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CHILD SELF-ADMINISTERED SUPPLEMENT

Children 10 Years - 14 Years
(Children born between 1/1/84 and 12/31/88)

Round 18

NLSY79 - 1998

The National Longitudinal Survey of Youth

NORC
UNIVERSITY OF CHICAGO

CENTER FOR HUMAN RESOURCE RESEARCH
THE OHIO STATE UNIVERSITY

INTERVIEWER USE ONLY

CODE ONE:

SELF ADMINISTERED _____ 1

INTERVIEWER ADMINISTERED _____ 2

TELEPHONE ADMINISTERED _____ 3

STAFF_ID

CASE ID
 -

GENERAL INSTRUCTIONS

After reading the instructions below, please answer each question and then go to the first question on page 3.

INSTRUCTIONS:

Answer all questions in order unless the instructions tell you to skip a question. Instructions that tell you to skip a question appear after some of the answers that you may choose.

There are several kinds of questions in this booklet. **Please answer Q.1, Q.2, and Q.3 below.** Then look at the sample answers in Q.4 and Q.5.

1. Write in the answer in the boxes.
How old are you?

AGE IN YEARS	

2. Write in the answer in the boxes.
What is your birthdate?

MONTH		DAY		YEAR	

3. Circle only one answer for each item.
Are you a male or a female?

(Circle Only One)

Male/Boy 1

Female/Girl 2

4. Circle the number under your answer for each item.
Example: How often do you:

	OFTEN	SOMETIMES	HARDLY EVER
a. go shopping?	1	(2)	3
b. go to the movies?	1	(2)	3
c. watch TV?	(1)	2	3

5. Circle as many answers as apply.
Example: Last week what did you do after school?

- a. Did homework? (1)
- b. Watched TV? (2)
- c. Played? 3
- d. Worked 4
- e. Other (tell what) *Took care of sister* (5)

This is how you would answer if you did homework, watched TV, and took care of your sister after school last week.

If any question is not clear, please circle the question number and ask the interviewer about it.

Now please go to Q.1 on page 3

THIS PAGE INTENTIONALLY BLANK

1. Within the last **month**, have you and your parent(s) . . .

Please answer each item.

	YES	No
a. gone to the movies together?	1	0
b. gone out to dinner?	1	0
c. gone shopping to get something for you - such as clothes, books, records, or games?	1	0
d. gone on an outing together, like to a museum or sporting event?	1	0
e. gone to church or religious services together?	1	0

2. Within the last **week**, have you and your parent(s) . . .

Please answer each item.

	YES	No
a. done things together, such as build or make things, cook, or sew?	1	0
b. worked on schoolwork together?	1	0
c. played a game or sport?	1	0

3. In your home, are you regularly expected to help out with . . .

Please answer each item.

	YES	No
a. straightening your room?	1	0
b. keeping the rest of the house clean?	1	0
c. doing the dishes?	1	0
d. cooking?	1	0

PLEASE TURN TO NEXT PAGE

4. In your home, are there any rules about . . .

Please answer each item.

	Yes	No
a. watching television?	1	0
b. keeping your parent(s) informed about where you are?	1	0
c. doing your homework?	1	0
d. dating and going to parties with boys and girls?	1	0

5. How much say do you have in making up the rules about . . . (By this we mean, how much do you get to help decide these things.)

Please answer each item.

	No SAY AT ALL	A LITTLE SAY	SOME SAY	A LOT OF SAY
a. watching television?	1	2	3	4
b. keeping your parent(s) informed about where you are?	1	2	3	4
c. doing your homework?	1	2	3	4
d. dating and going to parties with boys and girls?	1	2	3	4

PLEASE GO TO NEXT PAGE

6. How often do you argue with your parent(s) about the rules about . . .

Please answer each item.

	HARDLY EVER	SOMETIMES	OFTEN
a. watching television?	1	2	3
b. keeping your parent(s) informed about where you are?	1	2	3
c. doing your homework?	1	2	3
d. dating and going to parties with boys and girls?	1	2	3

7. How often does each of your parents talk over important decisions with you?

Please answer for each parent.

	OFTEN	SOMETIMES	HARDLY EVER	DO NOT HAVE THIS PARENT
a. Mother	1	2	3	
b. Father	1	2	3	5
c. Stepfather	1	2	3	5

8. How often does each of your parents listen to your side of an argument?

Please answer for each parent.

	OFTEN	SOMETIMES	HARDLY EVER	DO NOT HAVE THIS PARENT
a. Mother	1	2	3	
b. Father	1	2	3	5
c. Stepfather	1	2	3	5

PLEASE TURN TO NEXT PAGE

9. Who usually makes the decisions about . . .

Please answer each item.

(Circle ALL the people that apply. If more than one person usually helps decide something, circle both people.)

Who usually makes the decisions about . . .	You	MOTHER	FATHER	STEPFATHER	FRIEND(S)	SOMEONE ELSE (TELL US WHO THAT IS)	
a. buying your clothes?	1	2	3	4	5	6 _____	
b. how to spend your money?	1	2	3	4	5	6 _____	
c. which friend to go out with?	1	2	3	4	5	6 _____	
d. how late you can stay out?	1	2	3	4	5	6 _____	
e. how much allowance you get?	1	2	3	4	5	6 _____	DON'T GET ALLOWANCE 7
f. how much TV you can watch?	1	2	3	4	5	6 _____	
g. your religious training?	1	2	3	4	5	6 _____	

PLEASE GO TO NEXT PAGE

10. About how often does each parent know who you are with when you're not home?

Please answer for each parent.

	OFTEN	SOMETIMES	HARDLY EVER	Do Not HAVE THIS PARENT
a. Mother	1	2	3	
b. Father	1	2	3	5
c. Stepfather	1	2	3	5

11. Please think about the time you spend with each of your parents. Do you think your parents spend enough time with you?

Please answer for each parent.

	SPENDS ENOUGH TIME WITH ME	WISH HE/SHE SPENT MORE TIME WITH ME	SPENDS TOO MUCH TIME WITH ME	Do Not HAVE THIS PARENT
a. Mother	1	2	3	
b. Father	1	2	3	5
c. Stepfather	1	2	3	5

12. About how often does each parent miss the events or activities that are important to you? Is it a lot, sometimes, or almost never?

Please answer for each parent.

	MISSES EVENTS A LOT	SOMETIMES MISSES EVENTS	ALMOST NEVER MISSES EVENTS	Do Not HAVE THIS PARENT
a. Mother	1	2	3	
b. Father	1	2	3	5
c. Stepfather	1	2	3	5

PLEASE TURN TO NEXT PAGE

13. How close do you feel to each of your parents?

Please answer for each parent.

	EXTREMELY CLOSE	QUITE CLOSE	FAIRLY CLOSE	NOT VERY CLOSE	Do NOT HAVE THIS PARENT
a. Mother	4	3	2	1	
b. Father	4	3	2	1	5
c. Stepfather	4	3	2	1	5

14. How well do you and each of your parents share ideas or talk about things that really matter?

Please answer for each parent.

	EXTREMELY WELL	QUITE WELL	FAIRLY WELL	NOT VERY WELL	Do NOT HAVE THIS PARENT
a. Mother	4	3	2	1	
b. Father	4	3	2	1	5
c. Stepfather	4	3	2	1	5

15. In dealing with you, how often do your **mother and father** (or the person you think of as your father) **agree** with each other?

(Circle Only One)

- Always agree 1
- Usually agree 2
- Sometimes agree 3
- Never agree 4
- I only have one parent 5

PLEASE GO TO NEXT PAGE

16. When you answered this last question about your **mother and father**, were you thinking about your **biological father** (the man who helped create you), or someone else?

(Circle Only One)

Biological father 1

Stepfather 2

Someone else (*Please write his relationship to you*) 3

17. Do you live with your biological father, or your stepfather?

(Circle Only One)

Biological father 1

Stepfather 2

Neither 3

Live part-time with biological and part-time with stepfather 4

PLEASE TURN TO NEXT PAGE

18. The following questions deal with relations between your mother and your **biological** father. Please try to answer each question.

- | | NEVER | ONCE IN
A WHILE | FAIRLY
OFTEN | VERY
OFTEN |
|---|-------|--------------------|-----------------|---------------|
| a. How often do your biological parents get along well together? | 1 | 2 | 3 | 4 |
| b. How often do your biological parents agree about rules about you? | 1 | 2 | 3 | 4 |
| c. How often do your biological parents argue? | 1 | 2 | 3 | 4 |
| d. How often do you hesitate to talk about your father in front of your biological mother? | 1 | 2 | 3 | 4 |
| e. How often do you hesitate to talk about your mother in front of your biological father? | 1 | 2 | 3 | 4 |
| f. How often do you feel caught in the middle of your biological parents? | 1 | 2 | 3 | 4 |

IF YOU DO **NOT** HAVE A STEPFATHER, GO TO Q.20 ON PAGE 12.

PLEASE GO TO NEXT PAGE

19. The following questions deal with relations between your mother and your **stepfather**. Please try to answer each question.

- | | NEVER | ONCE IN
A WHILE | FAIRLY
OFTEN | VERY
OFTEN |
|--|-------|--------------------|-----------------|---------------|
| a. How often do your mother and stepfather get along well together? | 1 | 2 | 3 | 4 |
| b. How often do your mother and stepfather agree about rules about you? | 1 | 2 | 3 | 4 |
| c. How often do your mother and stepfather argue? | 1 | 2 | 3 | 4 |
| d. How often do you hesitate to talk about your stepfather in front of your mother? | 1 | 2 | 3 | 4 |
| e. How often do you hesitate to talk about your mother in front of your stepfather? | 1 | 2 | 3 | 4 |
| f. How often do you feel caught in the middle of your mother and stepfather ? | 1 | 2 | 3 | 4 |

PLEASE TURN TO NEXT PAGE

20. How much do you tell your parent(s) about ...

	NOT AT ALL	JUST A LITTLE	SOME	A LOT
a. where you are when you are not at home?	0	1	2	3
b. who you are with when you are not at home?	0	1	2	3
c. how you spend your money?	0	1	2	3
d. what kinds of TV shows and movies you see?	0	1	2	3
e. who your teachers are?	0	1	2	3
f. what your homework is?	0	1	2	3

21. People have many different moods. Sometimes they have different feelings from day to day.
How often do you feel. . .

Please answer each item.

	OFTEN	SOMETIMES	HARDLY EVER
a. sad and blue?	1	2	3
b. nervous, tense or on edge?	1	2	3
c. happy?	1	2	3
d. bored?	1	2	3
e. lonely?	1	2	3
f. tired or worn out?	1	2	3
g. excited about something that you're looking forward to?	1	2	3
h. too busy to get everything done?	1	2	3
i. pressured by your mother or father?	1	2	3

PLEASE GO TO NEXT PAGE

22. What grade in school are you attending?

(If school hasn't started yet, please write in the grade you last attended. If you go to an ungraded school or just take classes, write in the grade you would be in if you were in regular school.)

GRADE

Do not attend school or
take classes at all 0

IF YOU DO **NOT** ATTEND SCHOOL OR TAKE CLASSES AT ALL SKIP TO Q.28, ON PAGE 17.

PLEASE TURN TO NEXT PAGE

23. There are many things that people might say to describe their schools. Here are some things that other people have said about their schools. We would like to know how well you think these statements describe **your** school.

For each sentence below, circle whether you think it is very true, somewhat true, not too true, or not at all true for your school.

Please answer each item.

	VERY TRUE	SOMEWHAT TRUE	NOT TOO TRUE	NOT AT ALL TRUE
a. It's easy to make friends at this school	1	2	3	4
b. Most of the teachers are willing to help with personal problems	1	2	3	4
c. Most of my classes are boring	1	2	3	4
d. I don't feel safe at this school	1	2	3	4
e. Most of my teachers don't know their subjects well	1	2	3	4
f. You can get away with almost anything at this school	1	2	3	4
g. My schoolwork requires me to think to the best of my abilities.	1	2	3	4
h. At this school, a person has the freedom to learn what interests him or her.	1	2	3	4

24. How satisfied are you with your school?

(Circle Only One)

- Very satisfied 4
- Somewhat satisfied 3
- Somewhat dissatisfied 2
- Very dissatisfied 1

PLEASE GO TO NEXT PAGE

25. Think about the things you do between the time school lets out and dinner time.

Please answer each item.

How often do you . . .

	OFTEN	SOMETIMES	ALMOST NEVER	
a. spend time with friends?	1	2	3	
b. read a book or magazine not assigned at school?	1	2	3	
c. do chores around the house?	1	2	3	
d. work for pay?	1	2	3	
e. do homework?	1	2	3	
f. go to music or art or drama lessons; or practice music, singing, drama, drawing/ painting?	1	2	3	
g. go to sports lessons or play sports or practice any physical activity?	1	2	3	
h. watch TV?	1	2	3	
i. do volunteer work or community service?	1	2	3	
j. do things with your brother(s) or sister(s)?	1	2	3	4

↑
No brother
or
sister

PLEASE TURN TO NEXT PAGE

26. After a usual school day, where do you go between the time school lets out and dinner time?

(Circle all that apply)

- a. Home 1
- b. After school care/extended day care 2
- c. To the playground 3
- d. To the library 4
- e. To the mall 5
- f. To a relative's house 6
- g. To a friend's house 7
- h. To work or a job 8
- i. To the rec center/community center/
YMCA/YWCA/Boys or Girls Club 9
- j. To a sports facility/ball field/
basketball court 10
- k. Somewhere else (*Please write where*) 11

27. If you go **home** after school lets out, is an adult **usually** present when you get there?

- Yes 1
- No 0
- I go somewhere else after school 2

PLEASE GO TO NEXT PAGE

28. How far do you think you will go in school? Do you think you will:

(Circle Only One)

Leave high school before graduation 1

Graduate from high school 2

Get some college or other training 3

Graduate from college 4

Get more than 4 years of college 5

Do something else? *(Please write what)* 6

29. Do you belong to any clubs, teams, or school activities, either in or out of school?

Yes 1

No 0

PLEASE TURN TO NEXT PAGE

30. Here are some views that young people have about themselves. Please circle how much you agree or disagree with each statement.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. Girls and boys should be treated the same at school	1	2	3	4
b. A girl should not let a boy know she is smarter than he is.....	1	2	3	4
c. Competing with boys in school would make a girl unpopular with boys	1	2	3	4
d. A girl should pay her own way on dates	1	2	3	4
e. If there is not enough money for all the children in a family to go to college, the boys should get to go instead of the girls	1	2	3	4
f. It is perfectly okay for a girl to ask a boy for a date, even if he has never asked her	1	2	3	4

PLEASE GO TO NEXT PAGE

31. On a usual day during the **summer**, how do you spend your time?

Please answer each item.

Do you . . .	Yes	No
a. spend time with friends?	1	0
b. read books or magazines for fun?	1	0
c. do chores around the house?	1	0
d. work for pay?	1	0
e. go to school, attend a class, or do school work?	1	0
f. go to an organized activity such as sports, music lessons, or camp?	1	0
g. watch TV?	1	0
h. go to a shopping mall?	1	0
i. do things with your brother(s) or sister(s)	1	0
j. go to the playground or rec center?	1	0
k. go to a relative's or neighbor's house?	1	0

PLEASE TURN TO NEXT PAGE

32. Thinking about the area around your home, how safe do you feel walking and playing in your neighborhood?

(Circle Only One)

- Very safe 4
Reasonably safe 3
Somewhat safe 2
Very unsafe 1

33. Think for a moment about a typical **weekday** for your family. How much time would you say you spend watching television on a typical **weekday**?

WRITE IN HOURS PER **WEEKDAY**

- Less than 1 hour per weekday 0
Do not have a TV 95

PLEASE GO TO NEXT PAGE

34. Now, think about a typical **weekend** for your family.

Please answer each item.

a. How much time would you say you spend watching television on a typical SATURDAY?

WRITE IN HOURS PER DAY

Less than 1 hour per day..... 0

Do not have a TV 95

b. How much time would you say you spend watching TV on a typical SUNDAY?

WRITE IN HOURS PER DAY

Less than 1 hour per day..... 0

Do not have a TV 95

35. Not counting jobs around the house, do you ever do any work for pay (including babysitting, a paper route, or yard work for neighbors)?

Yes 1

No 0 → **GO TO Q.40**

IF YOU NEVER WORK FOR PAY, SKIP TO Q.40.

PLEASE TURN TO NEXT PAGE

36. If you do any work for pay outside your own home, what do you do? (What are your duties)?

(Circle All That Apply)

- a. Babysitting 1
- b. Cleaning house; housework 2
- c. Yard work; mow lawns 3
- d. Fast food worker 4
- e. Waiting tables 5
- f. Clerk, bag person,
cashier, salesperson 6
- g. Newspaper carrier or
paper delivery 7
- h. Pet care, plant care, or housecare
for neighbors who are away 8
- i. Other (*Please write what*) 9

37. When you do these kinds of jobs, how often do you usually work?

(Circle Only One)

- About once a month 1
- A few times a month 2
- About once a week 3
- A few times a week 4
- 4 or more times a week 5
- Every day 6

PLEASE GO TO NEXT PAGE

38. Please think about the last three (3) months. How many hours have you worked in a usual **week**?

(WRITE USUAL NUMBER OF HOURS PER WEEK IN BOXES)

HOURS PER **WEEK** =

39. On the average, how much money do you **USUALLY** make in a **week**?

(WRITE AMOUNT YOU USUALLY MAKE PER WEEK IN BOXES)

\$. **PER WEEK**
DOLLARS CENTS

PLEASE TURN TO NEXT PAGE

40. In the last **year**, about how many times have you . . .

Please answer each item.

	NEVER	ONCE	TWICE	MORE THAN TWICE
a. stayed out later than your parent(s) said you should?	0	1	2	3
b. hurt someone badly enough to need bandages or a doctor?	0	1	2	3
c. lied to your parent(s) about something important?	0	1	2	3
d. taken something from a store without paying for it?	0	1	2	3
e. damaged school property on purpose?	0	1	2	3
f. gotten drunk?	0	1	2	3
g. had to bring your parent(s) to school because of something you did wrong?	0	1	2	3
h. skipped a day of school without permission?	0	1	2	3
i. stayed out at least one night without permission?	0	1	2	3

PLEASE GO TO NEXT PAGE

41. What is your **present** religion, if any?

Baptist	1
Episcopalian	2
Lutheran	3
Methodist.....	4
Presbyterian	5
Roman Catholic	6
Jewish	7
Moslem	8
Mormon	9
Other Christian	10
Other Protestant	11
Other religion or faith (<i>Please write what</i>) ..	12
<hr/>	
None or no religion	13

PLEASE TURN TO NEXT PAGE

42. In the past **year**, about how often have you attended religious services?

(Circle Only One)

- More than once a week 6
- About once a week 5
- Two or three times a month 4
- About once a month 3
- Several times a year or less 2
- Not at all 1

IF YOU NEVER ATTEND RELIGIOUS SERVICES, SKIP TO Q.44.

43. If you attend religious services . . .

Please answer each item.

	YES	NO
a. do you usually go with your parent(s)?	1	0
b. would you go even if your parent(s) didn't?	1	0
c. do many of your friends go to religious services?	1	0
d. do some of your friends go to the same church or synagogue as you do?	1	0

PLEASE GO TO NEXT PAGE

44. How many close friends do you have who are **boys**?

(WRITE NUMBER OF BOYS IN BOXES) # BOYS =

None 0

45. How many close friends do you have who are **girls**?

(WRITE NUMBER OF GIRLS IN BOXES) # GIRLS =

None 0

45a. How much do you tell your parent(s) about. . .

	NOT AT ALL	JUST A LITTLE	SOME	A LOT
a. your girlfriends (who they are and what they are like)	0	1	2	3
b. your boyfriends (who they are and what they are like)	0	1	2	3
c. your friends' parents (who they are and what they are like)	0	1	2	3

PLEASE TURN TO NEXT PAGE

46. Are **most** of your close friends . . .

(Circle Only One)

- In your grade 1
- In a higher grade 2
- In a lower grade 3
- Not in school 4
- Don't have any close friends 5

46a. Are most of your close friends . . .

(Circle Only One)

- Younger than you are 1
- About the same age as you are 2
- Older than you are 3

47. How often do you feel lonely and wish you had more friends?

(Circle Only One)

- Often 3
- Sometimes 2
- Hardly ever 1

PLEASE GO TO NEXT PAGE

48. Do you ever feel pressure from your friends to do any of the following things?

Please answer each item.

	Yes	No
a. try cigarettes	1	0
b. work hard in school	1	0
c. try marijuana or other drugs	1	0
d. drink beer, wine or liquor	1	0
e. skip school	1	0
f. commit a crime, or do something violent	1	0

49. The following statements describe the way some people feel about themselves. Please tell me how much you agree or disagree with each statement by circling the appropriate number.

Please answer each item.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. I often get in a jam because I do things without thinking	1	2	3	4
b. I think that planning takes the fun out of things	1	2	3	4
c. I have to use a lot of self-control to keep out of trouble	1	2	3	4
d. I enjoy taking risks	1	2	3	4
e. I enjoy new and exciting experiences, even if they are a little frightening or unusual	1	2	3	4
f. Life with no danger in it would be too dull for me	1	2	3	4

PLEASE TURN TO NEXT PAGE

50. Have you ever smoked cigarettes?

Yes 1

No 0 → **GO TO Q.56**

51. In your lifetime, on how many different occasions have you smoked cigarettes?

100 times or more 1

50 to 99 times 2

11 to 49 times 3

6 to 10 times 4

3 to 5 times 5

1 or 2 times 6

Never smoked cigarettes
in my life 7 → **GO TO Q.56**

52. If you have ever smoked, how old were you when you first smoked a cigarette?

(WRITE AGE IN BOXES)

AGE IN YEARS

--	--

Have never smoked 95

PLEASE GO TO NEXT PAGE

53. If you have ever smoked, when was the most recent time you smoked a cigarette?

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago
but less than 6 months ago 3
- 6 or more months ago
but less than 1 year ago 4
- 1 or more years ago
but less than 3 years ago 5
- 3 or more years ago 6
- Never smoked a cigarette 0 → **GO TO Q. 56**

54. During the last 30 days, how often, if ever, have you smoked cigarettes on average?

(Circle Only One)

- Less than once a week 1
- 1 or 2 days per week 2
- 3 or 4 days per week 3
- 5 or 6 days per week 4
- Every day 5
- Never in the last 30 days 0 → **GO TO Q. 56**

55. On the days that you smoked in the last 30 days, how many cigarettes per day did you smoke?

NUMBER OF CIGARETTES PER DAY

--	--

PLEASE TURN TO NEXT PAGE

56. Have you ever drunk alcohol, other than just a sip or two?

Yes 1

No 0 → **GO TO Q.61**

57. About how old were you the first time you had a glass of beer or wine or a drink of liquor, such as whiskey, gin, scotch, etc.? Do not include childhood sips that you might have had from an older person's drink.

(WRITE AGE IN BOXES)

AGE IN YEARS

--	--

Have never drunk alcohol..... 95 → **GO TO Q.61**

58. If you have ever drunk alcohol, when was the most recent time you drank?

Within the past month (30 days) 1

1 to 3 months ago 2

4 or more months ago
but less than 6 months ago 3

6 or more months ago
but less than 1 year ago 4

1 or more years ago but
but less than 3 years ago 5

3 or more years ago 6

Have never drunk alcohol 0 → **GO TO Q.61**

PLEASE GO TO NEXT PAGE

59. During the last 30 days, how often, if ever, did you drink alcoholic beverages, including beer, wine, or liquor?

(Circle Only One)

- Less than once a week 1
- 1 or 2 days per week 2
- 3 or 4 days per week 3
- 5 or 6 days per week 4
- Every day 5
- Never 0 → **GO TO Q.61**

60. On the days that you drank alcoholic beverages (including beer, wine, and liquor) in the last 30 days, how many drinks per day did you usually have?

NUMBER OF DRINKS PER DAY

PLEASE TURN TO NEXT PAGE

61. Have you ever used marijuana?

Yes 1

No 0 → **GO TO Q.66**

62. In your lifetime, on how many different occasions have you used marijuana?

(Circle Only One)

100 times or more 1

50 to 99 times 2

11 to 49 times 3

6 to 10 times 4

3 to 5 times 5

1 or 2 times 6

Never used marijuana in my life 0 → **GO TO Q.66**

63. How old were you when you first used marijuana?

(WRITE AGE IN BOXES)

AGE IN YEARS

--	--

Never used marijuana in my life 95 → **GO TO Q.66**

PLEASE GO TO NEXT PAGE

64. When was the most recent time you used marijuana?

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago
but less than 6 months ago 3
- 6 or more months ago but
less than 1 year ago 4
- 1 or more years ago but
less than 3 years ago 5
- 3 or more years ago 6
- Never used marijuana 0 → **GO TO Q.66**

65. **During the last 30 days**, how often, if ever, did you use marijuana?

(Circle Only One)

- Less than once a week 1
- 1 or 2 days per week 2
- 3 or 4 days per week 3
- 5 or 6 days per week 4
- Every day 5
- Never 0

PLEASE TURN TO NEXT PAGE

66. Have you ever “sniffed” or “huffed” substances like glue, gas, sprays, fluids, or anything like that for kicks or to get high?

Yes 1

No 0 → **GO TO Q.71**

67. In your lifetime, on how many occasions have you “sniffed” or “huffed” substances like glue, gas, sprays, fluids, or anything like that for kicks or to get high?

(Circle Only One)

11 or more times 3

3 to 10 times 2

1 or 2 times 1

Never used any of these substances in this way 0 → **GO TO Q.71**

68. How old were you when you **first** “sniffed” or “huffed” any of these substances for kicks or to get high?

(WRITE AGE IN BOXES)

AGE IN YEARS

Never used any of these substances in this way 95 → **GO TO Q.71**

PLEASE GO TO NEXT PAGE

69. When was the most **recent** time you “sniffed” or “huffed” substances like glue, gas, sprays, or fluids for kicks or to get high?

(Circle Only One)

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago but less than 6 months ago 3
- 6 or more months ago but less than 1 year ago 4
- 1 or more years ago but less than 3 years ago 5
- 3 or more years ago 6
- Never used any of these substances in this way 0 → **GO TO Q.71**

70. **During the last 30 days**, how often did you “sniff” or “huff” one of these substances?

(Circle Only One)

- Less than once a week 1
- 1 or 2 days per week 2
- 3 or 4 days per week 3
- 5 or 6 days per week 4
- Every day 5
- Never 0

PLEASE TURN TO NEXT PAGE

71. Have you ever used LSD, PCP, peyote, mescaline or any other hallucinogen?

Yes 1

No 0 → **GO TO Q.76**

72. In your lifetime, on how many occasions have you used LSD, PCP, peyote, mescaline or any other hallucinogen?

(Circle Only One)

11 or more times 3

3 to 10 times 2

1 or 2 times 1

Never used any hallucinogen in my life 0 → **GO TO Q.76**

73. How old were you when you **first** used LSD, PCP, peyote, mescaline or any other hallucinogen?

(WRITE AGE IN BOXES)

AGE IN YEARS

Never used any hallucinogen in my life 95 → **GO TO Q.76**

PLEASE GO TO NEXT PAGE

74. When was the most **recent** time you used LSD, PCP, peyote, mescaline or any other hallucinogen?

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago but less than 6 months ago 3
- 6 or more months ago but less than 1 year ago 4
- 1 or more years ago but less than 3 years ago 5
- 3 or more years ago 6
- Never used LSD, PCP, or any other hallucinogen 0 → **GO TO Q.76**

75. **During the last 30 days**, how often did you use LSD, PCP, peyote, mescaline or any other hallucinogen?

(Circle Only One)

- Less than once a week 1
- 1 or 2 days per week 2
- 3 or 4 days per week 3
- 5 or 6 days per week 4
- Every day 5
- Never 0

PLEASE TURN TO NEXT PAGE

76. Have you ever used any kind of cocaine (including powder, crack, or free base)?

Yes 1

No 0 → **GO TO Q.81**

77. In your lifetime, on how many occasions have you used cocaine (including powder, crack, or free base)?

(Circle Only One)

11 times or more 3

3 to 10 times 2

1 or 2 times 1

Never used any kind of
cocaine in my life 0 → **GO TO Q.81**

78. How old were you when you **first** used any form of cocaine (including powder, crack, or free base)?

(WRITE AGE IN BOXES)

AGE IN YEARS

Never used any kind of
cocaine in my life 95 → **GO TO Q.81**

PLEASE GO TO NEXT PAGE

79. When was the most **recent** time you used any kind of cocaine?

(Circle Only One)

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago
but less than 6 months ago 3
- 6 or more months ago
but less than 1 year ago 4
- 1 or more years ago
but less than 3 years ago 5
- 3 or more years ago 6
- Never used cocaine 0 → **GO TO Q.81**

80. **During the last 30 days**, how often did you use any kind of cocaine?

(Circle Only One)

- Less than once a week 1
- 1 or 2 days per week 2
- 3 or 4 days per week 3
- 5 or 6 days per week 4
- Every day 5
- Never 0

PLEASE TURN TO NEXT PAGE

81. Have you ever used any kind of “uppers or downers” (amphetamines, pep pills, speed, barbiturates, yellows, reds)?

Yes 1

No 0 —→ **GO TO Q.86**

82. In your lifetime, on how many occasions have you used any uppers or downers?

(Circle Only One)

11 times or more 3

3 to 10 times 2

1 or 2 times 1

Never used uppers or downers in my life 0 —→ **GO TO Q.86**

83. How old were you when you **first** used any uppers or downers?

(WRITE AGE IN BOXES)

AGE IN YEARS

--	--

Never used any upper or downers in my life 95 —→ **Go to Q.86**

PLEASE GO TO NEXT PAGE

84. When was the most **recent** time you used any kind of uppers or downers?

(Circle Only One)

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago
but less than 6 months ago 3
- 6 or more months ago
but less than 1 year ago 4
- 1 or more years ago
but less than 3 years ago 5
- 3 or more years ago 6
- Never used uppers or downers 0 → **GO TO Q.86**

85. **During the last 30 days**, how often did you use any kind of uppers or downers?

(Circle Only One)

- Less than once a week 1
- 1 or 2 days per week 2
- 3 or 4 days per week 3
- 5 or 6 days per week 4
- Every day 5
- Never 0

PLEASE TURN TO NEXT PAGE

86. At what age did you have your first date or begin going out alone with someone of the opposite sex?

(WRITE IN AGE IN BOXES)

AGE IN YEARS

--	--

Haven't started to date yet 95 → **GO TO Q.89**

87. If you have ever dated, about how often do you usually go out on a date?

(Circle Only One)

- Once or twice a **week** 1
 - Once or twice a **month** 2
 - Less than once or twice a month 3
 - Almost never 4
 - Haven't started dating yet 5
-

88. If you go out on dates, do you usually go out with the same person?

- Yes 1
- No 0
- Do not date 2

PLEASE GO TO NEXT PAGE

89. What do you think is the **best** age, if any, for you to get married?

(WRITE AGE IN BOXES)

AGE IN YEARS

Not going to get married 0

Other (*Please write in answer*) 95

Don't know 98

90. What is the **youngest** age you can imagine yourself getting married?

(WRITE AGE IN BOXES)

AGE IN YEARS

Not going to get married 0

Other (*Please write in answer*) 95

Don't know 98

PLEASE TURN TO NEXT PAGE



91. What do you think is the **best** age, if any, for you to have your first child?

(WRITE AGE IN BOXES)

AGE IN YEARS

Not going to have children 0

Other (*Please write in answer*) 95

Don't know 98

92. What is the **youngest** age you can imagine yourself having your first child?

(WRITE AGE IN BOXES)

AGE IN YEARS

Not going to have children 0

Other (*Please write in answer*) 95

Don't know 98

PLEASE GO TO NEXT PAGE

93. Did you ever have a course or spend any time in a class at school learning about sex education?

Yes 1

No 0

(ANSWER a AND b)



IF YOU ANSWERED NO, GO TO Q.94

a. What grade were you in when you had this course or discussion?

(WRITE GRADE IN BOXES) GRADE =

b. In what year and month did you have this course or discussion?

(WRITE YEAR AND MONTH IN BOXES)

19
MONTH YEAR

Don't know month 98

Don't know year 998

PLEASE TURN TO NEXT PAGE

94. Who, if anyone, **in your family** do you usually talk to about sex?

(Circle as many answers as apply)

- Mother 1
- Father 2
- Stepfather 3
- Brother 4
- Sister 5
- Grandparent 6
- Aunt 7
- Uncle 8
- Other Relative 9
(Write what relation this person is to you)
- _____
- No one in my family 10

95. When, during the female monthly menstrual cycle, is pregnancy most likely to occur?

(Circle Only One)

- Right before the period begins 1
- During the period 2
- Right after the period ends 3
- About two weeks after
the period begins 4
- Any time during the month 5
- Don't know 8

PLEASE GO TO NEXT PAGE

96. Have you ever been away from your **mother** for at least two months (not counting summer camp)?

Yes 1

No 0 → **GO TO Q.99**

97. Where were you the **last** time you were away from her for at least two months? Were you . . .

(Circle Only One)

At a boarding school 1

In a hospital 2

With your father 3

With grandparent(s) 4

With another relative 5

Other (*Please tell us what that was*) 6

98. How old were you the **last** time this happened? If you have been away from your mother more than once, how old were you the **last** time this happened?

(WRITE AGE IN BOXES)

AGE IN YEARS

Less than 1 year old 0

Don't know 98

PLEASE TURN TO NEXT PAGE

99. Have you ever been away from your **father** for at least two months (not counting summer camp)?

Yes 1

No 0 → **GO TO Q.102**

100. Where were you the **last** time you were away from him for at least two months? Were you . . .

(Circle Only One)

At a boarding school 1

In a hospital 2

With your mother 3

With grandparent(s) 4

With another relative 5

Other (*Please tell us what that was*) 6

101. How old were you the **last** time this happened? If you have been away from your father more than once, how old were you the **last** time this happened?

(*WRITE AGE IN BOXES*)

AGE IN YEARS

Less than 1 year old 0

Don't know 98

PLEASE GO TO NEXT PAGE

102. Do you have a computer in your home?

Yes 1

No 0 → **Go to Q.104**

103. What do you use this **home** computer for **most often**?

(Circle Only One)

- a. School work or homework 1
- b. Learn/practice a skill (art, music or another language, etc.) 2
- c. Entertainment (games, recreation, etc.) 3
- d. Writing letters, correspondence, etc. 4
- e. References; to look things up 5
- f. Accessing the internet or using e-mail 6
- g. Other uses (*Please write what else*) 7

- h. I NEVER USE THE HOME COMPUTER 8

PLEASE TURN TO NEXT PAGE

104. How often, if ever, do you use a computer **at school**?

(Circle Only One)

- Almost every day 4
- Several times a week 3
- About once a week 2
- Less than once a week 1
- Never use a computer at school 0

105. Who has helped you the most to learn how to use a computer?

(Circle Only One)

- Teacher 1
- Friend 2
- Father or Mother 3
- Brother or Sister 4
- I taught myself 5
- Someone else (*Please write who*) 6

I NEVER USE A COMPUTER 0 → **GO TO PAGE 55**

PLEASE GO TO NEXT PAGE

106. Where do you think you have learned **the most** about computers?

(Circle Only One)

School 1

Home 2

Friend's house 3

Computer class outside school 4

Camp 5

Somewhere else (*Please write where*) 6

107. Have you ever had a class or a special training program, in school or somewhere else, on:

Please answer each item.

	YES	NO
a. How to use a computer?	1	0
b. How to do computer programming?	1	0
c. How to do word processing?	1	0


PLEASE TURN TO NEXT PAGE

108. About how often do you use **any** computer to . . .

Please answer each item.

	ALMOST EVERY DAY	SEVERAL TIMES A WEEK	ABOUT ONCE A WEEK	LESS THAN ONCE A WEEK	NEVER
a. Write letters	4	3	2	1	0
b. Write stories, reports, compositions, papers	4	3	2	1	0
c. Do Math/graphs/computation	4	3	2	1	0
d. Do Reading or Spelling	4	3	2	1	0
e. Do Science problems	4	3	2	1	0
f. Look up things; use references	4	3	2	1	0
g. Learn, practice and/or make music	4	3	2	1	0
h. Do art work/graphics	4	3	2	1	0
i. Play games	4	3	2	1	0
j. Create or write computer programs	4	3	2	1	0
k. Analyze data	4	3	2	1	0
l. Read or send e-mail	4	3	2	1	0
m. Access the internet or other on-line networks/services	4	3	2	1	0
n. Other use (<i>Please tell what and how often</i>) _____ _____					

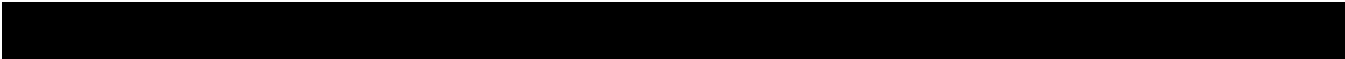
PLEASE GO TO NEXT PAGE



YOU HAVE FINISHED THIS BOOKLET. PLEASE LOOK OVER ALL PAGES. CHECK TO SEE IF THERE ARE ANY ITEMS YOU SKIPPED BY MISTAKE. PLEASE RETURN BOOKLET TO THE INTERVIEWER. IF ANY QUESTIONS WERE UNCLEAR, PLEASE ASK THE INTERVIEWER ABOUT THEM.

Thank You!

PLEASE TURN TO NEXT PAGE



INTERVIEWER:

1. Check Child Face Sheet. Is child age 13 or 14 years?

Yes (ADMINISTER CONFIDENTIAL CSAS CARD) 1

No 0

2. Complete CSAS. REVIEW ALL PARTS AND CHECK FOR MISSING ITEMS.

3. List questions that confused, angered, or caused discomfort to the child or questions that you feel the child did not answer truthfully. *Explain.*

None (GO TO Q.4) 0

OR

QUESTION

Q.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe Problem: _____

Please record your interviewer ID #:

Please sign your name here: _____

If you have not finished the Child CAPI interview, do so now.

NLSY/79-18 CHILD SURVEY

CONFIDENTIAL CSAS CARD

1. Have you ever had sexual intercourse? ("had sex," "made it," etc.)

Yes 1 → **(ANSWER a & b)**
No (GO TO Q.2) 0

a. How old were you the first time you had sexual intercourse? ←

(WRITE AGE IN BOXES)

AGE IN YEARS

Don't know 98

b. In what month and year did you have sexual intercourse for the first time?

(WRITE MONTH AND YEAR IN BOXES)

19
MONTH YEAR

Don't know month 98

Don't know year 998

2. Have you ever had any children?

Yes 1

No 0

IF YOU ANSWERED NO, SKIP TO Q.5.

3. How many children have you ever had?

TOTAL # OF CHILDREN

TURN CARD OVER

NLSY/79-18 CHILD SURVEY

CONFIDENTIAL CSAS CARD

4. Please answer the following questions for each child you have ever had . . .

	FIRST CHILD	SECOND CHILD
A. When was this child born?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
B. How old is this child?	<input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> Months or Years	<input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> Months or Years
C. Is the child a boy or a girl?	Boy 1 Girl 2	Boy 1 Girl 2
D. Where does this child usually live?	With me 1 With child's other parent 2 Somewhere else 3 _____ _____ (Write where) Don't know 8	With me 1 With child's other parent 2 Somewhere else 3 _____ _____ (Write where) Don't know 8
E. Where does this child's other parent usually live?	With me 1 With his/her parents 2 Somewhere else 3 _____ _____ (Write where) Don't know 8	With me 1 With his/her parents 2 Somewhere else 3 _____ _____ (Write where) Don't know 8

5. FOLD THIS CARD AND PLACE IT IN THE ENVELOPE. SEAL THE ENVELOPE AND HAND IT TO THE INTERVIEWER. THANK YOU.