

BEGIN DECK 01
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NORC
University of Chicago

CENTER FOR HUMAN RESOURCE RESEARCH
OHIO STATE UNIVERSITY

National Longitudinal Survey of Labor Market Experience

ROUND SIXTEEN

YOUNG ADULT SURVEY, 1994

AGES 15 AND OLDER
(by 12-31-94)

SELF REPORT BOOKLET

INTERVIEWER
CODE ONE:
SELF ADMINISTERED 1
INTERVIEWER
ADMINISTERED 2
TELEPHONE
ADMINISTERED 3
11-12/

GENERAL INSTRUCTIONS

The questions in this booklet are for you to complete in strict confidence without the interviewer. Please answer all the questions unless you are asked to skip a question. Instructions that tell you to skip a question appear after some of the answers that you may choose. If any question is not clear to you, please circle the question number and ask the interviewer about it after you have finished the booklet.

There are five types of questions in this booklet:

- 1) Write the answer in the boxes.

Example: How old are you?

AGE IN YEARS:

- 2) Circle only one answer for each item.

Example: Are you a male or a female?

(CIRCLE ONLY ONE)

Male..... 1
 Female 2

- 3) Circle the number under your answer for each item.

Example: How often do you . . . (ANSWER EACH ITEM)

	Often	Sometimes	Hardly Ever
a. Do your homework?.....1	2	3	
b. Go to the movies?1	2	3	

- 4) Circle as many answers as apply.

Example: What did you do for entertainment last month?
 (CIRCLE ALL THAT APPLY)

Went to a movie..... 1
 Went to a concert..... 2
 Went to a play..... 3
 Went to a sporting event 4

- 5) Write your answer in the space provided.

Example: What is your favorite movie?

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1. Do you live with your biological father or your step-father?

Biological father	1	13-14/
Step-father	2	
Neither	3	

2. 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	They Have No Contact	
a. How often do your biological parents get along well together?	1	2	3	4	5	15-16/
b. How often do your biological parents agree about rules about you?	1	2	3	4	5	17-18/
c. How often do your biological parents argue?	1	2	3	4	5	19-20/
d. How often do you hesitate to talk about your father in front of your mother?	1	2	3	4		21-22/
e. How often do you hesitate to talk about your mother in front of your biological father? IF YOU HAVE NO CONTACT WITH YOUR BIOLOGICAL FATHER, CIRCLE "NEVER"	1	2	3	4		23-24/
f. How often do you feel caught in the middle of your biological parents?	1	2	3	4		25-26/

**IF YOU DO NOT HAVE A STEP-FATHER,
GO TO QUESTION 4.**

3. The following questions deal with relations between your mother and your **step-father**. Please try to answer each question. **IF YOU HAVE NO STEP-FATHER, PLEASE GO TO Q.4.**

	Never	Once in a While	Fairly Often	Very Often	
a. How often do your mother and step-father get along well together?	1	2	3	4	27-28/
b. How often do your mother and step-father agree about rules about you?	1	2	3	4	29-30/
c. How often do your mother and step-father argue?	1	2	3	4	31-32/
d. How often do you hesitate to talk about your step-father in front of your mother?	1	2	3	4	33-34/
e. How often do you hesitate to talk about your mother in front of your step-father?	1	2	3	4	35-36/
f. How often do you feel caught in the middle of your mother and step-father?	1	2	3	4	37-38/

4. The following statements describe the way some people feel about themselves and their lives. Please indicate your reaction to each sentence by circling the appropriate number. (PLEASE ANSWER EACH ITEM)

	Strongly Disagree	Disagree	Agree	Strongly Agree	
a. I often get in a jam because I do things without thinking	1	2	3	4	39-40/
b. I think that planning takes the fun out of things	1	2	3	4	41-42/
c. I have to use a lot of self-control to keep out of trouble	1	2	3	4	43-44/
d. I enjoy taking risks	1	2	3	4	45-46/
e. I enjoy new and exciting experiences, even if they are a little frightening or unusual	1	2	3	4	47-48/
f. Life with no danger in it would be too dull for me	1	2	3	4	49-50/

5. 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.

Age when you had your first drink of beer, wine, or liquor 51-52/
YRS

Never had a drink of beer, wine, or liquor in your life 95 → Go to Q.21, Page 7

6. Where did you have your first drink? (CIRCLE THE LETTER OF THE ANSWER THAT APPLIES TO YOU)

(CIRCLE ONLY ONE)

- a. at home 1 53-54/
- b. at a friend's home 2
- c. at a relative's house 3
- d. at some other adults' house 4
- e. at a party 5
- f. in somebody's car..... 6
- g. at a bar 7
- h. out in the country 8
- i. at a dance 9
- j. (If some other place, write in here) _____ 10

7. Who were you with? (CIRCLE ONE LETTER)

(CIRCLE ONLY ONE)

- a. alone 1 55-56/
- b. friends 2
- c. a date..... 3
- d. parent(s)..... 4
- e. brother(s) or sister(s) 5
- f. other relative(s)..... 6
- g. other adults 7
- h. (If someone else, write in who) _____ 8

8. About how old were you when you **first began** to drink alcoholic beverages **once a month** or more often?

Age when you began to use alcohol at least monthly 57-58/
YRS

Never used alcohol once a month or more often..... 94

9. When was the **most recent time** that you had an alcohol drink, that is, of beer, wine, or liquor or a mixed alcoholic drink?

Within the past month (30 days) 1 59-60/
 More than 1 month ago but less than 6 months ago 2 → **Go to Q.15**
 6 or more months ago but less than 1 year ago 3 → **Go to Q.15**
 1 or more years ago but less than 3 years ago 4 → **Go to Q.18**
 3 or more years ago 5 → **Go to Q.18**

10. On about how many different **days** did you have one or more drinks **during the past 30 days?**
 (IF NONE IN THE PAST 30 DAYS, WRITE ZERO)

Number of days drank alcohol in past month 61-62/
 # OF DAYS
 Did not drink at all in past month 95 → **Go to Q.15**

BEGIN DECK 02

11. About how many drinks did you **usually** have in a day on the days that you drank during the **past 30 days?**
 (IN NONE IN THE PAST 30 DAYS, WRITE ZERO)

Usual number of drinks per day in past month 11-12/
 # OF DRINKS

12. On about how many days did you have five or more drinks on the same occasion **during the past 30 days?** By occasion we mean at the same time or within a couple of hours of each other. (IF NONE IN THE PAST 30 DAYS, WRITE ZERO)

Number of days you drank five or more drinks 13-14/
 # OF DAYS

13. What is the **most** you had to drink on any **one day** during the **past 30 days?** (IF NONE IN THE PAST 30 DAYS, WRITE ZERO)

Most number of drinks you had in one day 15-16/
 # OF DRINKS

14. On how many days did you have this number of drinks in the **past 30 days?** (ANSWER FOR THE AMOUNT YOU RECORDED IN THE QUESTION ABOVE)

Number of days you drank amount in question above 17-18/
 # OF DAYS

15. On the average, how often in the **last 12 months** have you had any alcoholic beverage, that is, beer, wine, or liquor?

Daily	9	19-20/
Almost daily or 3 to 6 days a week...	8	
About 1 or 2 days a week.....	7	
Several times a month (about 25 to 51 days a year).....	6	
1 to 2 times a month (12 to 24 days a year)	5	
Every other month or so (6 to 11 days a year)	4	
3 to 5 days in the past 12 months.....	3	
1 to 2 days in the past 12 months.....	2	
Did not drink alcohol in the past 12 months	1	➔ Go to Q.18

16. How many times in the **past 12 months** have you gotten very high or drunk on alcohol?

Daily	10	21-22/
Almost daily or 3 to 6 days a week...	9	
About 1 or 2 days a week.....	8	
Several times a month (about 25 to 51 days a year).....	7	
1 to 2 times a month (12 to 24 days a year)	6	
Every other month or so (6 to 11 days a year)	5	
3 to 5 days in the past 12 months.....	4	
1 to 2 days in the past 12 months.....	3	
Did not get very high or drunk in the past 12 months	2	
Did not drink alcohol in the past 12 months	1	➔ Go to Q.18

17. During or after drinking, **in the past 12 months**, how often have you . . . ?

	Never	Once in a While	Fairly Often	Very Often		
a.	gotten into an argument or fight	0	1	2	3	23-24/
b.	missed school or work or other obligation	0	1	2	3	25-26/
c.	had problems with your teacher or principal	0	1	2	3	27-28/
d.	had problems with friends, family or neighbors	0	1	2	3	29-30/
e.	had problems with the police.....	0	1	2	3	31-32/
f.	ended up drinking more than you intended to	0	1	2	3	33-34/
g.	found it hard to stop drinking once you had started	0	1	2	3	36-35/
h.	done things while you were drinking that could have hurt you or someone else	0	1	2	3	37-38/
i.	stayed home from school, or gone late to school because you were drunk or hungover.....	0	1	2	3	39-40/
j.	had your grades in school suffer because of drinking.....	0	1	2	3	41-42/
k.	driven a car after having too much to drink.....	0	1	2	3	43-44/
l.	stayed home from work, or gone late to work because you were drunk or hungover	0	1	2	3	45-46/
m.	gotten drunk instead of doing things you were supposed to do.....	0	1	2	3	47-48/
n.	had your chances for a raise or a better job hurt because of drinking	0	1	2	3	49-50/

18. On those occasions when you drink alcohol, is it **usually** beer, wine, or liquor?

Beer	1	51-52/
Wine	2	
Liquor	3	
It varies	4	

19. Who do you usually drink with? (CIRCLE ONE ONLY)

a.	alone	1	53-54/
b.	friends	2	
c.	a date.....	3	
d.	parent(s).....	4	
e.	brother(s) or sister(s)	5	
f.	other relative(s).....	6	
g.	other adults	7	
h.	(If someone else, write in who)	8	

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20. Where do you usually do your drinking?

(CIRCLE ONLY ONE)

- | | | | |
|----|--------------------------------------|---|--------|
| a. | at home | 1 | 55-56/ |
| b. | in somebody's car..... | 2 | |
| c. | at dances | 3 | |
| d. | at parties..... | 4 | |
| e. | at friends' homes | 5 | |
| f. | in bars | 6 | |
| g. | at relatives' homes..... | 7 | |
| h. | (If other place, write in here)..... | 8 | |

21. About how many people your age drink alcohol at least sometimes? (CIRCLE ONE NUMBER CODE FOR THE BEST ANSWER FOR EACH ROW)

	None	A Few	Half of Them	Most of Them	All of Them	Don't Know	
a. Students in your grade at school	0	1	2	3	4	5	57-58/
b. People your age you hang around with.....	0	1	2	3	4	5	59-60/
c. People your age in your neighborhood	0	1	2	3	4	5	61-62/

22. Do you have a computer in your home?

- | | | |
|----------|---|---------------------|
| Yes..... | 1 | 63-64/ |
| No..... | 0 | → Go to Q.24 |

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

(CIRCLE ONLY ONE)

- | | | | |
|----|--|----|--------|
| a. | School work..... | 1 | 65-66/ |
| b. | Work related to your job..... | 2 | |
| c. | Work related to your training program | 3 | |
| d. | Personal/home finances, budgeting, balancing checkbook, or doing taxes | 4 | |
| e. | Learn/practice a skill (art, music or another language, etc.) | 5 | |
| f. | Entertainment (games, electronic communications, etc.)..... | 6 | |
| g. | Writing letters, correspondence, etc. | 7 | |
| h. | References; to look things up..... | 8 | |
| i. | Other uses (PLEASE WRITE WHAT ELSE) _____ | 9 | |
| j. | I NEVER USE THE HOME COMPUTER | 10 | |

24. Have you ever used a computer at school or in college?

Yes.....	1	11-12/
No.....	0	

25. Have you ever used a computer at your job?

Yes.....	1	13-14/
No.....	0	
I'VE NEVER HAD A JOB.....	2	

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

(CIRCLE ONLY ONE)

Teacher.....	1	15-16/
Someone at work.....	2	
Friend.....	3	
Father or Mother.....	4	
Brother or Sister.....	5	
I taught myself.....	6	
Someone else (PLEASE WRITE WHO)	7	
I'VE NEVER USED A COMPUTER.....	0	➔ Go to Q.30

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

(CIRCLE ONE ONLY)

School.....	1	17-18/
Work.....	2	
Home.....	3	
Friend's house.....	4	
Computer class outside school.....	5	
Camp.....	6	
Somewhere else (PLEASE WRITE WHERE)	7	

28. 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 computer?.....	1	0	19-20/
b. How to do computer programming?.....	1	0	21-22/
c. How to do word processing?.....	1	0	23-24/

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29. 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	25-26/
b. Write stories, reports, compositions, papers.....	4	3	2	1	0	27-28/
c. Do Math/graphs/ computation.....	4	3	2	1	0	29-30/
d. Do or practice Reading or Spelling.....	4	3	2	1	0	31-32/
e. Keep track of home finances, or budget; balance checkbook.....	4	3	2	1	0	33-34/
f. Do science problems.....	4	3	2	1	0	35-36/
g. Look up things; use references.....	4	3	2	1	0	37-38/
h. Learn, practice and/or make music.....	4	3	2	1	0	39-40/
i. Do art work/graphics.....	4	3	2	1	0	41-42/
j. Play games.....	4	3	2	1	0	43-44/
k. Create or write computer programs.....	4	3	2	1	0	45-46/
l. Analyze data.....	4	3	2	1	0	47-48/
m. Read or send electronic mail.....	4	3	2	1	0	49-50/
n. Access electronic bulletin boards or other on-line networks.....	4	3	2	1	0	51-52/
o. Other use (PLEASE TELL WHAT & CIRCLE HOW OFTEN)						
(1) _____	4	3	2	1		53-54/
(2) _____	4	3	2	1		55-56/

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

(CIRCLE ONLY ONE)

- | | | |
|--|---|--------------|
| 100 times or more | 1 | 57-58/ |
| 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. | 0 | → Go to Q.35 |

31. How old were you the **first** time you smoked cigarettes?

ENTER AGE IN YEARS:

59-60/

32. When was the most **recent** time you smoked cigarettes?

(CIRCLE ONLY ONE)

- | | | |
|---|---|--------|
| Less than one month (30 days) ago..... | 1 | 61-62/ |
| 1 month to 1 year ago | 2 | |
| More than 1 year but less than 4 years ago..... | 3 | |
| 4 or more years ago..... | 4 | |

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

(CIRCLE ONLY ONE)

- | | | |
|--|---|--------------|
| Less than once a week..... | 1 | 63-64/ |
| 1 or 2 days per week | 2 | |
| 3 or 4 days per week | 3 | |
| 5 or 6 days per week | 4 | |
| Every day..... | 5 | |
| I haven't smoked at all in the last 30 days..... | 6 | → Go to Q.35 |

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

ENTER NUMBER OF CIGARETTES PER DAY:

65-66/

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

(CIRCLE ONLY ONE)

- 100 times or more 1 11-12/
- 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.39**

36. How old were you the **first** time you used marijuana?

ENTER AGE IN YEARS:

13-14/

37. When was the most **recent** time you used marijuana?

(CIRCLE ONLY ONE)

- Less than one month (30 days) ago..... 1 15-16/
- 1 month to 1 year ago 2
- More than 1 year but less than 4 years ago 3
- 4 or more years ago..... 4

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

(CIRCLE ONLY ONE)

- Less than once a week..... 1 17-18/
- 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

39. 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)

- 100 times or more 1 19-20/
- 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 any of these substances in this way 0 → Go to Q.43

40. How old were you the **first** time you "sniffed" or "huffed" any of these substances for kicks or to get high?

ENTER AGE IN YEARS: 21-22/

41. 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)

- Less than one month (30 days) ago..... 1 23-24/
- 1 month to 1 year ago 2
- More than 1 year but less than 4 years ago 3
- 4 or more years ago..... 4

42. **During the last 30 days**, how often, if ever, did you "sniff" or "huff" one of these substances?

(CIRCLE ONLY ONE)

- Less than once a week..... 1 25-26/
- 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

43. In your lifetime, on how many occasions have you used cocaine (other than "crack")?

(CIRCLE ONLY ONE)

- | | | |
|--------------------------|---|--------------|
| 100 times or more | 1 | 27-28/ |
| 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 cocaine | 0 | → Go to Q.47 |

44. How old were you the **first** time you used cocaine (other than "crack")?

ENTER AGE IN YEARS:

29-30/

45. When was the most **recent** time you used cocaine (other than "crack")?

(CIRCLE ONLY ONE)

- | | | |
|---|---|--------|
| Less than one month (30 days) ago..... | 1 | 31-32/ |
| 1 month to 1 year ago | 2 | |
| More than 1 year but less than 4 years ago..... | 3 | |
| 4 or more years ago..... | 4 | |

46. **During the last 30 days**, how often, if ever, did you use cocaine (other than "crack") on average?

(CIRCLE ONLY ONE)

- | | | |
|----------------------------|---|--------|
| Less than once a week..... | 1 | 33-34/ |
| 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 | |

47. In your lifetime, on how many occasions have you used "crack" ("rock") cocaine?

(CIRCLE ONLY ONE)

- | | | |
|---|---|--------------|
| 100 times or more | 1 | 35-36/ |
| 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 "crack" ("rock") cocaine | 0 | ➔ Go to Q.51 |

48. How old were you the **first** time you used "crack" ("rock") cocaine?

ENTER AGE IN YEARS:

37-38/

49. When was the most **recent** time you used "crack" ("rock") cocaine?

(CIRCLE ONLY ONE)

- | | | |
|---|---|--------|
| Less than one month (30 days) ago..... | 1 | 39-40/ |
| 1 month to 1 year ago | 2 | |
| More than 1 year but less than 4 years ago..... | 3 | |
| 4 or more years ago..... | 4 | |

50. **During the last 30 days**, how often, if ever, did you use "crack" ("rock") cocaine on average?

(CIRCLE ONLY ONE)

- | | | |
|----------------------------|---|--------|
| Less than once a week..... | 1 | 41-42/ |
| 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 | |

51. In your lifetime, on how many occasions have you used other drugs like LSD, uppers, or downers?

(CIRCLE ONLY ONE)

- | | | |
|-------------------------------------|---|--------------|
| 100 times or more | 1 | 43-44/ |
| 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 any of these drugs | 0 | → Go to Q.55 |

52. How old were you the **first** time you used other drugs like LSD, uppers, or downers?

ENTER AGE IN YEARS:

45-46/

53. When was the most **recent** time you used other drugs like LSD, uppers, or downers?

(CIRCLE ONLY ONE)

- | | | |
|---|---|--------|
| Less than one month (30 days) ago..... | 1 | 47-48/ |
| 1 month to 1 year ago | 2 | |
| More than 1 year but less than 4 years ago..... | 3 | |
| 4 or more years ago..... | 4 | |

54. **During the last 30 days**, how often, if ever, did you use other drugs like LSD, uppers, or downers on average?

(CIRCLE ONLY ONE)

- | | | |
|----------------------------|---|--------|
| Less than once a week..... | 1 | 49-50/ |
| 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 | |

55. The following statements describe some of the experiences people have had when using drugs. We would like to know if any of these things have ever happened to you. Have you ever: (ANSWER EACH ITEM)

	Never	Once in a While	Fairly Often	Very Often	
a. done things while you were high or under the influence of drugs that could have hurt you or someone else?.....	1	2	3	4	51-52/
b. stayed home from school, or gone late to school because you were high?	1	2	3	4	53-54/
c. had your grades in school suffer because you were using drugs?	1	2	3	4	55-56/
d. driven a car while you were high?.....	1	2	3	4	57-58/
e. stayed home from work, or gone late to work because you were high?	1	2	3	4	59-60/
f. had your chances for a raise or a better job hurt because you used drugs?.....	1	2	3	4	61-62/

BEGIN DECK 05

56. Have you ever used any of the following drugs or medications because a doctor told you to? (ANSWER EACH ITEM)

	Yes	No	
a. Sedatives, such as barbiturates, sleeping pills, or Seconal.....	1	0	11-12/
b. Tranquilizers, such as Librium, Valium, or Xanax.....	1	0	13-14/
c. Stimulants, such as amphetamines, Preludin, "uppers", or "speed"	1	0	15-16/
d. Pain killers, such as Darvon, Demerol, Percodan, or Tylenol with codeine.....	1	0	17-18/

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17

57. Have you ever taken any of the following drugs **without** a doctor telling you to? (ANSWER EACH ITEM)

	Yes	No	
a. Sedatives, such as barbiturates, sleeping pills, or Seconal ("downers")	1	0	19-20/
b. Tranquilizers, such as Librium, Valium, or Xanax	1	0	21-22/
c. Stimulants, such as amphetamines, Preludin, "uppers", or "speed"	1	0	23-24/
d. Pain killers, such as Darvon, Demerol, Percodan, or Tylenol with codeine	1	0	25-26/
e. Hallucinogens, such as LSD, PCP, peyote or mescaline	1	0	27-28/
f. Heroin	1	0	29-30/
g. Steroids (also known as anabolic steroids).....	1	0	31-32/
h. Injection ("shooting up") of any drug.....	1	0	33-34/

58. What do you think is the **best** age, if any, for you to get married? (WRITE AGE IN BOX. IF YOU DON'T THINK YOU ARE GOING TO GET MARRIED, OR IF YOU DON'T KNOW THE ANSWER, LEAVE THE BOX BLANK AND CIRCLE THE APPROPRIATE NUMBER BELOW)

ENTER AGE IN YEARS:

35-36/

Not going to get married.....00

Other (Specify): _____

.....95

Don't know98

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

AGE IN YEARS:

37-38/

Not going to get married.....00

Other (Specify): _____

.....95

Don't know98

60. What do you think is the **best** age, if any, for you to have your first child? (WRITE AGE IN BOX. IF YOU DON'T THINK YOU ARE GOING TO HAVE CHILDREN, OR IF YOU DON'T KNOW THE ANSWER, LEAVE THE BOX BLANK AND CIRCLE THE APPROPRIATE NUMBER BELOW)

AGE IN YEARS:

39-40/

Not going to have children00

Other (Specify): _____

.....95

Don't know98

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

AGE IN YEARS:

41-42/

Not going to have children00

Other (Specify): _____

.....95

Don't know98

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

(CIRCLE ONLY ONE)

Yes1

43-44/

No.....0 → Go to Q.64

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

ENTER GRADE: 45-46/

64. Who, if anyone, in your family do you usually talk with about sex?

(CIRCLE ALL THAT APPLY)

- Mother 1 47-48/
- Father 2 49-50/
- Brother 3 51-52/
- Sister 4 53-54/
- Grandparent 5 55-56/
- Aunt 6 57-58/
- Uncle..... 7 59-60/
- Other relative (Specify): _____ 8 61-62/
- No one in my family 9 63-64/

BEGIN DECK 06

65. About how many different persons have you dated in the past twelve months?

NUMBER OF PERSONS: 11-12/

Do not date/Haven't started dating yet 00

66. About how often do you usually go out on a date?

(CIRCLE ONLY ONE)

- Once or twice a **week**..... 4 13-14/
- Once or twice a **month** 3
- Less than once or twice a month 2
- Almost never..... 1
- Do not date/Haven't started dating yet 0

67. Have you ever had sexual intercourse?

(CIRCLE ONLY ONE)

- Yes 1 15-16/
- No 0

➔ Go to Q.83
on page 24

68. With how many people have you had sexual intercourse in the last 12 months?

(CIRCLE ONLY ONE)

- None..... 0 17-18/
- One..... 1
- Two..... 2
- Three..... 3
- Four or more 4

69. How old were you when you **first** had sexual intercourse?

AGE IN YEARS: 19-20/

69a. In what month and year did you have sexual intercourse for the first time?
(WRITE IN MONTH AND YEAR IN BOXES)

19 21-24/
MONTH YEAR

- Don't know month..... 98
- Don't know year 98

70. How long ago did you **last** have sexual intercourse?

- Less than 1 month (30 days) ago..... 1 25-26/
- 1 month to 6 months ago..... 2
- More than 6 months but less than 1 year ago 3
- 1 year or more ago 4

71. The **most recent** time you had sexual intercourse, did you and your partner use any birth control methods?

(CIRCLE ONLY ONE)

- Yes 1 27-28/
- No 0 }
}
- Don't Know 2]

→ Go to Q.73

72. Which birth control method(s) did you or your partner use? (CIRCLE ALL THAT APPLY)

Condom (rubber)	1	29-30/
Vaginal sponge	2	31-32/
Foam, jelly, creme, or suppositories	3	33-34/
Withdrawal	4	35-36/
Diaphragm (with or without jelly).....	5	37-38/
Rhythm ("safe time")	6	39-40/
Birth control pills.....	7	41-42/
IUD (intrauterine device).....	8	43-44/
Other (SPECIFY): _____	9	45-46/

73. Are you a male or female?

Male	1	→ Go to Q.83 on page 24	47-48/
Female.....	2		

74. Have you ever been pregnant?

Yes	1	49-50/
No	0	→ Go to Q.83 on page 24

75. How old were you the **first** time you became pregnant?

AGE IN YEARS: 51-52/

75a. In what month and year did you get pregnant for the first time?
(WRITE IN MONTH AND YEAR IN BOXES)

19 53-56/
MONTH YEAR

Don't know month..... 98
Don't know year 98

76. How many times have you been pregnant?

NUMBER OF TIMES: 57-58/

77. During the month before the **last** time you were pregnant, were you or your partner using any birth control methods?

- Yes 1 59-60/
 No 0 → **Go to Q.80**

BEGIN DECK 07

78. What kind(s) of birth control methods were you or your partner using?
 (CIRCLE ALL THAT APPLY)

- Condom (rubber) 1 11-12/
 Vaginal sponge 2 13-14/
 Foam, jelly, creme, or suppositories 3 15-16/
 Withdrawal 4 17-18/
 Diaphragm (with or without jelly)..... 5 19-20/
 Rhythm ("safe time") 6 21-22/
 Birth control pills 7 23-24/
 IUD (intrauterine device)..... 8 25-26/
 Other (SPECIFY): _____ 9 27-28/

79. Did you or your partner use a birth control method **every** time you had sexual intercourse that month?

- Yes 1 29-30/
 No 0

80. Have you ever had an abortion?

- Yes 1 31-32/
 No 2 → **Go to Q.83**

81. How many times have you had an abortion?

NUMBER OF ABORTIONS: 33-34/

82. How old were you the **first** time you had an abortion?

AGE IN YEARS: 35-36/

82a. In what month and year did you have an abortion for the first time?
(WRITE IN MONTH AND YEAR IN BOXES)

19 37-40/
MONTH YEAR

Don't know month..... 98
Don't know year 98

83. We'd like to know a little about your neighborhood. The following statements describe problems that neighborhoods sometimes have. For each item, please indicate if it is a **big** problem in your own neighborhood, **somewhat** of a problem, or **not** a problem. (ANSWER EACH ITEM)

	Big Problem	Somewhat of a Problem	Not a Problem	Don't Know	
a. People don't have enough respect for rules and laws	1	2	3	4	41-42/
b. Crime and violence	1	2	3	4	43-44/
c. Abandoned or run-down buildings.....	1	2	3	4	45-46/
d. Not enough police protection.....	1	2	3	4	47-48/
e. Not enough public transportation.....	1	2	3	4	49-50/
f. Too many parents who don't supervise their children	1	2	3	4	51-52/
g. People keep to themselves and don't care what goes on in the neighborhood	1	2	3	4	53-54/
h. Lots of people who can't find jobs.....	1	2	3	4	55-56/

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84. How many times, if ever, have you run away from home?

- Once or twice 1 57-58/
- 3 to 5 times..... 2
- 6 or more times 3
- Never 0 → **Go to Q.86**

85. How old were you when you (first) ran away from home? AGE IN YEARS: 59-60/

BEGIN DECK 08

86. **In the last year** (last 12 months), have you ever: (PLEASE ANSWER EACH ITEM)

	Yes	No	
a. skipped a full day of school without a real excuse?	1	0	11-12/
b. intentionally damaged or destroyed property that did not belong to you?.....	1	0	13-14/
c. gotten into a fight at school or work?.....	1	0	15-16/
d. taken something from a store without paying for it?	1	0	17-18/
e. other than from a store, taken something not belonging to you that was worth less than \$50?	1	0	19-20/
f. other than from a store, taken something not belonging to you that was worth \$50 <u>or more</u> ?	1	0	21-22/
g. used force to get money or things from someone else?.....	1	0	23-24/
h. hit or seriously threatened to hit someone?	1	0	25-26/
i. attacked someone with the idea of seriously hurting or killing them?	1	0	27-28/
j. tried to get something by lying to someone about what you would do for him or her (tried to con someone)?	1	0	29-30/
k. taken a vehicle without the owner's permission?.....	1	0	31-32/
l. broken into a building or vehicle to steal something or to just look around?	1	0	33-34/
m. knowingly sold or held stolen goods?	1	0	35-36/
n. helped in a gambling operation, like running numbers or books?.....	1	0	37-38/
o. hurt someone badly enough to need bandages or a doctor?	1	0	39-40/
p. lied to your parent(s) about something important?.....	1	0	41-42/
q. had to bring your parent(s) to school because of something you did wrong?	1	0	43-44/

87. Have you ever been convicted of any charges other than a minor traffic violation?

Yes 1 45-46/
 No 0 → **Go to Q.99 on page 29**

88. How many times have you been convicted of something?

NUMBER OF TIMES: 47-48/

89. How old were you when you were (first) convicted?

AGE IN YEARS: 49-50/

90. When was your most recent conviction?

19 51-54/
 MONTH YEAR

Don't know month..... 98

Don't know year 98

GO TO NEXT PAGE

91. What charges have you been convicted of? (CIRCLE ALL THAT APPLY)

- a. Assault (an attack with a weapon or your hands, such as battery, rape, aggravated assault, or manslaughter)..... 1 11-12/
- b. Robbery (taking something from someone using a weapon or force) 2 13-14/
- c. Theft (taking something without the use of force, such as burglary, larceny, or shoplifting) 3 15-16/
- d. Fencing, receiving, possessing, or selling stolen property..... 4 17-18/
- e. Destruction of property (vandalism, arson, or malicious destruction)..... 5 19-20/
- f. Other property offenses (trespassing or breaking and entering)..... 6 21-22/
- g. Possession of marijuana or hashish 7 23-24/
- h. Selling marijuana or hashish 8 25-26/
- i. Possession or use of illicit drugs (other than marijuana or hashish)..... 9 27-28/
- j. Sale or manufacture of illicit drugs 10 29-30/
- k. Major traffic offenses (such as driving under the influence of alcohol or other drugs, reckless driving, or driving without a license)..... 11 31-32/
- l. Drinking or purchasing alcohol while under the legal age 12 33-34/
- m. Other (Please write in what it was): _____
 _____ 13 35-36/

92. Other than for a minor traffic violation, have you ever been convicted of anything in an **adult** court?

- Yes 1 37-38/
- No 0

93. Have you ever been on probation?

- Yes 1 39-40/
- No 0 → **Go to Q.95**

94. When did your (most recent) probation period end? (IF YOU ARE CURRENTLY ON PROBATION LEAVE LINES A AND B BLANK AND CIRCLE C, "STILL ON PROBATION")

A. Month: 41-42/

B. Year: 19 43-44/

C. Still on probation 00 45-46/

95. Have you ever been sentenced to spend time in a corrections institution, like a jail, prison, or a youth institution like a training school or reform school?

Yes 1 47-48/

No 0 → Go to Q.99

96. How many times have you been sent to a **youth** corrections institution?

NUMBER OF TIMES: 49-50/

97. How many times were you sent to an **adult** corrections institution?

NUMBER OF TIMES: 51-52/

98. When were you (most recently) released from a corrections facility? (IF YOU ARE CURRENTLY IN A CORRECTIONS FACILITY LEAVE LINES A AND B BLANK AND CIRCLE C, "STILL IN CORRECTIONS FACILITY")

A. Month: 53-54/

B. Year: 19 55-56/

C. Still in corrections facility..... 00 57-58/

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99. Have you ever been referred to a court-related counseling or diversion program by the police, courts, school, or by your parents?

Yes 1 59-60/
 No 0 → **Go to Q.103**

100. How many times were you referred to this kind of program?

NUMBER OF TIMES: 61-62/

101. How old were you when this (first) happened?

AGE IN YEARS: 63-64/

BEGIN DECK 10

102. When did your (most recent) counseling program end? (ENTER MONTH AND YEAR. IF YOU ARE CURRENTLY IN COUNSELING, LEAVE LINES A AND B BLANK AND CIRCLE C, "STILL IN COUNSELING")

A. Month: 11-12/
 B. Year: 19 13-14/
 C. Still in counseling 00 15-16/

103. During the past two years (from January 1, 1993 to the present), have you performed any volunteer or community work through such organizations as Little League, scouts, service clubs, church groups, or social action groups?

Yes 1 17-18/
 No 0 → **Go to Q.106**

104. For all the types of volunteer work you have done, was any of it:
 (ANSWER EACH ITEM)

	Yes	No	
Strictly voluntary?.....	1	0	19-20/
Court ordered?	1	0	21-22/
Required for one of your classes or sponsored by your school?	1	0	23-24/
Required or sponsored by your church?.....	1	0	25-26/
Required for other reasons? (PLEASE WRITE WHAT)			

_____	1	0	27-28/

105. Which of the following types of organizations are/were you involved with in **your volunteer or community service work?** (ANSWER EACH ITEM)

	Yes	No	
a. Youth organization, such as coaching Little League or helping with the scouts	1	0	29-30/
b. Service organizations, such as Big Brother or Big Sister	1	0	31-32/
c. Political clubs or organizations	1	0	33-34/
d. Church or church-related groups (not including worship services)	1	0	35-36/
e. Community centers, neighborhood improvement, or social-action associations or groups	1	0	37-38/
f. Organized volunteer group in a hospital or nursing home.....	1	0	39-40/
g. Educational organizations	1	0	41-42/
h. A conservation, recycling, or environmental group such as the Sierra Club or the Nature Conservancy.....	1	0	43-44/

106. During the last 12 months, have you received any help for an emotional, behavioral, or family problem?

Yes 1 45-46/
 No 0 → **Go to Q.108**

GO TO NEXT PAGE

107. What was the problem or problems? (PLEASE CIRCLE ALL THAT APPLY)

Learning problems, learning disability	1	47-48/
Dyslexia, reading problems, or speech problems	2	49-50/
Behavior problems in school	3	51-52/
Family problems, loss of a family member	4	53-54/
Divorce problems	5	55-56/
Anxieties, fears, worries	6	57-58/
Trouble sleeping, trouble concentrating	7	59-60/
Nightmares	8	61-62/
Shyness	9	63-64/
Phobias, obsessions	10	65-66/
Panic attacks	11	67-68/
Violent behavior, temper	12	69-70/
Eating disorder(s) e.g., bulimia, binge eating, anorexia, etc.	13	71-72/
Other (please write what): _____ _____	14	73-74/

BEGIN DECK 11

108. During the past 12 months, have you felt, or has anyone suggested, that you needed help for any behavioral, emotional, or mental problem?

Yes	1	11-12/
No	0	

109. Do you regularly take any medicine or prescription drugs to help control your activity level or behavior?

Yes	1	13-14/
No	0	

110. Would you like to be married when you are 35 years old?

Yes	1	15-16/
No	0	

111. Would you like to be raising a family when you are 35 years old?

Yes	1	17-18/
No	0	

112. Would you like to be working when you are 35 years old?

Yes	1	19-20/
No	0	

YOU HAVE FINISHED THIS BOOKLET. PLEASE LOOK OVER ALL THE PAGES. CHECK TO SEE IF THERE ARE ANY ITEMS YOU SKIPPED BY MISTAKE, OR IF THERE ARE ANY ITEMS YOU DID NOT UNDERSTAND. IF ANY OF THE QUESTIONS WERE UNCLEAR, PLEASE ASK THE INTERVIEWER ABOUT THEM. WHEN YOU HAVE FINISHED CHECKING PLEASE RETURN THE BOOKLET TO THE INTERVIEWER IN THE ENVELOPE PROVIDED. THANK YOU!