

CHILD SELF-ADMINISTERED SUPPLEMENT

FOR CHILDREN AGE 10-14

ROUND 19

NLSY79 - 2000

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 ADMINISTERED3

STAFF_ID

CASE ID

 -

CHILD NAME _____

In this booklet we have some questions about you and your activities, experiences, and attitudes. If you have any questions, the interviewer will help you. You do not have to answer any questions you would rather not answer. The interviewer does not see your answers and they will not be shown to your parents. Your name is not released to people who use the data. Your answers are private and are protected by law. If you have any questions about this, the interviewer will answer them.

GENERAL INSTRUCTIONS

5. Circle as many answers that 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

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
e. take out the trash?.....	1.....	0
f. pet care?.....	1.....	0

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 the household 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

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?

	Often	Sometimes	Hardly Ever	Do Not Have This Parent
a. How often does your mother talk over important decisions with you?	1.....	2.....	3	
b. How often does your father talk over important decisions with you?	1.....	2.....	3.....	5
c. How often does your stepfather talk over important decisions with you?	1.....	2.....	3.....	5

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

	Often	Sometimes	Hardly Ever	Do Not Have This Parent
a. How often does your mother listen to your side of an argument?	1	2	3	
b. How often does your father listen to your side of an argument?	1	2	3	5
c. How often does your stepfather listen to your side of an argument?.....	1	2	3	5

9. How often do your parents know who you are with when you're not at home?

	Often	Sometimes	Hardly Ever	Do Not Have This Parent
a. How often does your mother know who you're with when you're not at home?.....	1	2	3	
b. How often does your father know who you're with when you're not at home?.....	1	2	3	5
c. How often does your stepfather know who you're with when you're not at home?.....	1	2	3	5

10. Who usually makes the decisions about . . .

<i>Circle ALL the people that apply.</i>						
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 _____
f. how much TV you can watch?	1	2	3	4	5	6 _____
g. your religious training?	1	2	3	4	5	6 _____

Don't get allowance 7

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

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. Do you think your **mother** spends enough time with you? 1 2 3

b. Do you think your **father** spends enough time with you? 1 2 3 5

c. Do you think your **Stepfather** spends enough time with you? 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. How often does your **mother** miss events or activities that are important to you? 1 2 3

b. How often does your **father** miss events or activities that are important to you? 1 2 3 5

c. How often does your **stepfather** miss events or activities that are important to you? 1 2 3 5

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. How close do you feel
to your mother ? | 4 | 3 | 2 | 1 | |
| <hr/> | | | | | |
| b. How close do you feel
to your father ? | 4 | 3 | 2 | 1 | 5 |
| <hr/> | | | | | |
| c. How close do you feel
to your 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. How well does your mother
share ideas? | 4 | 3 | 2 | 1 | |
| <hr/> | | | | | |
| b. How well does your father
share ideas? | 4 | 3 | 2 | 1 | 5 |
| <hr/> | | | | | |
| c. How well does your stepfather
share ideas? | 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
-

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

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 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 13

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 |

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
<hr/>				
b. who you are with when you are not at home?.....	0.....	1.....	2.....	3
<hr/>				
c. how you spend your money?	0.....	1.....	2.....	3
<hr/>				
d. what kinds of TV shows and movies you see?	0.....	1.....	2.....	3
<hr/>				
e. who your teachers are?	0.....	1.....	2.....	3
<hr/>				
f. what your homework is?.....	0.....	1.....	2.....	3

21. People have many different moods or 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
<hr/>			
b. nervous, tense or on edge?	1.....	2.....	3
<hr/>			
c. happy?	1.....	2.....	3
<hr/>			
d. bored?.....	1.....	2.....	3
<hr/>			
e. lonely?.....	1.....	2.....	3
<hr/>			
f. tired or worn out?	1.....	2.....	3
<hr/>			
g. excited about something that you're looking forward to?	1.....	2.....	3
<hr/>			
h. too busy to get everything done?	1.....	2.....	3
<hr/>			
i. pressured by your mother or father?	1.....	2.....	3
<hr/>			

22. What grade in school are you attending?
Grade

(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.)

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 18**

23. 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.

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
<hr/>				
b. Most of the teachers are willing to help with personal problems.....	1.....	2.....	3.....	4
<hr/>				
c. Most of my classes are boring	1.....	2.....	3.....	4
<hr/>				
d. I don't feel safe at this school.....	1.....	2.....	3.....	4
<hr/>				
e. Most of my teachers don't know their subjects well	1.....	2.....	3.....	4
<hr/>				
f. You can get away with almost anything at this school	1.....	2.....	3.....	4
<hr/>				
g. My schoolwork requires me to think to the best of my abilities.	1.....	2.....	3.....	4
<hr/>				
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

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 |

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

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

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

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

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.

	HOURS PER DAY	Less than 1 HOUR/DAY	No TV In Home
How much time do you spend watching television on typical <u>weekday</u> ?	_____	0	95

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

Please answer each item.

	HOURS PER DAY	Less than 1 HOUR/DAY	No TV In Home
How much time do you...			
a. spend watching television on a typical SATURDAY?	_____	0	95
b. spend watching television on a typical SUNDAY?	_____	0	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.

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, washing dishes..... 5
- f. Clerk, bag person, cashier, salesperson 6
- g. Newspaper carrier or paper delivery..... 7
- h. Pet care, plant care, or house care
for neighbors who are away 8
- i. Farm work, field work, agricultural..... 9
- j. Construction, painting, carpentry, wiring..... 10
- k. Office work, typing, filing, answer phones 11
- i. Other (*Please write what*) 12

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

38. Please think about the last three (3) months.

How many hours have you worked in a usual week?

Usual # Hours Per **Week** | _____ |

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

Usual DOLLARS Per **Week** \$ | _____ |

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
<hr/>				
b. hurt someone badly enough to need bandages or a doctor?.....	0.....	1.....	2.....	3
<hr/>				
c. lied to your parent(s) about something important?.....	0.....	1.....	2.....	3
<hr/>				
d. taken something from a store without paying for it?.....	0.....	1.....	2.....	3
<hr/>				
e. damaged school property on purpose?.....	0.....	1.....	2.....	3
<hr/>				
f. gotten drunk?.....	0.....	1.....	2.....	3
<hr/>				
g. had to bring your parent(s) to school because of something you did wrong?.....	0.....	1.....	2.....	3
<hr/>				
h. skipped a day of school without permission?.....	0.....	1.....	2.....	3
<hr/>				
i. stayed out at least one night without permission?.....	0.....	1.....	2.....	3

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 (name)..... 10
- Other Protestant (name) 11
- Other religion or faith (*Please write what*)..... 12

- None or no religion 13

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

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

a. How much do you tell your parent(s) about your friends who are boys (who they are and what they're like)?

Not At All	Just a Little	Some	A Lot
0.....	1.....	2.....	3

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

a. How much do you tell your parent(s) about your friends who are girls (who they are and what they're like)?

Not At All	Just a Little	Some	A Lot
0.....	1.....	2.....	3

46. How much do you tell your parent(s) about your friends' parents (who they are and what they're like)?

Not At All	Just a Little	Some	A Lot
0.....	1.....	2.....	3

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

(Circle Only One)

- In your grade1
 - In a higher grade2
 - In a lower grade3
 - Not in school4
 - Don't have any close friends5
-

47. Are most of your close friends . . .

(Circle Only One)

- Younger than you are.....1
 - About the same age as you are2
 - Older than you are.....3
-

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

(Circle Only One)

- Often3
- Sometimes2
- Hardly ever1

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

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 times5
- 1 or 2 times6
- 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 Years | _____ |
- Have never smoked.....95

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 ago2
- 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 ago5
- 3 or more years ago6
- 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 week1
- 1 or 2 days per week2
- 3 or 4 days per week3
- 5 or 6 days per week4
- Every day5
- 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 | _____ |

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

- Yes1
- 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 in Age) Age in Years _____

- Have never drank alcohol95 --- GO TO Q.61

58. If you have ever drank 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 ago4
- 1 or more years ago but
but less than 3 years ago.....5
- 3 or more years ago.....6
- Have never drank alcohol0 --- GO TO Q.61

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 week2
- 3 or 4 days per week3
- 5 or 6 days per week4
- Every day5
- 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 | _____ |

61. Have you ever used marijuana?

- Yes.....1
- No0 --- **GO TO Q.66**

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

(Circle Only One)

- 100 times or more1
- 50 to 99 times.....2
- 11 to 49 times.....3
- 6 to 10 times4
- 3 to 5 times5
- 1 or 2 times6
- Never used marijuana in my life.....0 --- **GO TO Q.66**

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

(Write in Age) Age In Years | _____ |

Never used marijuana in my life95 --- GO TO Q.66

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 ago4

1 or more years ago but less than 3 years ago5

3 or more years ago6

Never used marijuana0 --- 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 week2

3 or 4 days per week3

5 or 6 days per week4

Every day5

Never.....0

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

Yes1
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 times3
3 to 10 times2
1 or 2 times1
Never used any of these
substances in this way0 --- **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 in Age) *Age In Years* | _____ |

Never used any of these
substances in this way95 --- **GO TO Q.71**

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 ago4
- 1 or more years ago but less than 3 years ago.....5
- 3 or more years ago6
- 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 week1
- 1 or 2 days per week.....2
- 3 or 4 days per week.....3
- 5 or 6 days per week.....4
- Every day.....5
- Never0

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

Yes1

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 times3

3 to 10 times2

1 or 2 times1

Never used any hallucinogen in my life0 --- **GO TO Q.76**

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

(Write in Age) *Age In Years* | _____ |

Never used any hallucinogen in my life95 --- **GO TO Q.76**

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 ago4
- 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 hallucinogen0 --- **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 week2
- 3 or 4 days per week3
- 5 or 6 days per week4
- Every day5
- Never0

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

Yes1

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 more3

3 to 10 times2

1 or 2 times1

Never used any kind of cocaine in my life0

--- **GO TO Q.81**

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

(Write in Age) *Age In Years* | _____ |

Never used any kind of cocaine in my life95

--- **GO TO Q.81**

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 ago4

1 or more years ago but less than 3 years ago5

3 or more years ago.....6

Never used cocaine0

--- **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 week1
1 or 2 days per week.....2
3 or 4 days per week.....3
5 or 6 days per week.....4
Every day.....5
Never0

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

- Yes1
- 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 times2
- 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 in Age) *Age In Years* | _____ |

- Never used any upper or downers in my life.....95 --- **GO TO Q.86**

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 ago4
- 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

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

(Write In Age) *Age in Years* | _____ |

Haven't started to date yet95 --- **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 month3
 - Almost never4
 - Haven't started dating yet5
-

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

- Yes1
 - No0
 - Do not date2
-

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

(Write in Age) *Age in Years* | _____ |

- Not going to get married0
- Other *(Please write in answer)*95
- _____
- _____
- Don't know98

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

(Write in Age) Age in Years | _____ |

Not going to get married.....0

Other (Please write in answer)95

Don't know98

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

(Write in Age) Age in Years | _____ |

Not going to have children0

Other (Please write in answer)95

Don't know98

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

(Write in Age) Age in Years | _____ |

Not going to have children0

Other (Please write in answer)95

Don't know98

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

Yes 1 (ANSWER a. AND b.)

No..... 0



IF YOU ANSWERED NO, GO TO Q.94.

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

(Write in Grade) Grade = |_____|

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

(Write in Year and Month) |_____| |_____|
Month Year

Don't know month98

Don't know year9998

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

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 in Age) Age in Years | _____ |

- Less than 1 year old..... 0
- Don't know 98

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 school1
- In a hospital2
- With your mother3
- With grandparent(s)4
- With another relative5
- 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 in Age) Age in Years | _____ |

- Less than 1 year old.....0
- Don't know98

102. Do you have a computer in your home?

- Yes1
- No.....0 --- GO TO Q.104

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

(Circle Only One)

- a. School work or homework1
- 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-mail6
- g. Other uses (*Please write what else*)7
- _____
- h. I NEVER USE THE HOME COMPUTER.....8

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

(Circle Only One)

- Almost every day4
- Several times a week3
- About once a week2
- Less than once a week1
- Never use a computer at school0

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

(Circle Only One)

- Teacher1
- Friend2
- Father or Mother3
- Brother or Sister4
- I taught myself5
- Someone else (*Please write who*)6
- _____
- _____
- I NEVER USE A COMPUTER.....0

--- GO TO PAGE 51

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

(Circle Only One)

- School1
- Home2
- Friend's house.....3
- Computer class outside school.....4
- Camp5
- 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

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>)					

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

INTERVIEWER:

1. CHECK CHILD FACE SHEET. IS CHILD AGE 13 OR 14 YEARS?

YES (ADMINISTER CONFIDENTIAL CSAS CARD)1

NO0

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: _____

4. PLEASE RECORD YOUR INTERVIEWER ID #:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. PLEASE SIGN YOUR NAME HERE: _____

IF YOU HAVE NOT FINISHED THE CHILD CAPI INTERVIEW, DO SO NOW.