you have a driver's license or learner's permit?

no yes

Do you own any other major items that cost over, say, \$100?

no yes - What items? _____

On this list that I show you, let me know which of these people or places have been giving you a hard time lately.

- | | |
|---|---|
| <input type="checkbox"/> Supervisor at work | <input type="checkbox"/> Lawyers |
| <input type="checkbox"/> People you work with | <input type="checkbox"/> Credit collection outfits |
| <input type="checkbox"/> Social worker (Welfare) | <input type="checkbox"/> Storekeepers |
| <input type="checkbox"/> School (teachers or other people who run the school) | <input type="checkbox"/> Somebody in your family |
| <input type="checkbox"/> The police or the courts | <input type="checkbox"/> A hospital or people that work in a hospital clinic (like doctors, clerks) |
| <input type="checkbox"/> Your church (or people at your church) | <input type="checkbox"/> Neighbors; people you know in your neighborhood |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Any others? _____ |

This section deals with activities which 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 leave it blank. Remember, your answers will never be connected with your name.

| Have you ever: | Not at all | Once | Twice | 3 or 4 times | 5 or more times |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Argued or had a fight with either of your parents..... | <input type="checkbox"/> |
| Run away from home..... | <input type="checkbox"/> |
| Hit an instructor or supervisor..... | <input type="checkbox"/> |
| Gotten into a serious fight in school or at work..... | <input type="checkbox"/> |
| Taken part in a fight where a group of your friends were against another group | <input type="checkbox"/> |
| Hurt someone badly enough to need bandages or a doctor..... | <input type="checkbox"/> |
| Used a knife or gun or some other thing (like a club) to get something from a person..... | <input type="checkbox"/> |
| Taken something not belonging to you worth under \$50..... | <input type="checkbox"/> |
| Taken something not belonging to you worth over \$50..... | <input type="checkbox"/> |
| Taken something from a store without paying for it..... | <input type="checkbox"/> |
| Taken a car that didn't belong to someone in your family without permission of the owner..... | <input type="checkbox"/> |

(If once or more)
Please describe what happened.

Have you ever:

| | Not at all | Once | Twice | 3 or 4 times | 5 or more times |
|--|------------|------|-------|--------------|-----------------|
|--|------------|------|-------|--------------|-----------------|

(If once or more)
Please describe what happened.

Taken part of a car
without permission
of the owner.....

Gone into some house or
building when you
weren't supposed to be
there.....

Set fire to someone's
property on purpose...

Damaged school property
on purpose.....

Damaged property at
work on purpose.....

Smoked marijuana.....

Used any drugs or
chemicals to get high
or for kicks, except
marijuana.....

INTERVIEWER:

responses are completely honest

responses may be exaggerated
or otherwise distorted

responses were honest after a
challenge from me

responses are probably false

Have you ever gotten into trouble with police because of something
you did (picked up or arrested)?

not at all once twice 3 or 4 times 5 or more times

In what county (or counties)?

Please describe what happened.

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Have you ever been suspended or expelled from school?

no

suspended: How many times? _____

expelled

Please describe what happened.

How important is it to you to keep out of trouble with the cops and the law?

real important; you usually try to steer clear unless you are pushed hard not too important; if you get in trouble with the cops, it doesn't matter much

Do you at present belong to any teams, clubs or organizations--community, school, church group, or the like?

no yes - What are they? _____

Are you now or have you ever been involved in any kind of volunteer work, helping people or assisting organizations, for which you were not paid?

no yes - What kind of work? _____

Back during your high school years, did you belong to any teams, clubs or organizations--school or church or community?

no yes - What were they? _____

During your high school years, were you ever elected or appointed to any office or special jobs?

no yes - Please describe. _____

Do you have any ills or problems with your health that bother you?

no yes - Please describe. _____

About how many times did you go to see a doctor, because you were sick, during the past 12 months or so?

_____ times

In general, how do you feel about the neighborhood you live in?

- It's a good place, Some problems, It's a bad
 you're glad you but it's as good neighborhood,
 live there. as any other you don't like
 neighborhood. living there.

Now I want to ask you a couple of questions about personal problems. Some people your age have personal problems that bother them. How about you? Compared to other people about your age, would you say you have more, less, or about the same amount of problems?

more about the same less

other (specify): _____

When you have a personal problem, do you go to other people for help or for advice?

no once in a sometimes often
 while

Have you ever had contact with a Social Worker? No Yes
 How many times? _____

Here is a list of things that some persons your age do. For each activity, please tell me whether you do it never or hardly ever, sometimes, or a lot.

Watch television:

never, hardly ever sometimes a lot

Listen to music:

never, hardly ever sometimes a lot

Hang out with your friends:

never, hardly ever sometimes a lot

Play ball, other sports:

never, hardly ever sometimes a lot

Spend time at church:

never, hardly ever sometimes a lot

Camping, hunting, fishing:

never, hardly ever sometimes a lot

In the past few weeks, have you read:

a newspaper a magazine a book

Here is a list of things you may do for yourself or for your friends, to save money or to help out. For each activity, please tell me whether you never or hardly ever do it, do it for yourself, or do it for yourself and your friends.

Repair things around the house:

never, hardly ever for yourself for yourself and friends
 hours per week (average)

Raise vegetables in a garden:

never, hardly ever for yourself for yourself and friends
 hours per week (average)

Fix cars:

never, hardly ever for yourself for yourself and friends
 hours per week (average)

Make clothes:

never, hardly ever for yourself for yourself and friends
 hours per week (average)

Build things from wood or other materials:

never, hardly ever for yourself for yourself and friends
 hours per week (average)

Cook meals:

never, hardly ever for yourself for yourself and friends
 hours per week (average)

Cut the grass:

never, hardly ever for yourself for yourself and friends
 hours per week (average)

Take care of kids, babysitting:

never, hardly ever your own family your family and other families
 hours per week (average)

House cleaning:

never, hardly ever your own home your home and other homes
 hours per week (average)

Play a musical instrument:

never, hardly ever for yourself for yourself and friends
 hours per week (average)

For each of the following statements, please tell me whether you strongly agree, agree, disagree, or disagree strongly that the statement applied to you.

On the whole, I am satisfied with myself.

- strongly agree
- agree
- disagree
- strongly disagree

At times I think I am no good at all.

- strongly agree
- agree
- disagree
- strongly disagree

I feel that I have a number of good qualities.

- strongly agree
- agree
- disagree
- strongly disagree

I feel I do not have much to be proud of.

- strongly agree
- agree
- disagree
- strongly disagree

I am able to do things as well as most other people.

- strongly agree
- agree
- disagree
- strongly disagree

I certainly feel useless at times.

- strongly agree
- agree
- disagree
- strongly disagree

I feel that I'm a worthwhile person, at least as much as others.

- strongly agree
- agree
- disagree
- strongly disagree

I wish I could have more respect for myself.

- strongly agree
- agree
- disagree
- strongly disagree

I try to think well of myself.

- strongly agree
- agree
- disagree
- strongly disagree

All in all, I often feel that I am a failure.

- strongly agree
- agree
- disagree
- strongly disagree

Choose one of these areas that you want to do well in and get along with people.

- schoolwork
- family
- friends
- sports
- other: _____

Now let's talk about your (area). How well do you think you are doing with your (area)?

- better than most people you know
- about as well as most people you know
- not as well as most people you know

Regarding how you do with your (area), whose opinions do you care about the most?

- teachers
- parents
- other family members
- friends
- other persons (besides yourself): _____

In the area of (area), how well do your (group) think you are doing?

- better than most people
- about as well as most people
- not as well as most people

What high school or high schools have you attended?

Besides high school, are you now or have you ever been in any other educational program--college, job training or anything like that?

| <input type="checkbox"/> no | <input type="checkbox"/> yes - | Presently enrolled | Previously enrolled | Previously enrolled |
|-------------------------------|--------------------------------|--------------------|---------------------|---------------------|
| Program's name | | | | |
| Program's purpose | | | | |
| Month/year of enrollment | | | | |
| Part-time or full-time | | | | |
| Did you complete the program? | | | | |

Who was the high school teacher you knew best, somebody you could talk to?

Name: _____ Course taught: _____

Who was your high school counselor? _____

If you don't mind, we'd like to interview one of your parents or a guardian. Is that ok? no yes - If you're not living with a parent or guardian, where can we reach them?

We may want to interview you again in a few years. If we have trouble finding you, what is the best way to get in touch with you again?

I have some permission forms that 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.

READ THROUGH AND COMPLETE THE FOLLOWING FORMS: THE SCHOOLS, THE COURTS, AND EMPLOYER (if applicable).

ADULT APL SURVEY

Answer Sheet

- | | |
|------------|------------|
| 1 A B C D | 21 A B C D |
| 2 A B C D | 22 A B C D |
| 3 A B C D | 23 A B C D |
| 4 A B C D | 24 A B C D |
| 5 A B C D | 25 A B C D |
| 6 A B C D | 26 A B C D |
| 7 A B C D | 27 A B C D |
| 8 A B C D | 28 A B C D |
| 9 A B C D | 29 A B C D |
| 10 A B C D | 30 A B C D |
| 11 A B C D | 31 A B C D |
| 12 A B C D | 32 A B C D |
| 13 A B C D | 33 A B C D |
| 14 A B C D | 34 A B C D |
| 15 A B C D | 35 A B C D |
| 16 A B C D | 36 A B C D |
| 17 A B C D | 37 A B C D |
| 18 A B C D | 38 A B C D |
| 19 A B C D | 39 A B C D |
| 20 A B C D | 40 A B C D |

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Interviewer Judgments

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

| | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|---------------------------------|
| Resistive | () | () | () | () | () | () | () | () | Cooperative |
| Shy | () | () | () | () | () | () | () | () | Sociable |
| Indifferent | () | () | () | () | () | () | () | () | Involved |
| Quiet | () | () | () | () | () | () | () | () | Talkative |
| Easily distracted | () | () | () | () | () | () | () | () | Attentive |
| Passive | () | () | () | () | () | () | () | () | Active |
| Nervous | () | () | () | () | () | () | () | () | Relaxed |
| Needs urging | () | () | () | () | () | () | () | () | Quick to respond |
| Prefers easy tasks | () | () | () | () | () | () | () | () | Attempts difficult tasks |
| Gives up easily | () | () | () | () | () | () | () | () | Keeps trying |
| Needs reassurance, praise, encouragement | () | () | () | () | () | () | () | () | Realistically self-confident |
| Secretive | () | () | () | () | () | () | () | () | Open and honest |
| Untruthful | () | () | () | () | () | () | () | () | Truthful |

Do you have any observations which bear on any of the questions asked in the interview?

Any other observations?

High/Scope Educational Research Foundation

600 North River Street
Ypsilanti, Michigan 48197
(313) 485-2000

David P. Weikart, Ph.D.
President

PERMISSION FOR RELEASE OF INFORMATION FROM EMPLOYER

I authorize release of information to the High/Scope Educational Research Foundation from:

(Present or last employer)

I understand the information involves personnel records, and ratings by my employer and my work supervisor. I also understand that this information will be used only for research purposes. No identifying information will be given to any other source.

(Signature)

(Date)

(Witness)

EMPLOYER REPORT

The High/Scope Educational Research Foundation of Ypsilanti, Michigan is doing a follow-up study of young adults who participated in one of our educational programs during the 1960s. We would appreciate your giving us some information and a brief evaluation of one of your employees (or former employees) who participated in this program.

The individual we are interested in is:

Name: _____

Social Security Number: _____

We have his/her permission to ask you for this information. Your responses are completely confidential and will never be identified with you or your organization; nor will they be used to affect this employee in any way.

Business name: _____

Type of business: _____

Employee's job title and duties: _____

Hours a week: _____ Rate of pay: _____

Starting date: _____

(Former employees only) Stopping date: _____

Average days absent per month: _____

Average times tardy per month: _____

Do you feel that this employee puts in a decent day's work?

Yes, definitely Generally; not
 always Definitely not

Does this employee get along with the other workers on the job?

Yes, definitely Generally; not
 always Definitely not

Would you promote this employee?

Yes, definitely May, not
 certain Definitely not

Would you hire this employee again?

Yes, definitely Maybe; with a
 few reservations Definitely not

Work supervisor's name: _____

How many months has this employee worked for you? _____

Below are 14 statements about things that work supervisors consider important when it comes to how the employee is doing. We would appreciate your telling us how each one applies to this employee. The information is strictly private and will not have any effect on the employee in any way.

Please read each statement carefully. Then put a check on one of the five lines to show how that statement fits the employee that you're rating.

KNOWS HOW TO FOLLOW INSTRUCTIONS PROPERLY.

| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| _____ | _____ | _____ | _____ | _____ |

RESENTS TAKING ORDERS FROM THOSE WHO SUPERVISE HIM/HER.

| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| _____ | _____ | _____ | _____ | _____ |

KNOWS HOW TO DRESS RIGHT FOR THE JOB.

| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| _____ | _____ | _____ | _____ | _____ |

TAKES SOME PRIDE IN THE WORK AND DOESN'T JUST RUSH THROUGH TO GET IT FINISHED.

| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| _____ | _____ | _____ | _____ | _____ |

HAS TO BE TOLD WHAT TO DO EVERY MINUTE OR HE/SHE CAN'T KEEP BUSY.

| | | | | |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
| | | | | |

GETS ALONG WITH OTHERS ON THE JOB.

| | | | | |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
| | | | | |

CAN'T GET TO WORK ON TIME.

| | | | | |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
| | | | | |

SHOWS SOME INITIATIVE IN TAKING ON A PIECE OF WORK.

| | | | | |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
| | | | | |

DOESN'T MAKE TROUBLE ON THE JOB.

| | | | | |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
| | | | | |

ASKS QUESTIONS IF PROBLEMS COME UP--DOESN'T JUST GO AHEAD AND DO THE JOB WRONG.

| | | | | |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
| | | | | |

SHOWS INTEREST IN LEARNING MORE ABOUT THE JOB.

| | | | | |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
| _____ | _____ | _____ | _____ | _____ |

IS OFTEN ABSENT FROM WORK.

| | | | | |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
| _____ | _____ | _____ | _____ | _____ |

WASTES TIME ON THE JOB.

| | | | | |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
| _____ | _____ | _____ | _____ | _____ |

CAN BE LEFT ON HIS/HER OWN WITHOUT CLOSE SUPERVISION.

| | | | | |
|------------------------------------|-----------------------|--------------------------------|-------------------|--------------------------------------|
| Describes just how the employee is | True most of the time | Sometimes true of the employee | Is not usually so | The employee is not like this at all |
| _____ | _____ | _____ | _____ | _____ |

High/Scope Educational Research Foundation

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Ypsilanti, Michigan 48197
(313) 485-2000

David P. Weikart, Ph.D.
President

PERMISSION FOR RELEASE OF INFORMATION FROM THE COURTS

I authorize release of information to the High/Scope Educational Research Foundation from the Washtenaw County Juvenile Court and any other court. I understand that this information will be used only for research purposes. No identifying information will be given to any other source.

(Signature)

(Date)

(Witness)

COURT REPORT

Name of Individual: _____

Birthdate: _____ Social Security #: _____

Name of Court: _____

Person Reporting: _____

Has a petition ever been filed against this individual?

 no

 yes - Number of petitions? _____

| <u>Date</u> | <u>Crime</u> | <u>Judgment</u> | <u>Custody/Probation</u> |
|-------------|--------------|-----------------|--------------------------|
|-------------|--------------|-----------------|--------------------------|

Parent's Name: _____

Son's or Daughter's Name: _____

Parent's Rating Scale

On each of the following items, please rate your son or daughter compared to other people you know of about the same age.

| | LOW | AVERAGE | HIGH |
|---|-----|---------|------|
| Gets along with others the same age | — | — | — |
| Gets along with adults | — | — | — |
| Able to talk and be understood by others | — | — | — |
| Comes up with new and unusual ideas | — | — | — |
| Good at schoolwork | — | — | — |
| Curious about things | — | — | — |
| Handles personal feelings well | — | — | — |
| Could do well in schoolwork in the future | — | — | — |
| You really like to have him/her around | — | — | — |
| Self-confident | — | — | — |
| Will do well in future jobs | — | — | — |
| Will do well in getting along with people | — | — | — |

High/Scope Educational Research Foundation

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Ypsilanti, Michigan 48197
(313) 485-2000

David P. Weikart, Ph.D.
President

PERMISSION FOR RELEASE OF INFORMATION FROM SCHOOLS

I authorize release of information to the High/Scope Educational Research Foundation from:

(last high school attended)

and from all other educational program which I have attended.

I understand that this information involves school records, special education records (if any), and ratings by a counselor and a teacher. I also understand that this information will be used only for research purposes. No identifying information will be given to any other source.

(Signature)

(Date)

(Witness)

HIGH SCHOOL REPORT: CA-60

Identifying information (fill in beforehand):

Name: _____
 (last name) (first name) (middle name)

Date of Birth: _____

School completion information:

Date graduated: _____

For drop outs only:

Final grade completed: _____

Date left: _____

Number of grades repeated: _____

Class rank: _____

Grade average: _____

Number of requests for transcript: _____

Subject ID#: _____

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| YEAR | | | | | | | |
| <u>CATEGORY</u> | | | | | | | |
| Expected Grade | | | | | | | |
| Actual Grade | | | | | | | |
| Type of Class/Program (describe) | | | | | | | |
| Non-Routine Testing/ Evaluation (describe) | | | | | | | |
| Other Special Services (describe) | | | | | | | |
| Parent-Teacher Conferences ● Routine | | | | | | | |
| ● Non-Routine (describe) | | | | | | | |
| Absence--No. of Days | | | | | | | |
| Lateness | | | | | | | |
| Number of Classes Failed | | | | | | | |
| Disciplinary Incidents (describe) | | | | | | | |
| Teacher Report Rating (1-4) | | | | | | | |

Subject ID#: _____

| YEAR | | | | | | | |
|--|--|--|--|--|--|--|--|
| <u>CATEGORY</u> | | | | | | | |
| Expected Grade | | | | | | | |
| Actual Grade | | | | | | | |
| Type of Class/Program (describe) | | | | | | | |
| Non-Routine Testing/ Evaluation (describe) | | | | | | | |
| Other Special Services (describe) | | | | | | | |
| Parent-Teacher Conferences | | | | | | | |
| • Routine | | | | | | | |
| • Non-Routine (describe) | | | | | | | |
| Absence--No. of Days | | | | | | | |
| Lateness | | | | | | | |
| Number of Classes Failed | | | | | | | |
| Disciplinary Incidents (describe) | | | | | | | |
| Teacher Report Rating (1-4) | | | | | | | |

COPY FORM CA-9, HIGH SCHOOL TRANSCRIPT

COMPENSATORY EDUCATION RECORDS

Was this individual ever in a compensatory education program, from kindergarten through grade 12?

no

yes - Type of program? _____

Service provided from _____ to _____
mo/day/yr mo/day/yr

SPECIAL EDUCATION RECORDS

From kindergarten through grade 12, was this individual ever certified for special education, speech and language, physical handicapped, or any other special education or pupil personnel services?

no

yes - Type(s) of certification? _____

Type of service (special school or program, self-contained classroom, assigned to teacher consultant for direct or indirect services, other)? _____

Service provided from _____ to _____
mo/day/yr mo/day/yr

COUNSELOR REPORT

Counselor's Name: _____

During high school, was this individual ever referred for special assistance contacts with school staff?

no

yes - To whom? school social worker

school psychologist

teacher or consultant

other (specify): _____

Was this individual ever referred to agencies or professionals outside the school?

no

yes - What type of assistance? _____

Counselor's Rating Scale

On this sheet are 11 statements about student behavior that counselors consider important in determining how a student is coming along. We would appreciate your evaluation of how these apply to this student.

Please read each statement carefully. Then circle one of the numbers 1 to 5 that best indicates how the statement applies to the student.

1

2

3

4

5

| | | | | |
|--|--|--|---------------------------------|---|
| This describes the student perfectly | This is true most of the time | Sometimes this is true of the student | This is not usually so | The student is not like this at all |
|--|--|--|---------------------------------|---|

Circle one

Pays attention to good grooming and dresses appropriately. 1 2 3 4 5

Is not very open about discussing personal and job
problems. 1 2 3 4 5

Shows a lot of resentment and hostility. 1 2 3 4 5

Is cooperative and willing to listen to advice. 1 2 3 4 5

Makes realistic plans about future jobs. 1 2 3 4 5

Shows little poise or self-assurance. 1 2 3 4 5

Is coherent in expressing himself (herself). 1 2 3 4 5

Is motivated to want to work and expend effort. 1 2 3 4 5

Does not show good day-to-day planning so that he (she)
can handle the job (lets home life interfere, for
example). 1 2 3 4 5

Indicates a willingness to enroll in school or some sort
of training on a part-time basis. 1 2 3 4 5

Shows qualities that indicate he (she) will do well
after leaving. 1 2 3 4 5

Teacher's Name: _____

Student's Name: _____

Teacher's Rating Scale

On each of the following items, please rate the student compared to other students you have known of about the same age.

| | LOW | AVERAGE | HIGH |
|---|-----|---------|------|
| Gets along with others the same age | — | — | — |
| Gets along with adults | — | — | — |
| Able to talk and be understood by others | — | — | — |
| Comes up with new and unusual ideas | — | — | — |
| Good at schoolwork | — | — | — |
| Curious about things | — | — | — |
| Handles personal feelings well | — | — | — |
| Could do well in schoolwork in the future | — | — | — |
| You really like to have him/her around | — | — | — |
| Self-confident | — | — | — |
| Will do well in future jobs | — | — | — |
| Will do well in getting along with people | — | — | — |

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HIGH/SCOPE FOLLOW-UP ADULT ASSESSMENT

1. Interviewer's name: _____
- Interviewer's identification number: _____
2. Respondent's name: _____
3. Gender: _____ male _____ female 4. Birthdate: _____
5. Respondent's identification number: _____
6. Respondent's current address: _____
(number, street, apartment)

(city, state, zip code)
7. Respondent's telephone number: _____
(area code, number)
- _____ friend's or nearby telephone: _____
_____ no telephone number given (area code, number)
8. Date of interview: _____
(month) (day) (year)
9. Place of interview: _____ 10. Time began: _____

Hello, my name is _____. I'm with the High/Scope Educational Research Foundation of Ypsilanti, Michigan.

HEAD START STUDY: We are pleased that you have agreed to be interviewed as a part of our follow-up study of young adults who as children experienced a variety of educational experiences in the community and in the public schools.

PERRY PRESCHOOL STUDY: Beginning in the years before you attended grade school, you were part of a research project called the Perry Preschool study. Over the years since then, you answered questions that helped us learn more about how children develop into adults.

Now, I'd like to talk to you about important parts of your adult life-- your family, jobs you may have had, how you handle money, and your activities in the community. All of your answers will be kept completely confidential; they will not be shared with anyone who is not connected with this research. Your name will not be attached to your answers on any computer files. It is important that you feel free to 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.

Do you have any questions about what we are going to do?... OK, let's begin.

ADULT APL SURVEY

Answer Sheet

- | | |
|------------|------------|
| 1 A B C D | 21 A B C E |
| 2 A B C D | 22 A B C |
| 3 A B C D | 23 A B C |
| 4 A B C D | 24 A B |
| 5 A B C D | 25 A B |
| 6 A B C D | 26 A E |
| 7 A B C D | 27 A C |
| 8 A B C D | 28 A C |
| 9 A B C D | 29 A |
| 10 A B C D | 30 A |
| 11 A B C D | 31 A |
| 12 A B C D | 32 C |
| 13 A B C D | 33 C |
| 14 A B C D | 34 A D |
| 15 A B C D | 35 A |
| 16 A B C D | 36 A E |
| 17 A B C D | 37 A B C |
| 18 A B C D | 38 A B C |
| 19 A B C D | 39 A B C D |
| 20 A B C D | 40 A B C D |

APL Test

First, I have a 40-item survey that I'd like you to complete.
(Continue with directions on page 3 of the Adult APL Survey.)

Interview

11. Now, I have some questions about how you feel about your experiences in high school. What high school or high schools have you attended?

12. How satisfied were you with the last high school that you attended?

- very dissatisfied
- somewhat dissatisfied
- fairly satisfied
- very satisfied

13. During your high school years, were you ever elected or appointed to any offices or special jobs?

- no (Go to item 15.)
- yes

14. What were they? _____

15. During high school or since, did you receive any special recognition for achievement such as awards or scholarships in any academic area or music, art, sports, and so on? (Do not include awards based solely on economic needs.)

- no (Go to item 17.)
- yes

16. What were they? _____

17. How important was your high school education to your parents or those who raised you?

- not important at all
- of minor importance
- fairly important
- very important

18. What makes you think that?

19. How much did your parents or those who raised you emphasize the importance of doing your homework?

- hardly at all
- just a little
- sometimes
- frequently

20. What did your parents or those who raised you expect you to do after high school?

- 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

21. What is the highest grade or educational level that you have completed?

22. What is the highest grade or educational level completed by your mother (or stepmother, if appropriate)?

23. What is the highest grade or educational level completed by your father (or stepfather, if appropriate)?

24. Do you plan to complete any more schooling?

- no (Go to item 27.)
- yes

25. What is the highest grade or educational level that you plan to complete?

26. When do you plan to complete it? _____

27. Since high school, have you been in any educational or training program--college, adult education, job training, anything like that?

- no (Go to item 32.)
- yes (Complete the following table.)

| | Currently enrolled | Previously enrolled | Previously enrolled | Previously enrolled |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| 28. School/location | | | | |
| 29. Goal or purpose (or major, if college) | | | | |
| 30. When begun? (program or college) | | | | |
| 31. Did you complete it? If <u>yes</u> , when (specify date)? (Continue to next column.) (If <u>no</u> , go to item 33.) | <u>yes</u> <u>no</u> | <u>yes</u> <u>no</u> | <u>yes</u> <u>no</u> | <u>yes</u> <u>no</u> |
| 32. Do you expect to complete it? If <u>yes</u> , when (specify date)? (Continue to next column.) | <u>yes</u> <u>no</u> | <u>yes</u> <u>no</u> | <u>yes</u> <u>no</u> | <u>yes</u> <u>no</u> |

| How often do you read: | Never/ less than once a mo. | | | | |
|--|--|--------|------------------|-------|--|
| | 1-3 times a month | Weekly | 1-3 times a week | Daily | |
| 33. newspapers? | — | — | — | — | |
| 34. magazines? | — | — | — | — | |
| 35. books or part of a book? | — | — | — | — | |
| 36. Now I have some questions about your health and the health services that you use. How often do you visit a physician or other health care professional for a routine physical examination? | <input type="checkbox"/> once a year <input type="checkbox"/> every other year <input type="checkbox"/> every 5 years <input type="checkbox"/> less frequently than every 5 years | | | | |

37. How long has it been since you visited a doctor or other health care professional, other than for a routine physical examination?

- can't remember
 months (Specify number.) _____
 years (Specify number.) _____

38. During the past 12 months, how many days, if any, were you sick enough that you stayed in bed all day? _____

39. During the past 12 months, have you stayed in the hospital for any reason?

- no
 yes

40. During the past five years, were you treated for health problems, illnesses, or accidents?

- no (Go to item 42.)
 yes

41. What were they? _____

42. Do you smoke cigarettes or use other forms of tobacco daily?

- no (Go to item 44.)
 yes

43. How many cigarettes do you usually smoke or how much tobacco do you use each day?

- number of cigarettes (Specify number.)
 amount of other tobacco (Specify number.)

44. How often do you drink alcoholic beverages?

- never (Go to item 46.)
 once in awhile (Go to item 46.)
 several times a week (Go to item 45.)
 daily (Go to item 45.)

45. How much at a time, for example, cans, glasses, or bottles? _____

46. Now I have some questions about your present and past jobs. Are you working now?

- no
 yes

47. Are you looking for a (another) job now?

- no (Go to item 49.)
 yes

48. What have you done lately to find a (another) job? _____

49. In the past 24 months, how many months have you been neither employed, nor in school?

_____ months

50. What work plans do you have for the near future, the next six months or so?

- continue what I'm now doing
 get a new job (Specify type of job.): _____

51. Have you been employed in the last five years?

- no (Go to item 86.)
 yes (Continued with item 52.)

52. The following questions deal with your current job or jobs. If you now have more than two jobs, tell me about the two that are most important to you. If one is the primary or most important job, tell me about that job first. (Use tape recorder to record responses.) What is the job title of your current job?

53. What is the type of work activity involved in your current job?

54. What is the type of setting (or place) of your current job?

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

56. What is the pay--per hour, week, or month? _____

57. What is the exact month and year this job began? _____

58. What is the exact month and year this job ended? _____

59. Overall, how satisfied are you with this job?

- very dissatisfied
 somewhat dissatisfied
 fairly satisfied
 very satisfied

In your current job, how satisfied are you with:

| | Very dissatisfied | Somewhat dissatisfied | Fairly satisfied | Very satisfied |
|-------------------------------|----------------------|--------------------------|---------------------|-------------------|
| 60. Pay | — | — | — | — |
| 61. Kind of work | — | — | — | — |
| 62. Co-workers | — | — | — | — |
| 63. Supervisor | — | — | — | — |
| 64. Opportunity to advance | — | — | — | — |

(If only one current job, go to item 78).

65. What is the job title of your other current job? _____
66. What is the type of work activity involved in your other current job?

67. What is the type of setting (or place) of your other current job?

68. How many hours per week (average) do you work at this job? _____
69. What is the pay--per hour, week, or month? _____
70. What is the exact month and year this job began? _____
71. What is the exact month and year this job ended? _____
72. Overall, how satisfied are you with this job?

- ____ very dissatisfied
____ somewhat dissatisfied
____ fairly satisfied
____ very satisfied

In this other current job, how satisfied are you with:

| | Very dissatisfied | Somewhat dissatisfied | Fairly satisfied | Very satisfied |
|-------------------------------|----------------------|--------------------------|---------------------|-------------------|
| 73. Pay | — | — | — | — |
| 74. Kind of work | — | — | — | — |
| 75. Co-workers | — | — | — | — |
| 76. Supervisor | — | — | — | — |
| 77. Opportunity to advance | — | — | — | — |

Now I'd like to know about all the previous jobs you've held in the last 5 years. (Use tape recorder as before) (If no previous jobs go to item 86.)

| | Past job | Any other past job? |
|--|------------------|---------------------|---------------------|---------------------|---------------------|
| 78. Job title | | | | | |
| 79. Type of work activity | | | | | |
| 80. Type of setting | | | | | |
| 81. Hours per week (average) | | | | | |
| 82. Pay--per hour, week, or month | | | | | |
| 83. Month/year job began | | | | | |
| 84. Month/year job ended | | | | | |
| 85. <u>Job satisfaction:</u> very dissatisfied somewhat dissatisfied fairly satisfied very satisfied | — — — — | — — — — | — — — — | — — — — | — — — — |

86. Have you ever been on welfare or public assistance during the last 10 years?

no (Go to item 88.)
 yes

87. How many of those 10 years in total? _____

88. What is your marital status?

- single, never married, not cohabiting (Go to item 95.)
- divorced or separated, not cohabiting (Go to item 93.)
- widowed, not cohabiting (Go to item 93.)
- cohabiting with spouse equivalent --> "For the next set of questions, I will refer to this person as your spouse." (Go to item 89.)
- married (Go to item 89.)

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

spouse is in school (Specify type.) _____

90. Is your spouse currently employed?

- not employed (Go to item 93.)
- not sure (Go to item 93.)
- yes (Go to item 91.)

91. Is your spouse employed part-time or full-time?

- not sure
- part-time
- full-time

92. What is your spouse's occupation?

93. How many times have you been married? _____

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

Year Began: 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 |

(For items 95 - 124, if respondent does have a spouse or spouse equivalent, be sure to include him or her as indicated in the parentheses.)

95. Now I have some questions about money. Remember all your answers will be kept completely confidential. What is the total income that you (and your spouse) earned from work only (include "workfare" jobs) in the past month, before taxes?

Last month's income respondent earned: \$ _____

Last month's income spouse earned: \$ _____

96. What is the total income you (and your spouse) earned from work (include "workfare" jobs) in the past 12 months, before taxes?

Last year's income respondent earned: \$ _____

Last year's income spouse earned: \$ _____

97. Do you have a savings account or save or invest money in other ways (include joint accounts or investments with spouse)?

no

yes (Specify types.) _____

98. Do you use a checking account (include joint accounts with spouse)?

no

yes

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

not applicable (Go to item 103.)

no, do not receive money from former spouse for own support (Go to item 101.)

yes

100. Dollars per month? \$ _____

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

not applicable (Go to item 103.)

no, do not contribute to former spouse's financial support (Go to item 103.)

yes

102. Dollars per month? \$ _____

103. If you have any children living with you whose other parent does not live with you, do you (and your current spouse, if applicable) now receive money for child support from the child's other parent?

not applicable (Go to item 105.)

no, do not receive money from other parent for child support (Go to item 105.)

yes

104. Dollars per month? \$ _____

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

- not applicable (Go to item 107.)
 no, do not contribute to support of own child (or children) (Go to item 107.)
 yes

106. Dollars per month? \$ _____

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

- no (Go to item 109.)
 yes

108. Dollars per month? \$ _____

109. Do you (and your current spouse) now receive money from the government?

- no (Go to item 111.)
 yes

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

- Government job (other than "Workfare," specify.) _____;
dollars per month: \$ _____
- Aid to Families with Dependent Children (AFDC); dollars per month:
\$ _____
- Food Stamps; dollar value per month: \$ _____
- Supplemental Security Income (SSI); dollars per month: \$ _____
- Unemployment Compensation; dollars per month: \$ _____
- General Welfare Assistance; dollars per month: \$ _____
- Workfare (work for Department of Social Services); dollars per month:
\$ _____
- Veteran's Compensation; dollars per month: \$ _____
- Medicaid; dollars (or dollar value) per month: \$ _____
- Other (Specify.) _____; dollars (or dollar value)
per month: \$ _____

111. In addition to the things we've mentioned, do you (and your spouse, if applicable) receive any other money?

- no (Go to item 114.)
 yes

112. Dollars per month? \$ _____

113. What are the sources of these funds?

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

no (Go to item 117.)
 yes

115. What occasional jobs do you (and your spouse, if applicable) get paid for?

116. Dollars in the past 12 months from these things? \$ _____

117. Considering all the sources we've discussed, what was your total income (including your spouse's income) in the past month before taxes?

\$ _____ no additional income (same as item 93)

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

119. How often during the past 12 months did you find yourself short of money?

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

\$ _____

121. Now I have some questions about your living arrangements. Who do you live with at this time? (Indicate number of persons in the category.)

- | | |
|--|--|
| <input type="checkbox"/> live alone | <input type="checkbox"/> mother or stepmother |
| <input type="checkbox"/> room-mate(s) of the same sex | <input type="checkbox"/> father or stepfather |
| <input type="checkbox"/> room-mate(s) of the opposite sex (not spouse or spouse equivalent) | <input type="checkbox"/> grandparent(s) |
| <input type="checkbox"/> spouse | <input type="checkbox"/> aunts, uncles, other relatives |
| <input type="checkbox"/> spouse equivalent | <input type="checkbox"/> brothers and sisters (including |
| <input type="checkbox"/> children of your own | <input type="checkbox"/> stepbrothers and stepsisters) |
| <input type="checkbox"/> other children | <input type="checkbox"/> other(s) (Specify: _____) |

122. How many persons living in your household, counting yourself, are between 18 and 65 years of age? _____

123. How many are under 18 years of age? _____

124. What is the total income from all sources of each person in your household, including you (and your spouse), in the past 12 months before taxes?

(a.) Respondent: \$ _____

(b.) Spouse: \$ _____

(Specify other person(s) by the relationship to respondent.)

(c.) Other Person(s):

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

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

- house
- duplex (or double house)
- apartment
- dormitory/single room
- other (Specify.) _____

126. How is this household dwelling paid for?

- own (includes loan payments); total mortgage payment (if any) per month: \$ _____
- rent; total rent per month: \$ _____
- parents own or rent; total rent per month: \$ _____
- others own or rent; total rent per month: \$ _____
- public subsidy
- staying with someone temporarily

127. How many rooms, including bathrooms, are in your household or that part of the house that your family lives in?

128. How many times have you moved in the last five years? _____

129. FEMALES ONLY (MALES, go to item 134.): Now I have some questions about pregnancy and having children. Are you now pregnant?

no
 yes

130. Have you ever been pregnant before?

no (Go to item 138.)
 yes

131. How many previous pregnancies have you had? _____

132. How many, if any, voluntary abortions have you had? _____

133. How many, if any, miscarriages (not counting voluntary abortions) have you had?

134. Have you had any children?

no (Go to item 138.)
 yes

135. How many children have you had? _____

136. What years were they born? _____

137. How many of these children are still living?

138. Do you now have children of your own, including adopted and stepchildren, living with you?

not applicable, respondent has no children (Go to 143.)
 no, your children do not live with you
 yes (specify number) _____

139. Is your oldest child at least 12 years old?

no (Go to item 143.)
 yes

140. Do you have any grandchildren?

no (Go to item 143.)
 yes

141. How many? _____

142. How many live with you? _____

143. The next set of questions pertains to your experience in childrearing.
Is there a child you have had a major role in raising?

- no (Go to item 175.)
 yes

144. In answering these questions, select the child that you have been most involved in raising. If you've been equally involved with more than one child, select the oldest one. What is the relationship of this child to you (son, daughter, younger sibling, etc.)?

145. Birthdate of child: _____ (Note child's present age: _____)

146. Gender of child: _____

147. Are any of these things available for this child to use either at the child's home and/or yours, if he or she does not live with you? (Check all that apply.)

- paper and writing materials
 crayons and other drawing materials
 craft materials
 children's records or cassettes
 musical instruments
 age-appropriate books
 dictionary
 encyclopedia
 computer
 other (Specify) _____
-

148. How often does this child have other children over to play at the child's home and/or yours, if he or she does live with you?

- once in awhile
 sometimes
 frequently

Before this child was 7 years old, how often did (do) you do each of these things with your child:

| | Never | Once in awhile | Sometimes | Frequently |
|--|-------|----------------|-----------|------------|
|--|-------|----------------|-----------|------------|

149. Read books to the child. _____
150. Went to museums or libraries. _____
151. Discussed television programs that you have watched together. _____
152. Ate meals together. _____

153. Before this child was 7 years old, how often did (do) you teach this child simple learning skills, such as counting, writing name, reciting the alphabet, and so on?

- never
- once in awhile
- sometimes
- frequently

154. Before this child was 7 years old, how often did (do) you teach this child active skills, such as riding a bike, cooking, sports, and so on?

- never
- once in awhile
- sometimes
- frequently

155. Is this child 3 years old or older?

- no (Go to item 173.)
- yes

| How often does this child read: | Unsure/ not appli- cable | Never or less than once a mo. | 1-3 times a month | Weekly | 1-3 times a week | Daily |
|---------------------------------------|--------------------------------|-------------------------------------|----------------------|--------|---------------------|-------|
|---------------------------------------|--------------------------------|-------------------------------------|----------------------|--------|---------------------|-------|

156. newspapers?

— — — — — —

157. magazines?

— — — — — —

158. books or part
of a book?

— — — — — —

159. How often, if at all, does this child use a library card?

— — — — — —

160. At the ages of 3 and 4, did (does) this child attend an early childhood program at least 5 hours a week?

- no (Go to item 164.)
- yes

161. Was (is) the child care provided by this program useful to your family in allowing someone to be employed or to attend school who could not have done so otherwise?

- no
- yes

162. Do you think this program helped (or will help) this child to do better in school?

- no
 yes

163. Why do you think so? _____

164. Does this child attend school (kindergarten or above)?

- no (Go to item 173.)
 yes

165. How well academically is this child now doing in school?

- unsure
 below average
 average
 above average

166. In your opinion, is this child performing up to his or her academic ability?

- unsure (Go to item 168.)
 no
 yes (Go to item 168.)

167. Why not? _____

168. How well does this child behave in school?

- almost never a problem
 occasional problems
 constant problems

169. How often do you help this child with homework?

- doesn't bring any home
 never
 less than once a month
 once a month or so
 once a week or so
 several times a week
 everyday

170. How willing is this child to talk about what he or she does in school?

- refuses to talk about school
 doesn't like to or doesn't say much
 talks about school if asked
 enjoys talking about school and has a lot to say

171. To what extent does this child talk with you about problems in school or with friends?

- never
- once in awhile
- sometimes
- usually
- always

172. How often have you gotten in touch with this child's teachers on your own to talk about the child's progress?

- never
- once in awhile
- sometimes
- usually
- always

173. After this child finishes high school, what do you expect him (or her) to do?

- 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

174. In general, how satisfied are you with the way this child is turning out?

- not doing as well
- just about the way
- doing better than
as you expected
- you expected

175. Now I have some questions about the family you grew up in. How have you been getting along with your family, the family you mainly grew up in?

- not too good, you
hardly get along
- fair, you get
by with them
- you get along very
well with your
family

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

- they think you
are doing great
- they think you
are getting by
okay
- they think you're
not doing anything
worth much

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

not doing as well just about the way they expected doing better than they expected

178. 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 | <input type="checkbox"/> friend(s) |
| <input type="checkbox"/> room-mate(s) | <input type="checkbox"/> lawyer(s) |
| <input type="checkbox"/> supervisor at work | <input type="checkbox"/> collection agency (agencies) |
| <input type="checkbox"/> people you work with | <input type="checkbox"/> storekeeper(s) |
| <input type="checkbox"/> teacher(s) | <input type="checkbox"/> member(s) in your family |
| <input type="checkbox"/> the police | <input type="checkbox"/> doctor(s)/hospital staff |
| <input type="checkbox"/> the court(s) | <input type="checkbox"/> neighbor(s) |
| <input type="checkbox"/> people at church | <input type="checkbox"/> others (Specify.) _____ |
| <input type="checkbox"/> social worker(s), (including welfare workers) | |

179. This next section deals with activities which 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. Have you ever gotten into a serious fight at work?

not at all Please describe what happened. (For items 179 - 196, if there was more than one incident, ask respondent to select the most serious incident to describe.)
 once
 twice
 3 or 4 times
 5 or more times

180. Have you ever gotten into a dangerous physical fight with someone in your household?

not at all
 once Please describe what happened.
 twice
 3 or 4 times
 5 or more times

181. Have you ever taken part in a fight where a group of your friends were against another group?

not at all
 once Please describe what happened.
 twice
 3 or 4 times
 5 or more times

182. Have you ever hurt someone badly enough to need bandages or a doctor?

| | |
|--|--------------------------------|
| <input type="checkbox"/> not at all | |
| <input type="checkbox"/> once | Please describe what happened. |
| <input type="checkbox"/> twice | |
| <input type="checkbox"/> 3 or 4 times | |
| <input type="checkbox"/> 5 or more times | |

183. Have you ever used a knife or gun or some other object (like a club) to get something from a person?

| | |
|--|--------------------------------|
| <input type="checkbox"/> not at all | |
| <input type="checkbox"/> once | Please describe what happened. |
| <input type="checkbox"/> twice | |
| <input type="checkbox"/> 3 or 4 times | |
| <input type="checkbox"/> 5 or more times | |

184. Have you ever taken something not belonging to you worth less than \$50?

| | |
|--|--------------------------------|
| <input type="checkbox"/> not at all | |
| <input type="checkbox"/> once | Please describe what happened. |
| <input type="checkbox"/> twice | |
| <input type="checkbox"/> 3 or 4 times | |
| <input type="checkbox"/> 5 or more times | |

185. Have you ever taken something not belonging to you worth more than \$50?

| | |
|--|--------------------------------|
| <input type="checkbox"/> not at all | |
| <input type="checkbox"/> once | Please describe what happened. |
| <input type="checkbox"/> twice | |
| <input type="checkbox"/> 3 or 4 times | |
| <input type="checkbox"/> 5 or more times | |

186. Have you ever taken a car that didn't belong to someone in your family without permission?

| | |
|--|--------------------------------|
| <input type="checkbox"/> not at all | |
| <input type="checkbox"/> once | Please describe what happened. |
| <input type="checkbox"/> twice | |
| <input type="checkbox"/> 3 or 4 times | |
| <input type="checkbox"/> 5 or more times | |

187. Have you ever taken a part of a car without permission of the owner?

| | |
|--|--------------------------------|
| <input type="checkbox"/> not at all | |
| <input type="checkbox"/> once | Please describe what happened. |
| <input type="checkbox"/> twice | |
| <input type="checkbox"/> 3 or 4 times | |
| <input type="checkbox"/> 5 or more times | |

188. Have you ever gone into or broken into some house or building when you weren't supposed to be there?

- not at all
 once Please describe what happened.
 twice
 3 or 4 times
 5 or more times

189. Have you ever set fire to someone's property on purpose?

- not at all
 once Please describe what happened.
 twice
 3 or 4 times
 5 or more times

190. Have you ever damaged property at work on purpose?

- not at all
 once Please describe what happened.
 twice
 3 or 4 times
 5 or more times

191. Have you ever smoked marijuana?

- not at all
 once Please describe what happened.
 twice
 3 or 4 times
 5 or more times

192. Except for marijuana and alcohol, have you ever used any drugs or chemicals to get high or for kicks?

- not at all
 once Please describe what happened.
 twice
 3 or 4 times
 5 or more times

193. Were you ever suspended from high school?

- not at all
 once Please describe what happened.
 twice
 3 or 4 times
 5 or more times

194. Were you ever expelled from high school?

- not at all
 once Please describe what happened.
 twice or more

195. Were you ever suspended from work?

- not at all
 once Please describe what happened.
 twice
 3 or 4 times
 5 or more times

196. Have you ever been picked up or arrested by the police because of something you did?

- no (Go to item 201.)
 once Please describe what happened.
 twice
 3 times
 4 times
 5 or more times
(Specify number.)

197. How old were you the first time you were picked up or arrested by the police? _____

198. 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 3 arrests, ask respondent to select the three most serious ones.)

| When arrested: (exact date or year) | Place arrested: (city, county, state) | Charged: | Convicted: |
|---|---|--------------|--------------|
| | | __ no __ yes | __ no __ yes |
| | | __ no __ yes | __ no __ yes |
| | | __ no __ yes | __ no __ yes |

199. In total, how much time have you spent in jail? _____
(Specify in days, weeks, months, or years as appropriate. If none, write zero.)

200. In total, how much time have you spent on probation? _____
(Specify in days, weeks, months, or years as appropriate. If none, write zero.)

201. Do you (and your spouse, or equivalent) own one or more cars?

- no (Go to 203.)
 yes

202. Make(s) and year(s): _____

203. Have you ever received a traffic ticket (not counting parking tickets)?

Please describe what happened. Select most serious incident.

- no
 once
 twice
 3 or 4 times _____
 5 or more times _____

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

- no
 sometimes
 usually

205. How important would you say that religious beliefs are in your life?

- not at all important
 somewhat important
 important
 very important

206. Here are a few questions about your community activities. What are the names of the groups to which you belong apart from your work or school (like church, parent group, clubs, teams)?

207. Are you registered to vote?

- no
 yes

208. Did you vote in the last presidential election?

- no
 yes

209. Did you vote in any state or local election (other than a presidential election) in the last two years?

- no
 yes

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

- no
 yes

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

- no (Go to item 213.)
 yes

212. Describe what you did:

| How easy is it for you to: | sort of | | | |
|--|-------------------|---------------|---------------|--------------------|
| | not easy to do | easy to do | easy to do | very easy to do |
| 213. learn new skills | — | — | — | — |
| 214. do well in educational activities | — | — | — | — |
| 215. try out new experiences | — | — | — | — |
| 216. do well at work | — | — | — | — |
| 217. keep a job | — | — | — | — |
| 218. get along with people at work | — | — | — | — |
| 219. work hard all day | — | — | — | — |
| 220. follow through on plans | — | — | — | — |
| 221. keep trying to work on a problem | — | — | — | — |
| 222. do what you know is right | — | — | — | — |
| 223. feel close to family and friends | — | — | — | — |
| 224. help other people | — | — | — | — |

225. I have a few questions about persons who have been influential in your life. Has there been anyone, inside or outside your family, who has had a strong influence, negative or positive, on the kind of person you are today? You may include more than one person, if others have also had a strong influence on you.

- no (Go to item 227.)
 yes

226. Who?

Type of influence:

227. Has there been any group or special experience which has had a strong influence, negative or positive, on the kind of person you are today? You may include more than one group or experience, if more than one had a strong influence on you.

- no (Go to item 229.)
 yes

228. Which group (or experience)?

Type of influence:

229. As a person, do you think you are an influence on others today?

- no (Go to item 231.)
 yes

230. Who?

Type of influence:

(Interviewer: Write down and tape record answers. After each question, if you don't receive an answer, repeat or rephrase the question.)

231. Where do you expect your income to come from five years from now?

232. Outside of employment goals, what are your other goals for your life five years from now? Anything else?

233. Are you doing anything in particular to work toward your employment goals (or goal) and these other goals (or this other goal)? Anything else?

234. What are some of the frustrations in your life today? Anything else?

235. What are some of the most positive aspects of your life today? Anything else?

236. Anything else you would like to add about your life?

(Check to make sure that you have asked each question above, items 231-236.)

237. In case we want to continue the study and interview you again, or at least keep in touch with you in a few years, what is the best way to get in touch with you again?

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. (Provide forms on page 30.)

Thank you very much for helping us.

238. Time interview ended: _____ (including APL and interview)

Interviewer Judgments

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

| | | | | | | | | | |
|------|-------------------|---|---|---|---|---|---|---|-----------------|
| 239. | Resistive | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Cooperative |
| 240. | Sociable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Shy |
| 241. | Indifferent | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Involved |
| 242. | Talkative | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Quiet |
| 243. | Easily distracted | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Attentive |
| 244. | Active | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Passive |
| 245. | Nervous | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Relaxed |
| 246. | Quick to respond | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Needs urging |
| 247. | Keeps trying | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Gives up easily |
| 248. | Needs reassurance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Self-confident |
| 249. | Open | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Secretive |
| 250. | Untruthful | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Truthful |
| 251. | Warm | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Hostile |

252. Delinquency items only:

- Responses appeared to be completely honest.
 Responses appeared honest after encouragement from me.
 Responses may be exaggerated or otherwise distorted.
 Responses are likely to be false. What makes you think so? _____

253. Do you have any observations which bear on any of the questions asked in the interview?

254. Any other observations?

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 and from all educational programs that I have attended.

Place your initials here: _____

Police Information

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

Place your initials here: _____

Social Service and Welfare Information

Information about my participation and funds received from various social services and welfare programs may be obtained from the state Department of Social Services. This includes information on General Assistance, Medicaid, Family Services, Food Stamps, and other social programs.

Place your initials here: _____

(Signature)

(Print name)

Witnessed by:

(Witness signature)

(Print name)

(Date)

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 | _____ | _____ | _____ | _____ | _____ |
| Magazines | _____ | _____ | _____ | _____ | _____ |
| Books | _____ | _____ | _____ | _____ | _____ |

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):**

Divorced

Widowed

Divorced

Widowed

Divorced

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.)

- | | |
|---|--|
| <input type="checkbox"/> Arthritis or rheumatism | <input type="checkbox"/> Back or neck problem |
| <input type="checkbox"/> Fractures, bone or joint injury | <input type="checkbox"/> Walking problem |
| <input type="checkbox"/> Lung or breathing problem | <input type="checkbox"/> Hearing problem |
| <input type="checkbox"/> Eye or vision problem | <input type="checkbox"/> Heart problem |
| <input type="checkbox"/> Hypertension or high blood pressure | <input type="checkbox"/> Stroke problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Depression, anxiety or emotional problem | <input type="checkbox"/> 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?

- | |
|--|
| <input type="checkbox"/> Exactly as prescribed |
| <input type="checkbox"/> Usually as prescribed |
| <input type="checkbox"/> 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.*)

- | | |
|--|--|
| <input type="checkbox"/> Flu, cold sore throat, virus | <input type="checkbox"/> Asthma, bronchitis, pneumonia |
| <input type="checkbox"/> Menstrual or pregnancy problems | <input type="checkbox"/> Drug-related |
| <input type="checkbox"/> Alcohol-related | <input type="checkbox"/> Stomach ailment |
| <input type="checkbox"/> Exhaustion, fatigue | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Accident | |
| <input type="checkbox"/> Other (<i>specify</i>): _____ | |

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) not as prescribed by a doctor 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

Respondent
Spouse or partner

Monthly Contribution

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

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 _____

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?

| | |
|--|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|------------------------------|---|
| <input type="checkbox"/> No | |
| <input type="checkbox"/> 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?

| | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------|--------------------------|-----------------------|--|-------------|--|--|--|--------------------------|--|--------------------------|-------|-------|----------------|-------|-------|----------------|-------|-------|----------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | ↓ | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"><tr><td colspan="2">How many times?</td><td>..... times</td></tr><tr><td colspan="3">What month and year did each marriage begin and, if applicable, what year was CHILD divorced or widowed?</td></tr><tr><td colspan="2">Month/year began:</td><td>Month/year ended:</td></tr><tr><td><hr/></td><td><hr/></td><td><hr/>Divorced</td></tr><tr><td><hr/></td><td><hr/></td><td><hr/>Divorced</td></tr><tr><td><hr/></td><td><hr/></td><td><hr/>Divorced</td></tr></table> | | | 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: | <hr/> | <hr/> | <hr/> Divorced | <hr/> | <hr/> | <hr/> Divorced | <hr/> | <hr/> | <hr/> Divorced |
| 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: | | | | | | | | | | | | | | | | | | |
| <hr/> | <hr/> | <hr/> Divorced | | | | | | | | | | | | | | | | | | |
| <hr/> | <hr/> | <hr/> Divorced | | | | | | | | | | | | | | | | | | |
| <hr/> | <hr/> | <hr/> Divorced | | | | | | | | | | | | | | | | | | |

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? (Specify): _____ | — | — |
| Autism? | — | — |
| Hyperactivity or attention deficit disorder (ADD or ADHD)? | — | — |
| Any other problems? Specify: _____ | — | — |

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

If only one child, go to Neighborhood, item 211.

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?

| | |
|---|---|
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes | ↓ |
| At what level or levels of schooling? _____ | |
| <input type="checkbox"/> Elementary school | |
| <input type="checkbox"/> Middle school | |
| <input type="checkbox"/> 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 | <p>Number of arrests _____</p> <p>Reason for arrest(s) _____</p> <p>Location(s) (city, state) _____</p> |

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 Yes No
had:

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? (specify): _____

Autism? _____

Hyperactivity or attention deficit disorder (ADD or ADHD)? _____

Any other problems? (specify): _____

If more than one child, continue.

If only one child, go to Neighborhood, item 211.

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 | |
| <input type="checkbox"/> 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:**

| | | | |
|-------|-------|-----------------------------------|----------------------------------|
| _____ | _____ | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |
| _____ | _____ | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |
| _____ | _____ | <input type="checkbox"/> Divorced | <input type="checkbox"/> 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 Yes No
had:

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? (*specify*): _____

Autism? _____

Hyperactivity or attention deficit disorder (ADD or ADHD)? _____

Any other problems? (*specify*): _____

Go to Neighborhood, item 211.

Next Oldest Child: Age 18 or Younger

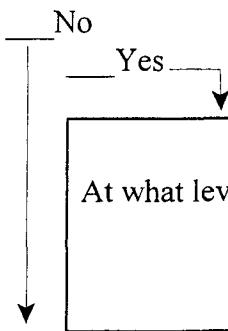
188. How well is CHILD doing (*or if no longer in school, did CHILD do*) in school academically?

- 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?



- 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?

| | |
|---------------------------------|---|
| <input type="checkbox"/> No | |
| <input type="checkbox"/> 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:**

Divorced

Widowed

Divorced

Widowed

Divorced

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** **All** **Don't Know**

Owning 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 (specify): _____ |
| <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.

How

- many **Describe what happened in this
No Yes times? (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?

| | | |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|---------------------------------|--|
| <input type="checkbox"/> Never | |
| <input type="checkbox"/> Number | <i>Please describe what happened (most serious incident if 2 or more).</i> |
| _____ | |
| _____ | |

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) | X | 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.)