WOODLAWN STUDY YOUNG ADULT INTERVIEW
AGE 32; 1992 - 1993

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RECORD CASE ID |_|_|_|_|_|

NORC
6/92
4556

THE WOODLAWN PROJECT

1992

National Opinion Research Center

PLACE CASE LABEL HERE

NORC **1155 E. 60TH Chicago IL 60637** **(312) 753-7500**

In 1966-67, the Woodlawn Mental Health Center, the Public and Catholic schools, and the Woodlawn Community Mental Health Center Board sponsored a first-grade program in the Woodlawn schools. As a first grader, you were part of that program which was designed to help children get a good start and to follow their progress. In 1975-76, many of the young people and mothers who had been part of the first-grade program were again interviewed. The results from the early part of the Woodlawn Project have already been important for designing school programs to help other young people. Your continued participation will contribute to improving such programs and to developing new projects to improve the lives of those who live through difficult times.

The interview will take about an hour and one-half, during which time you will be asked about your family, employment, neighborhood, how you feel, and a variety of experiences including those related to crime and drug use. You will receive $25 for participating.

The information you supply will be protected both by a Certificate of Confidentiality that forbids access to anyone outside the project and by separating your name and other identifying information from your answers. Your answers will be pooled with those of others so that no one will be identified personally.

The study is supported by the federal government and is being conducted by Johns Hopkins University in Baltimore, Maryland. Dr. Margaret Ensminger (410-955-2312) and Mrs. Jeannette Branch were both involved with the project earlier and continue to direct it. They have been joined by Joan McCord (215-787-8080), a professor at Temple University in Philadelphia. The interviews are being conducted through the National Opinion Research Center (NORC, 312-753-5907) in Chicago.

Your participation in the study is voluntary. You may stop at any time and you may skip questions you choose not to answer.

If you agree to participate, please sign.

_____
Respondent signature

_____
Respondent name

_____
Respondent ID

_____
Interviewer signature

_____
Date

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CHILDHOOD HOUSEHOLD

1. It has been a long time since we last interviewed you or your family. Let's begin by talking about the people who were living in your household when you were 16.

    A. What was the first name of everyone living in the household with you then, not including yourself?

    B. What was [NAME]'s relationship to you? PROBE FOR EXACT RELATIONSHIP

CHILDHOOD HOUSEHOLD ROSTER

#	FIRST NAME	RELATIONSHIP	INTERVIEWER KEY
1			MOTHER
2			FATHER
3			GRANDPARENT
4			AUNT/UNCLE
5			SISTER/BROTHER
6			HALF/STEP SIB
7			SIS/BRO IN-LAW
8			COUSIN
9			SPOUSE
10			DAUGHTER/SON
11			NIECE/NEPHEW
12			OTHER RELATIVE
13			OTHER NON-REL
14			

2. INTERVIEWER CHECKPOINT: IS THE MOTHER LISTED ABOVE?

YES ……. 1
NO ……. 2 (SKIP TO Q. 4)

3. Is (MOTHERS FIRST NAME) your natural mother?

Yes …… 1 (SKIP TO Q. 4)
No …… 2 (ASK A)

A. What is her relationship to you?

Stepmother…… 03
Adopted mother ……05
Foster mother ……07

INTERVIEWER: IF R CHANGES THE RELATIONSHIP ABOVE, BE SURE TO CHANGE IT IN THE TABLE ON THE FACING PAGE.

4. INTERVIEWER CHECKPOINT: IS FATHER LISTED ABOVE?

YES ……. 1
NO ……. 2 (SKIP TO Q. 5B)

3. Is (FATHER'S FIRST NAME) your natural mother?

Yes …… 1 (SKIP TO Q. 5B)
No …… .2

A. What is his relationship to you?

Stepfather.....04
Adopted father 06
Foster father 08

INTERVIEWER: IF R CHANGES THE RELATIONSHIP ABOVE, BE SURE TO CHANGE IT IN THE TABLE ON THE FACING PAGE.

B. INTERVIEWER INSTRUCTION:

1. **USE THE KEY NEXT TO THE CHART ON P. 1 TO RECORD FAMILY MEMBERS ON THE CORRECT PAGES IN THE FOLLOWING TABLES ENTER ONLY ONE NAME PER BOX.**
2. **ASK QUESTIONS C - J FOR EACH PERSON NAMED IN THE CHART ON P. 1. AFTER COMPLETING ALL PERSONS, SKIP TO Q.82.**

A. CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK G-J FOR PERSON.	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME's] age on [her] last birthday?	I. Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	J Is [NAME] currently married, widowed, divorced, separated, living with a partner, never married?
				Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In School 06 Keeping House 07 Other 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Living with a partner 05 Never been married 06

MOTHER CHART

A. RELATIONSHIP	B. FIRST NAME	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE	I. WORK STATUS	J. MARITAL STATUS
6. MOTHER 01		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__| |__|__|	|__|__|
7. STEP-MOTHER 03		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__| |__|__|	|__|__|
8. ADOPTED MOTHER 05		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__| |__|__|	|__|__|
9. FOSTER MOTHER 07		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__| |__|__|	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK G-J FOR PERSON.	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME's] age on [his] last birthday?	I. Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	J. Is [NAME] currently married, widowed, divorced, separated, living with a partner, never married?
				Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In School 06 Keeping House 07 Other 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Living with a partner 05 Never been married 06

FATHER CHART

A. RELATIONSHIP	B. FIRST NAME	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE	I. WORK STATUS	J. MARITAL STATUS
10. FATHER 02		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__| |__|__|	|__|__|
11. STEP-FATHER 04		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__| |__|__|	|__|__|
12. ADOPTED FATHER 06		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__| |__|__|	|__|__|
13. FOSTER FATHER 08		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__| |__|__|	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK C-H FOR PERSON	C. Is [NAME] related through your Mother or your Father?	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME's] age on [his/her] last birthday?

GRANDMOTHER/GRANDFATHER CHART

A. RELATIONSHIP	B. FIRST NAME	C. MOTHER OR FATHER'S SIDE	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE
14. GRAND-MOTHER 11		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
15. GRAND-MOTHER 11		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
16. GRAND-MOTHER 11		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
17. GRAND-FATHER 12		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
18. GRAND-FATHER 12		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
19. GRAND-FATHER 12		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|

A. CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK C-H FOR PERSON	C. Is [NAME] related through your Mother or your Father?	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME's] age on [his/her] last birthday?

AUNT/UNCLE CHART

A. RELATIONSHIP AUNT & UNCLE	B. FIRST NAME	C. MOTHER OR FATHER'S SIDE	D. BY BLOOD OR MARRIAGE	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE
20. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
21. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
22. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
23. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
24. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
25. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK G-J FOR PERSON.	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME's] age on [his/her] last birthday?	I. What is the highest grade in regular school that [NAME] finished and got credit for?	J. Last week, was [NAME]: working full time, part time going to school, keeping house, or what? [CODE UP TO 2]
				No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98	Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Living with a partner 05 Retired 06 In School 07 Keeping House 08 Other 09

SISTER/BROTHER

A. RELATIONSHIP SISTER & BROTHER	B. FIRST NAME	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE	I. EDUCATION	J. WORK STATUS
26. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
27. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
28. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
29. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
30. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
31. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK G-J FOR PERSON.	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME's] age on [his/her] last birthday?	I. What is the highest grade in regular school that [NAME] finished and got credit for?	J. Last week, was [NAME]: working full time, part time going to school, keeping house, or what? [CODE UP TO 2]
				No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98	Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Living with a partner 05 Retired 06 In School 07 Keeping House 08 Other 09

A. RELATIONSHIP SISTER & BROTHER	B. FIRST NAME	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE	I. EDUCATION	J. WORK STATUS
32. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
33. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
34. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
35. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
36. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
37. SISTER 15 BROTHER 16		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK G-J FOR PERSON.	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME's] age on [his/her] last birthday?	I. What is the highest grade in a regular school that [NAME] finished and got credit for?	J. Last week, was [NAME]: working full time, part time going to school, keeping house, or what? [CODE UP TO 2]
				No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98	Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Living with a partner 05 Retired 06 In School 07 Keeping House 08 Other 09

HALF/STEP SISTER/BROTHER CHART

A. RELATIONSHIP HALF/STEP SISTER, HALF/STEP BROTHER	B. FIRST NAME	C. MOTHER OR FATHER'S SIDE	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE	I. EDUCATION	J. WORK STATUS
38. HALF SISTER 17 HALF BROTHER 18		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
39. HALF SISTER 17 HALF BROTHER 18		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
40. HALF SISTER 17 HALF BROTHER 18		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
41. HALF SISTER 17 HALF BROTHER 18		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
42. HALF SISTER 17 HALF BROTHER 18		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|
43. HALF SISTER 17 HALF BROTHER 18		MOTHER 1 FATHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|	|__|__| |__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK C-H FOR PERSON	C. Is [NAME] related through your Mother or your Father?	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME's] age on [his/her] last birthday?

SISTER-IN-LAW/BROTHER-IN-LAW CHART

A. RELATIONSHIP SISTER-IN-LAW/BROTHER-IN-LAW	B. FIRST NAME	C. YOUR SIDE OR SPOUSE	F. SISTER'S SIDE OR BROTHER'S SIDE	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE
44. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R'S 1 SP'S 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
45. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R'S 1 SP'S 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
46. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R'S 1 SP'S 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
47. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R'S 1 SP'S 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
48. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R'S 1 SP'S 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
49. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R'S 1 SP'S 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK C-H FOR PERSON	C. Is [NAME] related through your Mother or your Father?	D. Is that relation through marriage or by blood?	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?

COUSIN CHART

A. RELATIONSHIP COUSIN FEMALE/MALE	B. FIRST NAME	C. MOTHER OR FATHER'S SIDE	D. BY BLOOD OR MARRIAGE	G. LIVING OR DEAD; IF DEAD MO/YR
50. COUSIN FEMALE 35 MALE 36		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)
51. COUSIN FEMALE 35 MALE 36		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)
52. COUSIN FEMALE 35 MALE 36		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)
53. COUSIN FEMALE 35 MALE 36		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)
54. COUSIN FEMALE 35 MALE 36		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)
55. COUSIN FEMALE 35 MALE 36		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)

A. CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK G-J FOR PERSON.	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME's] age on [his/her] last birthday?	I. What is the highest grade in regular school that [NAME] finished and got credit for?
				No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98

WIFE/HUSBAND/PARTNER

A. RELATIONSHIP	B. FIRST NAME	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE	I. EDUCATION
56. WIFE 23 OR HUSBAND 24		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|
57. PARTNER FEMALE 25 MALE 26		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK G-I FOR PERSON.	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME's] age on [his/her] last birthday?	I. What is the highest grade in regular school that [NAME] finished and got credit for? No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98

DAUGHTERS/SONS CHART

A. RELATIONSHIP DAUGHTERS/SONS	B. FIRST NAME	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE	I. EDUCATION
58. DAUGHTER 27 STEP-DU 29 FOSTER-D 31 ADOPTED 33		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|
59. DAUGHTER 27 STEP-DU 29 FOSTER-D 31 ADOPTED 33		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|
60. DAUGHTER 27 STEP-DU 29 FOSTER-D 31 ADOPTED 33		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|
61. SON 28 STEP-SON 30 FOSTER-S 32 ADOPTED 34		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|
62. SON 28 STEP-SON 30 FOSTER-S 32 ADOPTED 34		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|
63. SON 28 STEP-SON 30 FOSTER-S 32 ADOPTED 34		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK D-H FOR PERSON	D. Is [NAME] related through marriage or blood?	FF. Is that relation from your sister's side or your brother's side?	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME'S] age on [his/her] last birthday?

NIECE/NEPHEW CHART

A. RELATIONSHIP NIECE/NEPHEW	B. FIRST NAME	D. BY BLOOD OR MARRIAGE	F. SISTER'S SIDE OR BROTHER'S SIDE	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE
64. NIECE 37 NEPHEW 38		MARRIAGE 1 BLOOD 2 NEITHER 3	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
65. NIECE 37 NEPHEW 38		MARRIAGE 1 BLOOD 2 NEITHER 3	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
66. NIECE 37 NEPHEW 38		MARRIAGE 1 BLOOD 2 NEITHER 3	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
67. NIECE 37 NEPHEW 38		MARRIAGE 1 BLOOD 2 NEITHER 3	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
68. NIECE 37 NEPHEW 38		MARRIAGE 1 BLOOD 2 NEITHER 3	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
69. NIECE 37 NEPHEW 38		MARRIAGE 1 BLOOD 2 NEITHER 3	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK C-H FOR PERSON	C. Is [NAME] related through your Mother or your Father?	D. Is [NAME] related through marriage or blood?	F. Is that relation from your sister's side or your brother's side?	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME'S] age on [his/her] last birthday?

OTHER RELATIVE CHART

A. RELATIONSHIP OTHER RELATIVE	B. FIRST NAME	C. MOTHER OR FATHER'S SIDE	D. BY BLOOD OR MARRIAGE	F. SISTER'S SIDE OR BROTHER'S SIDE	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE
70. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
71. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
72. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
73. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
74. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
75. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	SISTER 1 BROTHER 2	LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK G-H FOR PERSON	G. Is [NAME] currently living? G. 1. What was the month and year [NAME] died?	H. What was [NAME'S] age on [his/her] last birthday?

OTHER NON-RELATIVE CHART

A. RELATIONSHIP OTHER NON-RELATIVE	B. FIRST NAME	G. LIVING OR DEAD; IF DEAD MO/YR	H. AGE
76. OTHER NON-RELATIVE: FEMALE 39 MALE 40		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
77. OTHER NON-RELATIVE: FEMALE 39 MALE 40		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
78. OTHER NON-RELATIVE: FEMALE 39 MALE 40		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
79. OTHER NON-RELATIVE: FEMALE 39 MALE 40		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
80. OTHER NON-RELATIVE: FEMALE 39 MALE 40		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|
81. OTHER NON-RELATIVE: FEMALE 39 MALE 40		LIVE 1=> DEAD 2 MO/YR: __/_ (SKIP TO NEXT PERSON)	|__|__|

82. When did you leave home for the first time?

YEAR |___|___| OR |___|___| YEARS OLD

NEVER LEFT HOME ……. 94 (SKIP TO Q.85A)

PARENT(S) LEFT HOME ……. 95 (SKIP TO Q.84)

83. Why did you leave home? CODE ALL THAT APPLY

A. SCHOOL 01
B. LIVED ALONE..... 02
C. MOVED IN WITH A BOYFRIEND/GIRLFRIEND OR SPOUSE 03
D. MOVED IN WITH FRIENDS 04
E. MOVED IN WITH OTHER RELATIVES..... 05
F. MOVED IN WITH A FOSTER FAMILY 06
G. INCARCERATED 07
H. MENTAL INSTITUTION 08
I. IN THE MILITARY 09
J. GOT A JOB 10
K. OTHER (SPECIFY _____) ..... .11

84. Have you ever re-joined households with your (mother/father/guardian)?

Yes ……1
No ……..2 (SKIP TO Q.85A)

A. Why? CODE ALL THAT APPLY

1. DIFFICULT ECONOMIC SITUATION FOR ME 01
2. DIFFICULT ECONOMIC SITUATION FOR PARENT 02
3. HEALTH PROBLEM FOR ME 03
4. HEALTH PROBLEM FOR PARENT 04
5. CHILD REARING/CHILD CARE 05
6. TO SHARE RESOURCES (ECONOMIC, LABOR) 06
7. CHANGE IN FAMILY SITUATION (DIVORCE, NEW BABY, ETC.). 07
8. COMPANIONSHIP..... 08
9. OTHER (SPECIFY _____)..... .09

HAND CARD #1

85 A. As a teenager, who helped or encouraged you?
CODE ALL THAT APPLY

A1. Mother 01
A2. Father 02
A3. Grandmother 03
A4. Grandfather 04
A5. Teacher 05
A6. Minister/Priest/Rabbi 06
A7. Employer 07
A8. Spouse/Partner 08
A9. Friend 09
A10. Social Worker 10
A11. Judge 11
A12. Police Officer 12
A13. Doctor/Nurse 13
A14. OTHER (SPECIFY _____) 14
A15. No one 15

HAND CARD #1

B. Who hindered or discouraged you? CODE ALL THAT APPLY

B1. Mother 01
B2. Father 02
B3. Grandmother 03
B4. Grandfather 04
B5. Teacher 05
B6. Minister/Priest/Rabbi 06
B7. Employer 07
B8. Spouse/Partner 08
B9. Friend 09
B10. Social Worker 10
B11. Judge 11
B12. Police Officer 12
B13. Doctor/Nurse 13
B14. OTHER (SPECIFY _____) 14
B15. No one 15

86. **INTERVIEWER CHECKPOINT: DOES R HAVE (MOTHER/FATHER/GUARDIAN) STILL LIVING LISTED IN Q.1?**

YES……1
NO ……2 (SKIP TO Q.88)

Hand Card #1A

87. Using the scale of 1 - 6 with 6 being Very Well and 1 being Not So Well, how are you doing with your parents?

Very Well					Not So Well
6	5	4	3	2	1

SKIP TO Q.88

OFFICE USE ONLY

1. IN COLUMN 1 BELOW, ENTER THE NAMES OF FAMILY MEMBERS WHO ARE CIRCLED ON PAGE 35.
2. IN COLUMN 1 BELOW, ENTER THE LINE # FROM THE CHILDHOOD FAMILY CHART WHERE THE PERSON IS ENTERED.
3. IN COLUMN 3, ENTER THE RELATIONSHIP CODE FROM THE CHILDHOOD FAMILY CHART.

ENTER NAME OF PERSONS WHO WERE IN THE CHILDHOOD FAMILY	ENTER LINE # FROM CHILDHOOD FAMILY CHART	ENTER RELATIONSHIP CODE (RANGE 01-42)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

CURRENT HOUSEHOLD

88. Let's turn to the people currently living in your household. Who lives with you now?

A. What is the first name of everyone living in the household, not including yourself?

B. What is [NAME]'s relationship to you? PROBE FOR EXACT RELATIONSHIP

CURRENT HOUSEHOLD ROSTER

#	FIRST NAME	RELATIONSHIP	INTERVIEWER KEY	
1			SPOUSE/PARTNER	P. 38
2			DAUGHTER	P. 40
3			SON	P. 42
4			MOTHER	P. 44
5			FATHER	P. 46
6			GRANDPARENT	P. 48
7			AUNT/UNCLE	P. 50
8			SISTER/BROTHER	P. 52
9			HALF/STEP SIB	P. 54
10			SIS/BRO IN-LAW	P. 56
11			COUSIN	P. 58
12			NIECE/NEPHEW	P. 60
13			OTHER RELATIVE	P. 62
14			OTHER NON-REL	P. 64

89. INTERVIEWER CHECKPOINT: DOES R LIVE ALONE?

YES……1 SKIP TO Q.170

NO ……2

90. Are any of these household members the same as in your childhood household?

Yes……...1 GO TO A
No……2 SKIP TO B

A. ASK: Please indicate the first names of the people who are the same.
INTERVIEWER: CIRCLE THE LINE NUMBER WHERE THEY ARE
LISTED ON THE OPPOSITE PAGE

INTERVIEWER CHECKPOINT:

B. USE THE KEY ABOVE TO RECORD ALL HOUSEHOLD MEMBERS IN THE FOLLOWING TABLES ON P. 35. ASK QUESTIONS C-K FOR EACH PERSON NAMED IN CHART ON PAGE 35 THAT DOES NOT HAVE THE LINE NUMBER CIRCLE, AFTER YOU HAVE COMPLETED ALL HOUSEHOLD MEMBERS, SKIP TO Q. 170 PAGE 65.

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's G-K.	G. How long have you been living with [NAME]?	H. How old is [NAME]?	I. What is the highest grade in regular school that [NAME] finished and got credit for?	J. Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	K. Is [NAME] currently married, widowed, divorced, separated, or never married?
				No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98	Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In School 06 Keeping House 07 Other 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Never been married 05

SPOUSE/PARTNER CHART

A. RELATIONSHIP	B. FIRST NAME	G. TIME LIVED WITH MO/YR	H. AGE	I. EDUCATION	J. WORK STATUS	K. MARITAL STATUS
91. WIFE 23		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__|	|__|__|
92. HUSBAND 24		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__|	|__|__|
93. PARTNER FEMALE 25 MALE 26		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__|	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's G-K.	G. How long have you been living with [NAME]?	H. How old is [NAME]?	I. What is the highest grade in regular school that [NAME] finished and got credit for?	J. Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	K. Is [NAME] currently married, widowed, divorced, separated, or never married?
				No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98	Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In School 06 Keeping House 07 Other 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Never been married 05

DAUGHTER CHART

A. RELATIONSHIP DAUGHTERS	B. FIRST NAME	G. TIME LIVED WITH MO/YR	H. AGE	I. EDUCATION	J. WORK STATUS	K. MARITAL STATUS
94. DAUGHTER 27 STEP-DU 29 FOSTER-D 31 ADOPTED 33		|__|__| MONTHS |__|__| YEARS ALL HER LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
95. DAUGHTER 27 STEP-DU 29 FOSTER-D 31 ADOPTED 33		|__|__| MONTHS |__|__| YEARS ALL HER LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
96. DAUGHTER 27 STEP-DU 29 FOSTER-D 31 ADOPTED 33		|__|__| MONTHS |__|__| YEARS ALL HER LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
97. DAUGHTER 27 STEP-DU 29 FOSTER-D 31 ADOPTED 33		|__|__| MONTHS |__|__| YEARS ALL HER LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
98. DAUGHTER 27 STEP-DU 29 FOSTER-D 31 ADOPTED 33		|__|__| MONTHS |__|__| YEARS ALL HER LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
99. DAUGHTER 27 STEP-DU 29 FOSTER-D 31 ADOPTED 33		|__|__| MONTHS |__|__| YEARS ALL HER LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's G-K.	G. How long have you been living with [NAME]?	H. How old is [NAME]?	I. What is the highest grade in regular school that [NAME] finished and got credit for?	J. Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	K. Is [NAME] currently married, widowed, divorced, separated, or never married?
				No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98	Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In School 06 Keeping House 07 Other 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Never been married 05

SON CHART

A. RELATIONSHIP SONS	B. FIRST NAME	G. TIME LIVED WITH MO/YR	H. AGE	I. EDUCATION	J. WORK STATUS	K. MARITAL STATUS
100. SON 28 STEP-SON 30 FOSTER-S 32 ADOPTED 34		|__|__| MONTHS |__|__| YEARS ALL HIS LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
101. SON 28 STEP-SON 30 FOSTER-S 32 ADOPTED 34		|__|__| MONTHS |__|__| YEARS ALL HIS LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
102. SON 28 STEP-SON 30 FOSTER-S 32 ADOPTED 34		|__|__| MONTHS |__|__| YEARS ALL HIS LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
103. SON 28 STEP-SON 30 FOSTER-S 32 ADOPTED 34		|__|__| MONTHS |__|__| YEARS ALL HIS LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
104. SON 28 STEP-SON 30 FOSTER-S 32 ADOPTED 34		|__|__| MONTHS |__|__| YEARS ALL HIS LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
105. SON 28 STEP-SON 30 FOSTER-S 32 ADOPTED 34		|__|__| MONTHS |__|__| YEARS ALL HIS LIFE 95	|__|__|	|__|__|	|__|__| |__|__|	|__|__|

A. CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's G-K.	G. How long have you been living with [NAME]?	H. How old is [NAME]?	J. Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	K. Is [NAME] currently married, widowed, divorced, separated, or never married?
				Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In School 06 Keeping House 07 Other 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Never been married 05

MOTHER CHART

A. RELATIONSHIP	B. FIRST NAME	G. TIME LIVED WITH MO/YR	H. AGE	J. WORK STATUS	K. MARITAL STATUS
106. MOTHER 01		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__| |__|__|	|__|__|
107. STEP-MOTHER 03		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__| |__|__|	|__|__|
108. ADOPTED MOTHER 05		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__| |__|__|	|__|__|
109. FOSTER MOTHER 07		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__| |__|__|	|__|__|
110. MOTHER-IN-LAW 09		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__| |__|__|	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's G-K.	G. How long have you been living with [NAME]?	H. How old is [NAME]?	J. Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	K. Is [NAME] currently married, widowed, divorced, separated, or never married?
				Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In School 06 Keeping House 07 OTHER 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Never been married 05

FATHER CHART

A. RELATIONSHIP	B. FIRST NAME	G. TIME LIVED WITH MO/YR	H. AGE	J. WORK STATUS	K. MARITAL STATUS
111. FATHER 02		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__| |__|__|	|__|__|
112. STEP-FATHER 04		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__| |__|__|	|__|__|
113. ADOPTED FATHER 06		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__| |__|__|	|__|__|
114. FOSTER FATHER 08		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__| |__|__|	|__|__|
115. FATHER-IN-LAW 10		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__| |__|__|	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's G-K.	G. How long have you been living with [NAME]?	H. How old is [NAME]?	J. Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	K. Is [NAME] currently married, widowed, divorced, separated, or never married?
				Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In School 06 Keeping House 07 OTHER 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Never been married 05

GRANDPARENT CHART

A. RELATIONSHIP	B. FIRST NAME	C. MOTHER OR FATHERS SIDE	E. YOUR SIDE OR SPOUSE	G. TIME LIVED WITH MO/YR	H. AGE	K. MARITAL STATUS
116. GRANDMOTHER 11		MOTHER 1 FATHER 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|
117. GRANDMOTHER 11		MOTHER 1 FATHER 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|
118. GRANDMOTHER 11		MOTHER 1 FATHER 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|
119. GRANDFATHER 12		MOTHER 1 FATHER 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|
120. GRANDFATHER 12		MOTHER 1 FATHER 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|
121. GRANDFATHER 12		MOTHER 1 FATHER 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's C-H.	C.Is [NAME] related through your Mother or Father?	D. Is that relation through marriage or by blood?	E. Is that through your side of the family or through your spouse's?	G. How long have you been living with [NAME]?	H. How old is [NAME]?

AUNT/UNCLE CHART

A. RELATIONSHIP	B. FIRST NAME	C. MOTHER OR FATHER'S SIDE	D. BY BLOOD OR MARRIAGE	E. YOUR SIDE OR SPOUSE	G. TIME LIVED WITH MO/YR	H. AGE
122. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|
123. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|
124. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|
125. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|
126. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|
127. AUNT 13 UNCLE 14		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	R's 1 SP's 2	|__|__| MONTHS |__|__| YEARS	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's C-H.	G. How long have you been living with [NAME]?	H. How old is [NAME]	I. What is the highest grade in regular school that [NAME] finished and got credit for?	J. [ASK IF 14 OR OLDER] Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	K. [ASK IF 14 OR OLDER] Is [NAME] currently married, widowed, divorced, separated, or never married?
				No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98	Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In school 06 Keeping house 07 OTHER 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Never been married 05

SISTER/BROTHER CHART

A. RELATIONSHIP	B. FIRST NAME	G. TIME LIVED WITH MO/YR	H. AGE	I. EDUCATION	J. WORK STATUS	K. MARITAL STATUS
128. SISTER 15 BROTHER 16		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
129. SISTER 15 BROTHER 16		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
130. SISTER 15 BROTHER 16		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
131. SISTER 15 BROTHER 16		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
132. SISTER 15 BROTHER 16		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
133. SISTER 15 BROTHER 16		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's C-H.	G. How long have you been living with [NAME]?	H. How old is [NAME]	I. What is the highest grade in regular school that [NAME] finished and got credit for?	J. Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	K. Is [NAME] currently married, widowed, divorced, separated, or never married?
				No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98	Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In school 06 Keeping house 07 OTHER 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Never been married 05

HALF/STEP SIBLING CHART

A. RELATIONSHIP	B. FIRST NAME	C. MOTHER OR FATHERS SIDE	G. TIME LIVED WITH MO/YR	H. AGE	I. EDUCATION	J. WORK STATUS	K. MARITAL STATUS
134. HALF-SISTER 17 HALF-BROTHER 18		MOTHER 1 FATHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
135. HALF-SISTER 17 HALF-BROTHER 18		MOTHER 1 FATHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
136. HALF-SISTER 17 HALF-BROTHER 18		MOTHER 1 FATHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
137. HALF-SISTER 17 HALF-BROTHER 18		MOTHER 1 FATHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
138. HALF-SISTER 17 HALF-BROTHER 18		MOTHER 1 FATHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
139. HALF-SISTER 17 HALF-BROTHER 18		MOTHER 1 FATHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|

A. CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's E-H.	E. Is that through your side of the family or through your spouses?	F. Is that relation from your sister's side or your brother's side?	G. How long have you been living with [NAME]?	H. How old is [NAME]?

SISTER/BROTHER IN-LAW CHART

A. RELATIONSHIP SISTER/-BROTHER-IN-LAW	B. FIRST NAME	E. YOUR SIDE OR SPOUSE	F. SISTER'S SIDE OR BROTHER'S SIDE	G. TIME LIVED WITH MO/YR	H. AGE
140. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
141. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
142. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
143. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
144. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
145. SISTER-IN-LAW 21 BROTHER-IN-LAW 22		R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's C-H.	C. Is [NAME] related through your Mother or Father?	D. Is that relation through marriage or by blood?	G. How long have you been living with [NAME]?	H. How old is [NAME]?

COUSIN CHART

A. RELATIONSHIP COUSIN: FEMALE/MALE	B. FIRST NAME	C. MOTHER OR FATHER'S SIDE	D. BY BLOOD OR MARRIAGE	G. TIME LIVED WITH MO/YR	H. AGE
146. COUSIN: FEMALE 35 MALE 36		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	|__|__| MONTHS |__|__| YEARS	|__|__|
147. COUSIN: FEMALE 35 MALE 36		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	|__|__| MONTHS |__|__| YEARS	|__|__|
148. COUSIN: FEMALE 35 MALE 36		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	|__|__| MONTHS |__|__| YEARS	|__|__|
149. COUSIN: FEMALE 35 MALE 36		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	|__|__| MONTHS |__|__| YEARS	|__|__|
150. COUSIN: FEMALE 35 MALE 36		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	|__|__| MONTHS |__|__| YEARS	|__|__|
151. COUSIN: FEMALE 35 MALE 36		MOTHER 1 FATHER 2	BLOOD 1 MARRIAGE 2	|__|__| MONTHS |__|__| YEARS	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's C-H.	D. Is that relation through marriage or by blood?	E. Is that through your side of the family or through your spouse's?	F. Is that relation from your sister's side or your brother's side?	G. How long have you been living with [NAME]?	H. How old is [NAME]?

NIECE/NEPHEW CHART

A. RELATIONSHIP NIECE/NEPHEW	B. FIRST NAME	D. BY BLOOD OR MARRIAGE	E. YOUR SIDE OR SPOUSE	F. SISTER'S SIDE OR BROTHER'S SIDE	G. TIME LIVED WITH MO/YR	H. AGE
152. NIECE 37 NEPHEW 38		BLOOD 1 MARRIAGE 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
153. NIECE 37 NEPHEW 38		BLOOD 1 MARRIAGE 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
154. NIECE 37 NEPHEW 38		BLOOD 1 MARRIAGE 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
155. NIECE 37 NEPHEW 38		BLOOD 1 MARRIAGE 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
156. NIECE 37 NEPHEW 38		BLOOD 1 MARRIAGE 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
157. NIECE 37 NEPHEW 38		BLOOD 1 MARRIAGE 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's C-H.	C.Is [NAME] related through your Mother or Father?	D. Is that relation through marriage or by blood?	E. Is that through your side of the family or through your spouses?	F. Is that relation from your sister's side or your brother's side?	G. How long have you been living with [NAME]?	H. How old is [NAME]?

OTHER RELATIVE CHART

A. RELATIONSHIP OTHER RELATIVE	B. FIRST NAME	C. MOTHER OR FATHERS SIDE	D. BY BLOOD OR MARRIAGE	E. YOUR SIDE OR SPOUSE	F. SISTER'S SIDE OR BROTHER'S SIDE	G. TIME LIVED WITH MO/YR	H. AGE
158. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
159. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
160. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
161. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
162. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|
163. OTHER RELATIVE: FEMALE 39 MALE 40		MOTHER 1 FATHER 2	MARRIAGE 1 BLOOD 2	R's 1 SP's 2	SISTER 1 BROTHER 2	|__|__| MONTHS |__|__| YEARS	|__|__|

A.CIRCLE RELATIONSHIP CODE BELOW.	B. ENTER FIRST NAME OF EACH PERSON. ASK Q's G-K.	G. How long have you been living with [NAME]?	H. How old is [NAME]	I. What is the highest grade in regular school that [NAME] finished and got credit for?	J. [ASK IF 14 OR OLDER] Last week, was [NAME]: working full time, part time, going to school, keeping house, or what? [CODE UP TO 2]	K. [ASK IF 14 OR OLDER] Is [NAME] currently married, widowed, divorced, separated, or never married?
				No formal School 00 1st 01 2nd 02 3rd 03 4th 04 5th 05 6th 06 7th 07 8th 08 9th 09 10th 10 11th 11 12th 12 13th 13 14th 14 15th 15 16th 16 Post Grad 17 [DON'T KNOW] 98	Working full time 01 Working part time 02 With a job, but not at work because of temporary illness, vaccine, strike 03 Unemployed, laid off, looking for work 04 Retired 05 In school 06 Keeping house 07 OTHER 08	Married 01 Widowed 02 Divorced 03 Legally Separated 04 Never been married 05

OTHER NON-RELATIVE

A. RELATIONSHIP OTHER NON-RELATIVE	B. FIRST NAME	G. TIME LIVED WITH MO/YR	H. AGE	I. EDUCATION	J. WORK STATUS	K. MARITAL STATUS
164. OTHER NON-RELATIVE: FEMALE 41 MALE 42		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
165. OTHER NON-RELATIVE: FEMALE 41 MALE 42		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
166. OTHER NON-RELATIVE: FEMALE 41 MALE 42		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
167. OTHER NON-RELATIVE: FEMALE 41 MALE 42		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
168. OTHER NON-RELATIVE: FEMALE 41 MALE 42		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|
169. OTHER NON-RELATIVE: FEMALE 41 MALE 42		|__|__| MONTHS |__|__| YEARS	|__|__|	|__|__|	|__|__| |__|__|	|__|__|

MARRIAGE/RELATIONSHIPS

170. Are you currently married, separated, divorced, widowed, living with a partner, or never been married?

Married……	01	(GO TO Q. 171)
Separated……	02	(SKIP TO Q. 176)
Divorced……	03	(SKIP TO Q. 176)
Widowed……	04	(SKIP TO Q. 176)
Living with a partner……....	05	(SKIP TO Q. 176)
Never been married……	06	(SKIP TO Q. 180)

171. When did you marry your current (husband/wife)?

YEAR 19 |__|__| OR AGE |__|__|

172. How many times have you been married (including this current marriage)?

ONCE……..	01	(SKIP TO Q. 186)
TWICE……	02	
THREE OR MORE……	03	

173. When were you first married?

YEAR 19 |__|__| OR AGE |__|__|

174. When did your first marriage end?

YEAR 19 |__|__| OR AGE |__|__|

175. How did your first marriage end?

SEPARATED……	01	(SKIP TO Q. 186)
DIVORCED……...	02	(SKIP TO Q.186)
WIDOWED……	03	(SKIP TO Q. 186)

176. How many times have you been married?

NEVER.....	00	(SKIP TO Q. 180)
ONCE.....	01	
TWICE.....	02	
THREE OR MORE.....	03	

177. When were you first married?

YEAR 19 |__|__| OR AGE |__|__|

178. When did your first marriage end?

YEAR 19 |__|__| OR AGE |__|__|

179. How did your first marriage end?

SEPARATED……01 (SKIP TO Q. 188)
DIVORCED……...02 (SKIP TO Q.188)
WIDOWED……03 (SKIP TO Q. 188)

180. Have you ever had a serious relationship with someone which lasted six months or more but whom you never married?

Yes……..1
No……2 (SKIP TO Q.188)

181. How many serious relationships have you had?

|__|__| SERIOUS RELATIONSHIPS

182. When did the most recent one begin?

|__|__| MONTH OR |__|__| YEAR

183. How long did this relationship last? CODE EITHER IN MONTHS OR YEARS

|__|__| MONTH OR |__|__| YEARS

STILL GOING ON …… 1

184. INTERVIEWER CHECKPOINT: IS R STILL IN A SERIOUS RELATIONSHIP?

YES……1
NO……..…..2 (SKIP TP Q.188)

HAND CARD #2

185. How often do you see him/her?

Every day……..05
Several times a week……..……04
About once a week……..……03
Several times a month……..……..…..02
Less often than that……..……...01

HAND CARD #1A

186. Using this scale, how are you doing in your marriage or relationship with your (husband/wife/partner)?

Very Well					Not So Well
6	5	4	3	2	1

187. Have you ever had serious disagreements with your (wife/husband/girlfriend/boyfriend)?

YES……1
NO……..2 (SKIP TO Q.188)

A. How many times has this occurred in the last six months?

|__|__| TIMES

B. Do the arguments ever become physically violent?

YES……1
NO……..2 (SKIP TO Q.188)

C. How often has this happened?

|__|__| TIMES

D. The last time this happened, who started it?

Respondent……..01
Spouse/Partner……02
Both……03

E. Who got hurt?

Respondent……..01
Spouse/Partner……02
Both……03
Others……04
No One……...05

HAND CARD #3

188. Using this scale, how important is it to you to have a serious relationship?

Not Very Important					Very Important
1	2	3	4	5	6

FAMILY RELATIONSHIPS

189. INTERVIEWER CHECKPOINT: IS (MOTHER/FEMALE GUARDIAN) LIVING?

YES……1
NO……..…..2 (SKIP TO Q.194)

HAND CARD #4

190. How often do you see your (mother/female guardian) or talk on the telephone?

Every day……..…..08
Several days a week…… ….07
About once a week…….…… ..06
2 or 3 times a month…….……....05
About once a month……..…… 04
5 to 10 times a year…….…..…03
Less than 5 times a year……..….02
Never……..…..01

191. Do you celebrate holidays or birthdays with your (mother/female guardian)?

YES……1
NO…….…..2

HAND CARD #1A

192. Using this scale, now that you are an adult, how is your mother (or female guardian) doing as a parent to you?

Very Well					Not So Well
6	5	4	3	2	1

193. How is your (mother's/female guardian's) health?

Excellent ……. 5
Very Good …….…… 4
Good ……..…… 3
Fair……..…. 2
Poor…….…. 1

194. INTERVIEWER CHECKPOINT: IS (FATHER) LIVING?

YES …… 1
NO …….…..2 (SKIP TO Q. 198)

HAND CARD #4

195 How often do you see your father or talk on the telephone?

Every day……..…..08
Several days a week…….….07
About once a week…….…… ..06
2 or 3 times a month…….……..05
About once a month……..…… 04
5 to 10 times a year…….…..…03
Less than 5 times a year……..….02
Never……..…..01

196. Do you celebrate holidays or birthdays with your father?

Yes ……..…1
No ……..2

197. How is your father's health?

Excellent …… 5
Very Good …….…… 4
Good ……..…… 3
Fair……..… 2
Poor…….… 1

198. INTERVIEWER CHECKPOINT: R HAS LIVING BROTHERS OR SISTERS?

YES …… 1
NO …….…..2 (MALES SKIP TO Q. 203)
(FEMALES SKIP TO Q. 200)

HAND CARD #4

199. How often do you see <u>any</u> of your brothers and sisters?

Every day……..…..08
Several days a week…….….07
About once a week…….……....06
2 or 3 times a month…….……..05
About once a month……..…… 04
5 to 10 times a year…….…..…03
Less than 5 times a year……..….02
Never……..…..01

PREGNANCY & HEALTH

MALES R'S GO TO Q. 203
FOR WOMEN:

200. How old were you the very first time you were pregnant, even if you didn't carry that pregnancy to full term?

|__|__| YEARS OLD

DON'T KNOW……..98
NEVER BEEN PREGNANT …….95 (SKIP TO Q. 203)

201. How old were you when you gave birth to your first child?

|__|__| YEARS OLD

NEVER BEEN PREGNANT …….95

202. Have you had any pregnancies that did not end in live births?

Yes ……1
No …….2 (SKIP TO Q. 203)

A. What happened? CODE ALL THAT APPLY

1. ABORTION ……01
2. MISCARRIAGE ……..……02
3. OTHER……..……..……03

FOR MEN AND WOMEN

203. Have you ever had an operation which makes it impossible for you to have children?
PROMPT That is, having your tubes tied, getting a vasectomy.

Yes ……1
No ……..2 (SKIP TO Q. 204)

A. How old were you when you had this operation?

|__|__| YEARS OLD

204. With how many people have you had sexual relations in the past 30 days?

|__|__| PEOPLE

NONE ……00 (SKIP TO Q. 205)

A. During the past 30 days, have you or your sexual partner(s) used any form of birth control or disease protection?

Yes ……1 (ASK B)
No …….….2 (SKIP TO Q. 205)

B. Was it ever a condom?

Yes …….1
No ……..…….2

C. In the past 30 days, did you or your sexual partner(s) use birth control or any form of disease protection always, sometimes, or almost never?

Always ……1
Sometimes……..2
Almost never …….……....3

205. Have you ever been tested for the AIDS virus?

Yes ……..…1
No …….2 (SKIP TO Q. 206)
REFUSED TO ANSWER……...……...7 (SKIP TO Q. 206)
DON'T KNOW ……....8 (SKIP TO Q. 206)

A. What were the results?

HIV Positive……..1
Not HIV Positive …….2
REFUSED TO ANSWER ……..7

HAND CARD #5

206. Now let's talk about your health since you were 16. Is your health now excellent, very good, good, fair, or poor?

Excellent ……. 5
Very Good …….……. 4
Good ……..…… 3
Fair……..… 2
Poor…….…,.1

207. Since you were 16, have you had any serious illnesses that lasted more than three weeks?

Yes ……1
No …….…2

208. Since you were 16, have you had any injuries that required treatment by a doctor?

Yes ……1 (ASK A)
No …….2 (SKIP TO Q. 209)

A. How many?

|__|__| INJURIES

B. For the most recent injury, how old were you?

|__|__| YEARS OLD

209. Do you have any health problems that interfere, now, with your daily life?

Yes ……1 ASK A
No …….2 (SKIP TO Q. 210)

HAND CARD # 6

A. What are they? CODE ALL THAT APPLY

1. ASTHMA, TB, OR LUNG PROBLEMS 01
2. ULCERS 02
3. HYPERTENSION OR HIGH BLOOD PRESSURE 03
4. HEART PROBLEM OR HEART ATTACK 04
5. STROKE 05
6. DIABETES OR SUGAR 06
7. SICKLE CELL ANEMIA 07
8. SEXUALLY TRANSMITTED DISEASES (STD'S, VD)..... 08
9. HIV POSITIVE OR AIDS 09
10. ARTHRITIS OR RHEUMATISM 10
11. EMOTIONAL OR NERVOUS CONDITION 11
12. CANCER 12
13. KIDNEY OR LIVER PROBLEMS..... 13
14. INJURIES (BACK PROBLEMS, ETC) 14
15. OTHER (SPECIFY_____) 15

210. Have you ever drunk alcoholic beverages?

Yes ……1
No …….2 (SKIP TO Q. 215)

211. Have you ever felt annoyed by criticism of your drinking?

Yes ……1
No …….2

212. Have you ever had guilty feelings about drinking?

Yes ……1
No …….2

213. Have you ever taken a morning eye opener (an alcoholic drink in the morning)?

Yes ……1
No …….2

214. Have you ever tried to cut down on your drinking?

Yes ……1
No …….2

215. Have you ever been hospitalized or stayed overnight in a treatment center for your use of alcohol or drugs?

Yes ……1 (ASK A)
No ……..….2 (SKIP TO Q. 216)

A. How many times?

|___|___| TIMES

B. When was (the most recent time)?

AGE |___|___| OR YEAR 19 |___|___|

216. Have you ever been hospitalized or stayed overnight in a treatment center for psychiatric, nervous, or emotional conditions?

Yes ……1 (ASK A)
No ……..……2 (SKIP TO Q. 217)

A. How many times?

|___|___| TIMES

B. When (was the most recent time)?

AGE |___|___| OR YEAR |___|___|

C. What was the length of the (longest) stay?

|___|___|___| DAYS

MORE THAN A YEAR ……995

217. Are you currently covered by (READ LIST)?

	Yes	No
A. Health Insurance through		
Your or your spouse's work ……	1	2
B. Medicaid or "Green Card" ……..……	1	2
C. Veterans Benefits……..……	1	2
D. Champus…….…..	1	2
E. Health insurance from		
Some other source ……	1	2

BEING BLACK

Now, let's talk about being Black.

218. Is there something about being African American that you would like to teach your children or other young people?

A. What are the most important things you would tell them? CODE ALL THAT APPLY.

1. PRIDE IN SELF/RACE 01
2. INDEPENDENCE 02
3. IMPORTANCE OF BEING ASSERTIVE..... 03
4. TOLERANCE 04
5. PASSIVE ACCEPTANCE 05
6. NEVER TRUST ANYONE 06
7. WHITE PREJUDICE/HATRED 07
8. THE EQUALITY OF ALL PEOPLE 08
9. SOCIETAL RESTRICTIONS/BLOCKED OPPORTUNITIES 09
10. THE NEED TO EXCEL/
    WORK HARDER THAN WHITES TO GET ANYWHERE 10
11. SENSE OF COMMUNITY 11
12. MUTUAL AID AMONG MEMBERS OF THE
    BLACK COMMUNITY 12
13. SENSE OF HISTORY..... 13
14. IMPORTANCE OF ETHNIC CELEBRATIONS 14
15. STAY OFF DRUGS 15
16. OTHER (SPECIFY_____) 16

B. Is this different from what you were taught?

Yes …… 1
No …….…… 2

C. How about when you were a child? Were there things your parents or the people who raised you taught you to help you know what it is to be black?

Yes …… 1
No …….…… 2 (SKIP TO Q. 219)

D. What were the most important things you were taught about being black when you were growing up? CODE ALL THAT APPLY

1. PRIDE IN SELF/RACE 01
2. INDEPENDENCE 02
3. IMPORTANCE OF BEING ASSERTIVE..... 03
4. TOLERANCE 04
5. PASSIVE ACCEPTANCE 05
6. NEVER TRUST ANYONE 06
7. WHITE PREJUDICE/HATRED 07
8. THE EQUALITY OF ALL PEOPLE 08
9. SOCIETAL RESTRICTIONS/BLOCKED OPPORTUNITIES 09
10. THE NEED TO EXCEL/
    WORK HARDER THAN WHITES TO GET ANYWHERE 10
11. SENSE OF COMMUNITY 11
12. MUTUAL AID AMONG MEMBERS OF THE
    BLACK COMMUNITY 12
13. SENSE OF HISTORY..... 13
14. IMPORTANCE OF ETHNIC CELEBRATIONS 14
15. STAY OFF DRUGS 15
16. OTHER (SPECIFY_____) 16

219. In general, how much do you think black parents in this neighborhood can do to help a child? Can they do a great deal, quite a bit, just a little, or not much at all to help?

Great deal …….. 04
Quite a bit ……03
Just a little …….. 02
Not much at all …….. 01

220. Because of being Black, have you ever …

	Yes	No
A. Been denied a job? ……..	1	2
B. Had a problem getting housing?.....	1	2
C. Received special benefits from teachers? ……	1	2
D. Had a problem walking in a neighborhood?.....	1	2
E. Gotten into trouble with teachers?.....	1	2
F. Received special benefits from employers?.....	1	2
G. Had a problem going anywhere for entertainment?.....	1	2
H. Been hassled by the police?.....	1	2

EDUCATION

The next few questions are about your education.

221. What is the highest grade in elementary or high school that you finished and got credit for? CODE EXACT GRADE.

No formal school ……00
1st grade ……01
2nd grade ……..02
3rd grade ……03
4th grade……04
5th grade……05
6th grade ……06
7th grade ……07
8th grade……08
9th grade……09
10th grade……10
11th grade ……11
12th grade……12
DON'T KNOW ……98

222. Around the time you were in school, what were you really good at?
RECORD VERBATIM AND CODE ALL THAT APPLY.

_____

_____

A. ACADEMICS …… 01
B. ATHLETICS …….. 02
C. SOCIAL …… 03
D. ARTISTIC …… 04
E. OTHER (SPECIFY _____) ……... 05

223. Did you ever get a high school diploma or a GED certificate?

Yes …… 1 (ASK A)
No …… 2 (SKIP TO Q. 224)
DON'T KNOW ……..8 (SKIP TO Q. 224)

A. Which?

High school diploma …… 1
GED certificate …… 2

B. In what year did you receive your (diploma/GED)?

YEAR 19 |___|___|

224. Did you ever consider going to college, business college, technical, or vocational school?

Yes …… 1 (SKIP TO B)
No …… 2

A. Why not? CODE ALL THAT APPLY

1. COULDN'T AFFORD IT ……...1
2. NOT PREPARED ACADEMICALLY ……..2
3. LACK OF INFORMATION ABOUT HOW TO APPLY …….3
4. FAMILY OBLIGATIONS …..……..…4
5. WENT TO WORK …….… 5
6. OTHER (SPECIFY _____) ……..… 6

SKIP TO Q. 226

B. What happened? CODE ALL THAT APPLY

1. ATTENDED ……...1
2. NOT ACCEPTED…….…2 (SKIP TO Q. 226)
3. COULDN'T AFFORD IT …….…3 (SKIP TO Q. 226)
4. FAMILY OBLIGATIONS …….…4 (SKIP TO Q. 226)
5. HAD TO GO TO WORK …….…… 5 (SKIP TO Q. 226)
6. OTHER (SPECIFY) _____ …….. 6 (SKIP TO Q. 226)

225. Did you ever complete at least one year of college, business college, technical, or vocational school?

Yes ……..… 1 (ASK A)
No ……. 2 (SKIP TO Q. 226)
DON'T KNOW …… 8 (SKIP TO Q. 226)

A. What type of school? CODE ALL THAT APPLY

1. COLLEGE …….…1 (ASK B)
2. BUSINESS COLLEGE …….… 2 (SKIP TO Q. 226)
3. TECHNICAL SCHOOL ……....3 (SKIP TO Q. 226)
4. VOCATIONAL /TRADE SCHOOL …….4 (SKIP TO Q. 226)

B. How many years did you complete?

1 YEAR ……..13
2 YEARS ……...14
3 YEARS ……...15
4 YEARS …….. 16
5 YEARS …….. 17
6 YEARS …….. 18
7 YEARS …….. 19
8 OR MORE YEARS …… 20
DON'T KNOW …….…..98

C. Do you have a college degree?

Yes ……1 (ASK D)
No ……. 2 (SKIP TO Q. 226)
DON'T KNOW ……. 8 (SKIP TO Q. 226)

D. What degree or degrees? CODE HIGHEST DEGREE EARNED

Associates/Junior 1
Bachelors 2
Graduate 3
DON'T KNOW 8

226. When were you last enrolled in regular school?

YEAR 19 |___|___| (SKIP TO Q. 228)

Currently in school ……. 95 (ASK A)

A. What kind of school are you attending?

HIGH SCHOOL ..... 1 (SKIP TO Q. 229)
VOCATIONAL/TECHNICAL SCHOOL ..... 2 (SKIP TO Q. 229)
UNDERGRADUATE COLLEGE ..... 3 (SKIP TO Q. 229)
GRADUATE/PROFESSIONAL SCHOOL ..... 4 (SKIP TO Q. 229)
OTHER (SPECIFY) _____ ..... 5 (SKIP TO Q. 229)

227. OMITTED

228. Why did you stop school at that time? CODE ALL THAT APPLY

A. RECEIVED DEGREE, COMPLETED COURSE WORK 01
B. EXPELLED OR SUSPENDED 02
C. GOT MARRIED 03
D. PREGNANCY 04
E. SCHOOL TOO DANGEROUS 05
F. LACK OF ABILITY, POOR GRADES 06
G. HOME RESPONSIBILITIES 07
H. OFFERED GOOD JOB, CHOSE TO WORK 08
I. FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO ATTEND 09
J. ENTERED MILITARY 10
K. MOVED AWAY FROM SCHOOL OR NEIGHBORHOOD 11
L. FELT EXCLUDED 12
M. STOPPED GOING BECAUSE OF DRINKING 13
N. STOPPED GOING BECAUSE OF DRUGS 14
O. QUIT BECAUSE I LEFT THE INSTITUTION (PRISON, REFORM SCHOOL) 15
P. OTHER (SPECIFY _____) 16

229. What were your grades the last year you were in school?
READ CATEGORIES.

Mostly A's and B's 1
Mostly B's and C's 2
Mostly C's and D's 3
Mostly D's and F's 4

WORK

Now some questions about work.

HAND CARD #7

230. Last week were you working full time, part time, going to school, keeping house, or what?

CODE ALL THAT APPLY. FOLLOW THE SKIP FOR THE SMALLEST CODE CIRCLED.

Working full time ……. 01 (ASK B)
Working part time …….….. 02 (ASK B)
Working more than one job …….. 03 (ASK B)
With a job, but not at work because
of temporary illness, vacation, strike ……. 04 (ASK B)

Unemployed, laid off, looking for work …… 05 (ASK A)
Retired …….. 06 (ASK A)
In school ……..…..… 07 (ASK A)
Keeping house …… 08 (ASK A)
Disabled ……..…. 09 (ASK A)
Other (SPECIFY _____) ……..… 10 (ASK A)

A. Have you ever been employed for a period of at least 6 months?

Yes ……1 (ASK B)
No ……. 2 (SKIP TO Q. 238)

B. What kind of work (do/did) you normally do? (PROBE FOR JOB TITLE)

OCCUPATION: _____

_____

C. What kind of business or industry (is/was) that – what (do/did) they do or make where you work?

INDUSTRY: _____

D. When did you start this job?

YEAR 19 |___|___| OR AGE |___|___|

E. INTERVIEWER CHECKPOINT: IS R CURRENTLY EMPLOYED (Q. 230 CODED 01, 02, 03, OR 04)?

YES ……. 1 (SKIP TO H)
NO ……2

F. When did you stop?

YEAR 19 |___|___| OR AGE |___|___|

G. Why did you stop working at this job? CODE ALL APPLY.

1. FIRED ..... 01 (SKIP TO Q. 232)
2. WENT BACK TO SCHOOL ..... 02 (SKIP TO Q. 232)
3. IMPRISONED ..... 03 (SKIP TO Q. 232)
4. QUIT, DIDNT LIKE IT ..... 04 (SKIP TO Q. 232)
5. TOOK BETTER JOB ..... 05 (SKIP TO Q. 232)
6. JOB ENDED..... 06 (SKIP TO Q. 232)
7. GOT IN A FIGHT, ARGUMENT..... 07 (SKIP TO Q. 232)
8. GOT PREGNANT ..... 08 (SKIP TO Q. 232)
9. QUIT BECAUSE OF ALCOHOL ..... 09 (SKIP TO Q. 232)
10. QUIT BECAUSE OF DRUGS ..... 10 (SKIP TO Q. 232)
11. QUIT FOR HEALTH REASONS ..... 11 (SKIP TO Q. 232)
12. FAMILY REASONS (MOVED, CHILD CARE) ..... 12 (SKIP TO Q. 232)
13. LAYOFF ..... 13 (SKIP TO Q. 232)
14. OTHER ..... 14 (SKIP TO Q. 232)

HAND CARD #1A

H. Choose the number on this scale which best describes how you are doing in your work.

Very Well					Not So Well
6	5	4	3	2	1

HAND CARD #8

231. Using this scale, does your job provide you with….

	Not at all					Very Much
A. ….. a feeling you are accomplishing something?	1	2	3	4	5	6
B. …independence?	1	2	3	4	5	6
C. ….security?	1	2	3	4	5	6
D. …interesting things to do?	1	2	3	4	5	6
E. …satisfactory income?	1	2	3	4	5	6
F. …opportunities for advancement?	1	2	3	4	5	6
G. …good benefits such as health insurance, sick pay, or vacations?	1	2	3	4	5	6
H. …nice co-workers	1	2	3	4	5	6

232. The next questions are about your first steady job, one that lasted at least 6 months.

A. Is this the job we just talked about?

Yes ……..1 (SKIP TO Q. 234)
No ……2

B. When did you start that job?

YEAR 19 |___|___| OR |___|___| YEARS OLD

C. What kind of work did you normally do? (PROBE FOR JOB TITLE)

OCCUPATION: _____

_____

D. What kind of business or industry is that – what (do/did) they do or make where you worked?

INDUSTRY: _____

_____

E. When did that job end?

YEAR 19 |___|___| OR |___|___| YEARS OLD

F. Why did you stop working at that job? CODE ALL THAT APPLY

1. FIRED 01
2. WENT BACK TO SCHOOL 02
3. IMPRISONED 03
4. QUIT, DIDN'T LIKE IT 04
5. TOOK BETTER JOB 05
6. JOB ENDED 06
7. GOT IN FIGHT, ARGUMENT 07
8. GOT PREGNANT 08
9. BECAUSE OF ALCOHOL 09
10. BECAUSE OF DRUGS 10
11. FOR HEALTH REASONS 11
12. FAMILY REASONS (MOVED, CHILD CARE) 12
13. LAYOFF 13
14. OTHER 14

233. Since then, how many employers have you had?

|___|___| EMPLOYERS

234. Did you ever receive a raise or bonus on merit?

Yes …… 1
No……..……2

235. Were you ever demoted or suspended?

Yes …… 1
No……..……2

236. Were you ever promoted?

Yes …… 1
No……..……2

237. Have you ever been unemployed for 3 months or more when you wanted to be employed?

Yes …… 1 (ASK A AND B)
No ……2 (SKIP TO Q. 238)

A. How many times?

|___|___| TIMES

B. When (did the most recent period begin)?

YEAR 19 |___|___| OR AGE |___|___|

DK……..98

238. INTERVIEWER CHECKPOINT: DOES R CURRENTLY HAVE A JOB?

YES, HAS A JOB …… 1 (SKIP TO Q. 240)
NO, DOES NOT HAVE A JOB ……...…2

239. Would you like a regular job now?

Yes …….1 (SKIP TO B)
No …….. 2

A. Why not? RECORD VERBATIM

_____

_____

B. Do you think there are jobs available in this area for those with your experience and qualifications?

Yes …….. 1
No …….2

HAND CARD #3

240. Using this scale, how important, to you, is having a good job?

Very Important					Not Very Important
6	5	4	3	2	1

241. Have you ever served in the military?

Yes …… 1
No …….. 2 (SKIP TO Q. 242)

A. With which branch of the military did you serve? CODE ALL THAT APPLY

1. ARMY 01
2. NAVY 02
3. AIR FORCE..... 03
4. MARINE CORPS 04
5. COAST GUARD..... 05
6. ARMY RESERVES 06
7. NAVY RESERVES..... 07
8. AIR FORCE RESERVES..... 08
9. MARINE CORPS RESERVES 09
10. COAST GUARD RESERVES 10
11. AIR NATIONAL GUARD 11
12. ARMY NATIONAL GUARD 12
13. OTHER (SPECIFY) _____ 13

B. What year did you enter?

YEAR: 19 |___|___|

C. What year did you separate?

YEAR: 19 |___|___|

STILL IN MILITARY …… 95 (SKIP TO Q. 242)

D. What sort of discharge did you receive?

HONORABLE 01
GENERAL..... 02
UNDESIRABLE 03
BAD CONDUCT 04
DISHONORABLE OR DISMISSAL 05
MEDICAL 06
OTHER (SPECIFY) _____ 07
DON'T KNOW 98

INCOME

The next questions are about income.

HAND CARD #9

242. Which of these groups did your total household income, from all sources, fall in 1991 before taxes? Just say the number.

Under $1,000	01
$1,000 to $2,999	02
$3,000 to $3,999	03
$4,000 to $4,999	04
$5,000 to $5,999	05
$6,000 to $6,999	06
$7,000 to $7,999	07
$8,000 to $8,999	08
$9,000 to $9,999	09
$10,000 to $12,499	10
$12,500 to $14,999	11
$15,000 to $17,499	12
$17,500 to $19,999	13
$20,000 to $22,499	14
$22,500 to $24,999	15
$25,000 to $34,999	16
$35,000 to $49,999	17
$50,000 to $54,999	18
$55,000 to $59,999	19
$60,000 to $64,999	20
$65,000 to $69,999	21
$70,000 to $74,999	22
$75,000 and over	23
REFUSED	97
DON'T KNOW	98

243. In 1991, did income for you and others in the household include the following:

		Yes	No
A.	Salaries or Wages?	1	2
B.	Welfare/Public Assistance?	1	2
C.	Food Stamps?	1	2
D.	Social Security?	1	2
E.	SSI or Disability?	1	2
F.	Veteran's Benefits?	1	2
G.	Unemployment Compensation?	1	2
H.	Alimony or Child Support?	1	2
I.	Gifts or Loans?	1	2
J.	Dividends, Interest?	1	2
K.	Savings?	1	2
L.	Real Estate?	1	2
M.	Illegal Activities?	1	2
N.	Gambling?	1	2
O.	Pension/Railroad Retirement?	1	2
P.	Sales commission, tips, bonuses?	1	2
Q.	Other income? (SPECIFY _____)	1	2

244. During the last five years, has the financial situation of your household been getting worse, remained the same, or has it been getting better?

Worse 1
About the same 2
Better 3

245. Do you currently have (READ LIST)...

		Yes	No
A.	A personal checking account?	1	2
B.	An individual retirement account?	1	2
C.	A pension plan?	1	2
D.	A home/condominium?	1	2
E.	A car, truck, motorcycle?	1	2
F.	A credit card or charge account?	1	2
G.	A car loan or mortgage?	1	2
H.	Savings?	1	2

246. In the past year have you had difficulty paying your rent or mortgage?

Yes ……1 (ASK A)
No ……..2 (SKIP TO Q. 247)
NOT APPLICABLE …….6 (SKIP TO Q. 247)

A. Were you evicted?

Yes ……..1
No …… 2

247. In the past year have you had difficulty paying your gas or electric bill?

Yes …… 1 (ASK A)
No …… 2 (SKIP TO Q. 249)
NOT APPLICABLE …… 6 (SKIP TO Q. 249)

A. Was your service cut off?

Yes ……..1
No …… 2

248. OMITTED

249. In the past year have you had difficulty paying your telephone bill?

Yes …… 1
No …… 2
NOT APPLICABLE …….…… 6

250. In the past year have you had difficulty paying your heating bill?

Yes …… 1 (ASK A)
No …… 2 (SKIP TO Q. 251)
NOT APPLICABLE …… 6 (SKIP TO Q. 251)

A. Was your service cut off?

Yes …… 1
No …… 2

251. Have you done <u>any of the following</u> in the past <u>12 months</u>…

	Yes	No
A. Pawned a personal item to raise cash? ……	1	2
B. Sold something you owned because you needed the money?.....	1	2
C. Put off medical or dental treatment because of the cost?.....	1	2
D. Traded for goods or services?.....	1	2
E. Had something repossessed?.....	1	2

252. Have you ever received AFDC or any other public assistance such as general welfare or SSI?

Yes …… 1
No …….. 2 (SKIP TO Q.254)

A. In what year did you start receiving public assistance?

19 |__|__| YEAR

B. In what year did you stop receiving public assistance?

19 |__|__| YEAR

IF VOLUNTEERED, STILL RECEIVING ASSISTANCE…….. 95 (SKIP TO Q.254)

C. How many times since then have you been on public assistance?

|__|__| TIMES

NONE……. 00 (SKIP TO Q.254)

D. In what year did the most recent time begin?

19 |__|__| YEAR

E. In what year did the most recent time end?

19 |__|__| YEAR

253. OMITTED

CHILDREN & PARENTING

The next questions are about children and parenting.

254. Do you have any children who do not live with you?

Yes …… 1
No …….. 2 (SKIP TO Q.255)

A. How many?

|__|__| CHILDREN WHO DON'T LIVE WITH R

B. What (is his/her) (are their) name(s) from oldest to youngest? ENTER THE NAMES OF THE TWO OLDEST IN CHART BELOW.

FOR EACH CHILD NAMED, ASK C - G	CHILD # 1 NAME:_____	CHILD # 2 NAME:_____
C. How old?	|__|__| YEARS OLD	|__|__| YEARS OLD
D. Boy or Girl?	Boy…….1 Girl……..2	Boy…….1 Girl……..2
E. When was the last time you saw him/her?	Within last week……..…01 Within last month……..…02 Within last 3 months……03 Within last year……...04 More than a year ago….….05 Never……..06	Within last week……..…01 Within last month……..…02 Within last 3 months……03 Within last year……...04 More than a year ago….….05 Never……..06
F. Do you pay anything toward his/her support?	Yes……1 No……..2	Yes……1 No……..2
G. Has your mother or other close relative seen him/her in the last year?	Yes……...1 No…….2 DK…….3	Yes……...1 No…….2 DK…….3

255. Have any of your children died?

Yes ……1 (ASK A)
No ……..2 (SKIP TO Q.256)
DON'T KNOW……...8 (SKIP TO Q.256)

A. How many?

|__|__| CHILDREN WHO HAVE DIED

256. INTERVIEWER CHECKPOINT: DOES R HAVE ANY CHILDREN LIVING IN THE HOUSEHOLD?

Yes ……1
No …… 2 (SKIP TO Q.288)

257. Have you ever been asked to meet with a teacher or principal because of a behavior of one of your children?

Yes ……1
No …… 2
Children not yet in school ……..3 (SKIP TO Q. 260)

258. Have any of your children ever been suspended or expelled from school?

Yes ……1
No …… 2

259. Have any of your children ever been in trouble with the police?

Yes ……1
No …… 2

260. INTERVIEWER CHECKPOINT: REFER TO CHARTS ON PAGES 40 AND 42. IS THERE A CHILD IN THE HOUSEHOLD WHO IS 7 YEARS OLD?

Yes ……1 (SKIP TO Q.263)
No …… 2

261. IS THERE A CHILD BETWEEN 8 AND 15?

Yes …… 1 (SELECT CHILD CLOSEST TO AGE 7. SKIP TO Q.263 AND RECORD NAME)
No …… 2

262. IS THERE A CHILD BETWEEN THE AGES OF 4 AND 6?

Yes ……1 SELECT CHILD CLOSEST TO AGE 7.
No …… 2 (SKIP TO Q.288)

263. INTERVIEWER CHECKPOINT: WRITE THE NAME OF THE SELECTED CHILD:_____

The following questions address characteristics which children or young people may have. For each one, please indicate how much like that (SELECTED CHILD'S NAME) is.

HAND CARD # 10

264. Shy, timid, alone too much

Not at all 01
A little..... 02
Some 03
Pretty much 04
Very much 05
Very, very much 06

265. Has no friends

Not at all 01
A little..... 02
Some 03
Pretty much 04
Very much 05
Very, very much 06

266. Fights, doesn't obey, destroys things, lies

Not at all 01
A little..... 02
Some 03
Pretty much 04
Very much 05
Very, very much 06

267. Acts younger than his/her age, cries too much, has temper tantrums

Not at all 01
A little..... 02
Some 03
Pretty much 04
Very much 05
Very, very much 06

268. Is bright enough, but doesn't learn as well or do things as well as he/she seems able to

Not at all 01
A little..... 02
Some 03
Pretty much 04
Very much 05
Very, very much 06

269. Is restless, fidgets all the time, can't sit still

Not at all 01
A little..... 02
Some 03
Pretty much 04
Very much 05
Very, very much 06

270. Is not serious about school work

Not at all 01
A little..... 02
Some 03
Pretty much 04
Very much 05
Very, very much 06

HAND CARD # 11

271. Is (he/she) rather high strung, tense, and nervous?

Often……..3
Sometimes……2
Not Often……...1

272. Does (he/she) cheat?

Often……..3
Sometimes……2
Not Often……...1

273. Does (he/she) tell lies?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

274. Does (he/she) argue?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

275. Does (he/she) have difficulty concentrating or paying attention for long?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

276. Is (he/she) easily confused, or seems to be in a fog?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

277. Does (he/she) bully or act cruel or mean?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

278. Is (he/she) disobedient?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

279. Is (he/she) impulsive, or act without thinking?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

280. Is (he/she) restless or overly active, cannot sit still?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

281. Does (he/she) have a very strong temper and lose it easily?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

282. Does (he/she) break things on purpose or deliberately destroy things?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

283. Does (he/she) hang around with kids who get into trouble?

Often……..……..3
Sometimes……..……2
Not Often……..……...1

HAND CARD # 12

284. In the past month, how often have you:

A. Let your children know you are proud of the good things they do?

Daily 05
Almost daily 04
A few times 03
Almost never 02
Never 01
DON'T KNOW 98

B. Spent time doing things with your children?

Daily 05
Almost daily 04
A few times 03
Almost never 02
Never 01
DON'T KNOW 98

C. Let your children do things they shouldn't do?

Daily 05
Almost daily 04
A few times 03
Almost never 02
Never 01
DON'T KNOW 98

D. Been affectionate toward your children?

Daily 05
Almost daily 04
A few times 03
Almost never 02
Never 01
DON'T KNOW 98

E. Gotten angry with your children?

Daily 05
Almost daily 04
A few times 03
Almost never 02
Never 01
DON'T KNOW 98

285. INTERVIEWER CHECKPOINT: REFER TO Q.170, IS R CURRENTLY MARRIED OR LIVING WITH A PARTNER?

Yes ……1 (SKIP TO Q.287)
No …… 2

286. Is there another adult in your household who helps with your children?

Yes ……1
No …… 2 (SKIP TO Q. 288)

287. In the past month, how often has (your spouse/partner/another adult):

A. Let your children know (he/she) is proud of the good things they do?

Daily 05
Almost daily 04
A few times 03
Almost never 02
Never 01
DON'T KNOW 98

B. Spent time doing things with your children?

Daily 05
Almost daily 04
A few times 03
Almost never 02
Never 01
DON'T KNOW 98

C. Let your children do things they shouldn't do?

Daily 05
Almost daily 04
A few times 03
Almost never 02
Never 01
DON'T KNOW 98

D. Been affectionate toward your children?

Daily 05
Almost daily 04
A few times 03
Almost never 02
Never 01
DON'T KNOW 98

E. Gotten angry with your children?

Daily 05
Almost daily 04
A few times 03
Almost never 02
Never 01
DON'T KNOW 98

HAND CARD # 1A

288. Using this scale, how are you doing as a parent?

Very Well					Not So Well
6	5	4	3	2	1

288 A. INTERVIEWER CHECKPOINT: IS R FEMALE?

Yes ..... 1 (SKIP TO P.101)
No 2

STORY STEMS: FOR ADULT MALES

People have different views about families. To get a picture of family life, it helps to set up a series of events and ask people what is likely to happen. There are 10 events in this series. Please describe what is likely to happen in each. Because everything you say is so important, this portion of the interview will be taped.

(INTERVIEWER: PROBE TO GET A PICTURE OF THE EVENT. DO NOT INSERT MATERIAL, BUT DO ASK QUESTIONS THAT FILL OUT THE PICTURE: "WHAT HAPPENS NEXT?" "AND THEN WHAT HAPPENS?" "WHAT DOES HE DO?")

START THE TAPE WITH THE RESPONDENT'S CASE ID.

289. Story 1. Darrell Jackson is 33 years old and lives with her family near here. His son Michael is 7. Last Wednesday evening, Michael was playing. Darnell's wife asked Michael to go to the store because she had to finish preparing dinner and was in a hurry. Continue the story.

290. Story 2. Darrell's wife broke a very beautiful bowl that she liked very much. Darrell hears the noise. Continue the story.

291. Story 3. It is late in the evening and Darrell has not yet returned home. The dinner is ready and his wife doesn't know where he is. Continue the story.

292. Story 4. A friend of Darrell's son Michael was waiting outside for Michael to play when Darrell asked Michael to help him clean up. What happens?

293. Story 5. Darrell's son Michael is doing badly in his school work. The teacher asks him to tell his parents to come to school to talk with them. Continue the Story.

294. Story 6. On returning from work, Darrell sees his wife is not home. It is very late, the dinner is not ready, and he has no idea where she is. What happens?

295. Story 7. Darrell's son Michael injured a friend in a fight, and the friend started bleeding. One of Michael's parents comes along. Continue the Story. What happens?

296. Story 8. Michael is very proud of himself because he has received an award from his teacher for doing excellent school work. Michael goes home, opens the door, and..... Continue the story.

297. Story 9. Michael broke a window while playing ball near their home. Continue the story.

298. Story 10. Darrell is repairing a lamp without paying attention to what he is doing. The lamp breaks and cuts his hand. His wife arrives. Continue the story.

That completes the stories

299. In what ways are you like Darrell?

INTERVIEWER STOP TAPING HERE. STOP TAPING HERE AND SKIP TO Q.311.

A. INTERVIEWER CHECKPOINT: CODE ONE OF THE FOLLOWING:

TAPING COMPLETE……. 1
TAPING REFUSED…… 2
BREAKOFF DURING TAPING AT Q.__..... 3
DID NOT TAPE FOR OTHER REASON (SPECIFY_____)….. 4

SKIP TO Q.311

STORY STEMS: FOR ADULT FEMALES

People have different views about families. To get a picture of family life, it helps to set up a series of events and ask people what is likely to happen. There are 10 events in this series. Please describe what is likely to happen in each. Because everything you say is so important, this portion of the interview will be taped.

(INTERVIEWER: PROBE TO GET A PICTURE OF THE EVENT. DO NOT INSERT MATERIAL, BUT DO ASK QUESTIONS THAT FILL OUT THE PICTURE: "WHAT HAPPENS NEXT?" "AND THEN WHAT HAPPENS?" "WHAT DOES HE DO?")

START THE TAPE WITH THE RESPONDENT'S CASE ID.

300. Story 1. Kimberly Jackson is 33 years old and lives with her family near here. Her daughter Tanya is 7. Last Wednesday evening, Tanya was playing. Kimberly asked her to go to the store because she had to finish preparing dinner and was in a hurry. Continue the story.

301. Story 2. Kimberly broke a very beautiful bowl that she liked very much. Her husband hears the noise, Continue the story.

302. Story 3. It is late in the evening and Kimberly's husband has not yet returned home. The dinner is ready and Kimberly does not know where he is. Continue the story.

302. Story 4. A friend of Kimberly's daughter Tanya was waiting outside for Tanya to play when Kimberly's husband asked Tanya to help him clean up. What happens?

304. Story 5. Kimberly's daughter Tanya is doing badly in her school work. The teacher asks Tanya to tell her parents to come to school to talk with them. Continue the Story.

305. Story 6. On returning from work, Kimberly's husband sees that Kimberly is not home. It is very late, the dinner is not ready, and he has no idea where she is. What happens?

306. Story 7. Kimberly's daughter Tanya injured a friend in a fight, and the friend started bleeding. One of Tanya's parents comes along, Continue the Story. What happens?

307. Story 8. Tanya is very proud of herself because she has received an award from her teacher for doing excellent school work. Tanya goes home, opens the door, and..... Continue the story.

308. Story 9. Tanya broke a window while playing ball near their home. Continue the story

309. Story 10. Kimberly's husband is repairing a lamp without paying attention to what he is doing. The lamp breaks and cuts his hand. Kimberly arrives. Continue the story.

That completes the stories

310. In what ways are you like Kimberly?

INTERVIEWER STOP TAPING HERE.

A. INTERVIEWER CHECKPOINT: CODE ONE OF THE FOLLOWING:

TAPING COMPLETE ……. 1
TAPING REFUSED …… 2
BREAKOFF DURING TAPING AT Q. _____ ……..….3
DID NOT TAPE FOR
OTHER REASON (SPECIFY _____) …… 4

CRIME ACTIVITY

		IF YES			IF NO	
A. The next questions are about crimes that you may have committed or may have been committed against you. ASK ALL OF COLUMN A FOR Q'S 311-344 FIRST		B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?		D. Has anyone you know well….	E. Was it your (husband/wife/partner)?
311. Has anyone ever purposely injured you physically? Yes ……...1 No …….2		Anyone purposely injured you physically? |__|__| |__|__| YEAR OR AGE	|___|___| TIMES		Been purposely injured? Yes ……1 ⇒ No ……..2	Yes ……..1 No ……....2
312. Did you ever have something stolen from you by threat or force? Yes ……...1 No …….2		You had something stolen from you by threat or force? |__|__| |__|__| YEAR OR AGE	|___|___| TIMES		Had something stolen from them by threat or by force Yes ……1 ⇒ No ……..2	Yes ……..1 No ……....2
313. Did you ever steal something worth at least $10? Yes ……...1 No …….2		You stole something worth at least $10? |__|__| |__|__| YEAR OR AGE	|___|___| TIMES		Stolen something worth at least $10? Yes ……..1 No ……....2	

		IF YES			IF NO
A.		B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?		D. Has anyone you know well….
314. Did you ever break into a store or other business? Yes ……...1 No …….2		You broke into a store or other business? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES		
315. Did you ever carry a gun or other type of weapon? Yes ……...1 No …….2		You carried a gun or other type of weapon? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES		Carried a gun or other type of weapon? Yes ……..1 No ……....2
316. Did you ever break into someone's home? Yes ……...1 No …….2		You broke into someone's home? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES		

	IF YES		IF NO		
A.		B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?		D. Has anyone you know well….
317. Did you ever get into a serious fight? Yes ……...1 No …….2		You got into a serious fight? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES		
318. Did you ever beat someone up to get money or other valuables? Yes ……...1 No …….2		You beat someone up to get money or other valuables? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES		Beaten someone up to get money or other valuables? Yes ……..1 No ……....2
319. Did you ever use a weapon in a fight? Yes ……...1 No …….2		You used a weapon in a fight? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES		

	IF YES		IF NO	
A.		B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?	D. Has anyone you know well….
320. Did you ever purposely injure someone physically? Yes ……...1 No …….2		You purposely injured someone physically? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	
321. Did you ever use a stolen credit card? Yes ……...1 No …….2		You used a stolen credit card? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	Ever used a stolen credit card? Yes ……..1 No ……....2
322. Did you ever write or spray graffiti on walls, busses, shelters, etc.? Yes ……...1 No …….2		You wrote or spray graffiti on walls, busses, shelters, etc.? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	

IF YES

A.		B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?
323. Did you ever set fire intentionally to a building, car, or vacant lot? Yes ……...1 No …….2		You set fire intentionally to a building, car, or vacant lot? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES
324. Did you ever charge something to someone else without permission? Yes ……...1 No …….2		You charged something to someone else without permission? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES
325. Did you ever have your purse snatched or your pocket picked? Yes ……...1 No …….2		You had your purse snatched or your pocket picked? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES

	IF YES		IF NO	
A.		B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?	D. Has anyone you know well….
326. Did you ever beat up someone within your family? Yes ……...1 No …….2		You beat up someone within your family? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	
327. Did you ever beat up someone not within your family? Yes ……...1 No …….2		You beat up someone not within your family? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	
328. Did you ever swindle or con someone? Yes ……...1 No …….2		You swindled or conned someone? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	Swindled or conned someone? Yes ……1 No …….2

	IF YES			IF NO	
A.		B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?	D. Has anyone you know well….	E. Was it your (husband/wife/partner)
329. Have you ever been swindled or conned? Yes ……...1 No …….2		You were swindled or conned? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	Been swindled or conned ? Yes ……..1 No ……2	Yes ……1 No …….2
330. Did you ever snatch a purse or pick a pocket? Yes ……...1 No …….2		You snatched a purse or picked a pocket? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	Snatched a purse or picked a pocket? Yes ……..1 No ……2	
331. Did you ever get drugs in exchange for sex? Yes ……...1 No …….2		You got drugs in exchange for sex? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES		

IF YES

A.		B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?
332. Did you ever give drugs in exchange for sex? Yes ……...1 No …….2		You gave drugs in exchange for sex? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES
333. Did you ever force someone to have sex? Yes ……...1 No …….2		You forced someone to have sex? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES
334. Have you ever had something stolen from your home or car? Yes ……...1 No …….2		You had something stolen from your home or car? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES

	IF YES		IF NO	
A.		B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?	D. Has anyone you know well….
335. Have you ever stolen a motor vehicle? Yes ……...1 No …….2		You stole a motor vehicle? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	stolen a motor vehicle? Yes ……..1 No ……....2
336. Did you ever knowingly buy, sell, or hold stolen goods? Yes ……...1 No …….2		You ever knowingly bought, sold, or held stolen goods? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	knowingly bought, sold, or held stolen goods? Yes ……..1 No ……....2
337. Did you ever have sex for money? Yes ……...1 No …….2		You had sex for money? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	

	IF YES		IF NO	
A.		B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?	D. Has anyone you know well….
338. Have you ever been in a gang fight? Yes ……...1 No …….2		You were in a gang fight? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	Been in a gang fight? Yes ……..1 No ……....2
339. Have you ever sold illicit drugs? Yes ……...1 No …….2		You sold illicit drugs? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	
340. Did you ever steal something from someone in your family? Yes ……...1 No …….2		You stole something from someone in your family? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES	

	IF YES			IF NO	
A.	B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?		D. Has anyone you know well…	E. Was it your (husband/wife/partner)?.
341. Did you ever use threats to get someone to give you something? Yes ……...1 No …….2	You used threats to get someone to give you something? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES			
342. Did you ever shoplift? Yes ……...1 No …….2	You shoplifted? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES			
343. Have you ever had your car stolen? Yes ……...1 No …….2	You had your car stolen? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES		Ever had a car stolen? Yes ……..1 No ……....2	Yes ……..1 No ……....2

	IF YES			IF NO	
A.	B. When was the last time…	C. IF WITHIN THE LAST 12 MONTHS, ASK: How many times in the last year?		D. Has anyone you know well…	E. Was it your (husband/wife/partner)?
344. Have you ever been forced to have sex? Yes ……...1 No …….2	You were forced to have sex? |__|__| YEAR OR |__|__| AGE	|___|___| TIMES C1. Was it someone you knew? Yes ……..1 No ……....2		Been forced to have sex? Yes ……..1 No ……....2	Yes ……..1 No ……....2
FOR EACH YES IN COLUMN A OF Qs 311-344, ASK Q, B & C. FOR EACH NO IN COLUMN A OF Qs 311-344 ASK Qs D & E. IF SHADED, DO NOT ASK Q.					

345. Have you ever belonged to a gang?

Yes …….1
No ……...2 (SKIP TO Q. 346)

A. Do you belong to one now?

Yes …….1
No ……...2

B. About how many others (were/are) in the gang?

One to ten ……....1
Eleven to twenty-nine ……....2
Thirty to forty-nine …… 3
Fifty or more …….……...4

C. (Was/is) there a recognized leader?

Yes ……1
No ……...2

D. (Was/is) there special clothing or other signs to show who (was/is) a member?

Yes ……1
No ……...2

E. (Was/is) there specific turf to be defended?

Yes ……1
No ……...2

346. Have you ever committed…	HAND CARD # 13 347. Give the number off the card that shows what happened the last time.
A. Disorderly conduct or vandalism Yes……. 1 (ASK Q347A) No……2	A. Not caught by the police…..……..01 Caught, not arrested……..……02 Booked-arrested……03 Appeared in court……..…04 Served time……05
B. Forgery or fraud or embezzlement Yes……. 1 (ASK Q 347B) No……2	B. Not caught by the police…..……..01 Caught, not arrested……..……02 Booked-arrested……03 Appeared in court……..…04 Served time……05
C. Weapons violations Yes……. 1 (ASK Q 347C) No……2	C. Not caught by the police…..……..01 Caught, not arrested……..……02 Booked-arrested……03 Appeared in court……..…04 Served time……05
D. Larceny, theft, or auto theft Yes……. 1 (ASK Q 347D) No……2	D. Not caught by the police…..……..01 Caught, not arrested……..……02 Booked-arrested……03 Appeared in court……..…04 Served time……05
E. Burglary or breaking and entering Yes……. 1 (ASK Q 347E) No……2	E. Not caught by the police……..01 Caught, not arrested……02 Booked-arrested……..……..03 Appeared in court……..…04 Served time……...05

346. Have you ever committed…	HAND CARD # 13 347. Give the number off the card that shows what happened the last time.
F. Assault or rape Yes……. 1 (ASK Q 347F) No……2	F. Not caught by the police…..……..01 Caught, not arrested……..……02 Booked-arrested……03 Appeared in court……..…04 Served time……05
G. Possession or sale of narcotics/or controlled substances Yes……. 1 (ASK Q 347G) No……2	G. Not caught by the police…..……..01 Caught, not arrested……..……02 Booked-arrested……03 Appeared in court……..…04 Served time……05
H. Robbery or armed robbery Yes……. 1 (ASK Q 347) No……2	H. Not caught by the police…..……..01 Caught, not arrested……..……02 Booked-arrested……03 Appeared in court……..…04 Served time……05

348. Have you ever served time in jail or prison?

Yes …… 1
No …….. 2 (SKIP TO Q. 349)

A. How long did you actually serve (the longest time you served)?

|__|__|__|

B. IS THAT.. INTERVIEWER CODE ONE

DAYS…….……..1
WEEKS……...2
MONTHS……3
YEARS……4

LIVING ARRANGEMENTS/NEIGHBORHOOD

349. The next few questions are about where you have lived, beginning with the place you are living now. Are you currently living in a house or an apartment?

House…….. 1
Apartment/Condo…….. 2
Other (SPECIFY)_____..... 3

350. Do you own this (house/apartment)?

Yes …… 1
No ……2

351. How long have you lived in this (house/apartment) [during the most recent time?]

|__|__|

ALL MY LIFE …… 95

A. IS THAT… (INTERVIEWER CIRCLE)

Days…….. 01
Weeks……02
Month……03
Years……..04

ALL MY LIFE …… 95

B. INTERVIEWER CHECKPOINT IS TIME IN Q351 LESS THAN FIVE YEARS?

Yes …… 1
No …….. 2 **(SKIP TO Q. 353)**

352. In the past 5 years, how many different addresses have you had?

|__|__| DIFFERENT ADDRESSES

353. How long have you lived in your current neighborhood?

|__|__|

ALL MY LIFE……. 95

A. IS THAT… (INTERVIEWER CIRCLE)

Days…… .01
Weeks……02
Month……03
Years……..04

ALL MY LIFE …… 95

354. INTERVIEWER CHECKPOINT IS R LIVING IN WOODLAWN?

Yes …… 1 (SKIP TO Q. 356)
No …….. 2

355. How old were you when you left Woodlawn?

|__|__| YEARS OLD

HAND CARD #14

356. Please give the number off this card that best describes the makeup of your neighborhood.

Mostly Black 01
Mostly White..... 02
Mostly Hispanic 03
Mostly Asian 04
Mixture Black/White 05
Mixture Black/Hispanic..... 06
Mixture Black/Asian..... 07
OTHER..... 08

357. Are there some neighbors you know well enough to:

		Yes	No
A.	Say hello in passing?.....	1	2
B.	Have a brief talk with?.....	1	2
C.	Visit each other's homes?.....	1	2
D.	Confide in?.....	1	2

HAND CARD # 15

358. How do you rate your neighborhood on the following items?

	Poor	Fair	Good	Excellent	N/A	DON'T KNOW
A. Safety	1	2	3	4	6	8
B. Services (e.g. garbage collection, snow removal)	1	2	3	4	6	8
C. Fire and Police Protection	1	2	3	4	6	8
D. Shopping	1	2	3	4	6	8
E. Parks, Recreation	1	2	3	4	6	8
F. Library Services	1	2	3	4	6	
G. Public transportation	1	2	3	4	6	8
H. Streets and Roads	1	2	3	4	6	8
I. Jobs	1	2	3	4	6	8
J. Churches	1	2	3	4	6	8
K. Health Services	1	2	3	4	6	8
L. Schools	1	2	3	4	6	8
M. Neighbors	1	2	3	4	6	8
N. Appearance	1	2	3	4	6	8
O. Community Cooperation (e.g. block clubs, neighborhood watch)	1	2	3	4	6	8

359. Thinking about another community issue, would you rate the level of drug trafficking in your neighborhood as light, moderate, or heavy?

NO DRUG TRAFFIC……1
Light……2
Moderate……3
Heavy…… 4
DON'T KNOW…….. 8

360. ARE THERE GANGS IN THE NEIGHBORHOOD?

Yes…….. 1
No……2 (SKIP TO Q. 362)

361. Do the gangs…

	Yes	No
361.1 Protect the neighborhood…….	1	2
361.2 Make people want to leave the neighborhood?.....	1	2
361.3 Steal from local stores?.....	1	2
361.4 Sell drugs?.....	1	2
361.5 Fight?.....	1	2
361.6 Hang out on street corners?.....	1	2
361.7 Fight gangs outside the neighborhood?.....	1	2
361.8 Protect crack houses, gambling jobs, whore houses?.....	1	2
361.9 Show weapons?.....	1	2

A. Are people in your family members of a gang?

Yes……1

No……. 2

B. Have you ever been a victim of a gang?

Yes……1

No…….…. 2

C. Have any of your neighbors been victims?

Yes……..1

No…….….. 2

D. Have you been helped by gang members (e.g. when you were being hassled)?

Yes……..1

No……... 2

E. Have gangs made the neighborhood less attractive (e.g. through messing up the walls with graffiti)?

Yes…….. 1

No…… 2

HAND CARD # 16

362. How often do you go outside the neighborhood for activities or to see someone?

Everyday…….. 06
Several times a week……..… 05
Once a week……..…04
Once a month……..….03
Less often than once a month…….. 02
Never……..….. 01

HAND CARD # 17

363. Where do you do the following things? First, (READ FIRST ITEM ON LIST). Do you always do this in your neighborhood, usually in this neighborhood, usually outside, or always outside your neighborhood?

	Always Inside Neighborhood	Usually Inside	HALF & HALF	Usually Outside	Always Outside	N/A
A. Shop for food?	1	2	3	4	5	6
B. Go to restaurants?	1	2	3	4	5	6
C. Go to religious services?	1	2	3	4	5	6
D. Do banking?	1	2	3	4	5	6
E. Go to a doctor?	1	2	3	4	5	6
F. Shop for clothes?	1	2	3	4	5	6
G. Get your car repaired?	1	2	3	4	5	6
H. Go to a bar or tavern?	1	2	3	4	5	6
I. Use a currency exchange?	1	2	3	4	5	6
J. Do laundry?	1	2	3	4	5	6

364. INTERVIEWER CHECKPOINT IS R LIVING OUTSIDE THE CHICAGO METROPOLITAN AREA? (SEE KEY BELOW)

Yes …… 1 (ASK B)
No …….. 2 (ASK A)

A. Have you ever lived outside the Chicago area for 6 months or longer?

Yes …… 1
No …….. 2

B.. When did you leave the Chicago metropolitan area?

YEAR 19 |__|__| OR AGE |__|__|

INTERVIEWER KEY: CHICAGO METROPOLITAN AREA INCLUDES THE FOLLOWING COUNTIES:

COOK
MCHENRY
LAKE COUNTY, IL
KANE
KENDALL
GRUNDY
WILL
DUPAGE
LAKE COUNTY, IN

CLUBS & ORGANIZATIONS

The next part is about different kinds of organizations.
HAND CARD # 18

365. Give the number from the card if you belong to or attend meetings of any of the following organizations. READ THE CATEGORIES.

A. Parent/School Groups 01
B. Local School Council 02
C. Civil Right Groups 03
D. Women's Rights Groups 04
E. Welfare Rights Groups 05
F. Labor Unions or Professional Groups 06
G. Neighborhood or Block Clubs 07
H. Veterans' Groups (American Legion,
Veterans of Foreign Wars,
Disabled American Veterans) 08
I. Church groups, Clubs, Choirs 09
J. Sororities, Fraternal Groups Lodges
(Alpha Kappa Alpha, Delta
Sigma Theta, Kappa Alpha Psi,
Sigma Gamma Rho, etc.) 10
K. Social Clubs, Card Clubs, Keno Clubs, etc. 11
L. OTHER (SPECIFY:_____) 12
M. NONE 00

366. INTERVIEWER CHECKPOINT DOES R HAVE A SPOUSE/PARTNER? (SEE KEY BELOW)

Yes …… 1
No …….. 2 (SKIP TO Q. 367)

HAND CARD # 18

A. Give the number from the card if your (spouse/partner) belongs to or attends meetings of the following organizations.

N. Parent/School Groups.....01

O. Local School Council.....02

P. Civil Right Groups 03

Q. Women's Rights Groups 04

R. Welfare Rights Groups.....05

S. Labor Unions or Professional Groups.....06

T. Neighborhood or Block Clubs 07

U. Veterans' Groups (American Legion,
Veterans of Foreign Wars,
Disabled American Veterans) 08

V. Church groups, Clubs, Choirs.....09

W. Sororities, Fraternal Groups Lodges
(Alpha Kappa Alpha, Delta
Sigma Theta, Kappa Alpha Psi,
Sigma Gamma Rho, etc.) 10

X. Social Clubs, Card Clubs, Keno Clubs, etc..... 11

Y. OTHER (SPECIFY:_____)..... 12

Z. NONE.....00

RELIGIOUS & POLITICAL AFFILIATION

The next questions are about your church and political participation.

367. What is your religious preference? [Is it Protestant, Catholic, Jewish, Muslim, some other religion, or no religion?]

Protestant……..……... 01
Catholic……..……..….. 02
Jewish……..…….. 03
Muslim……..……..… 04
Some other religion (SPECIFY RELIGION AND/OR CHURCH DENOMINATION_____)..... 05
No Religion…… 00

368. Do you belong to a church?

Yes …… 1
No …….. 2 (SKIP TO Q. 369)

A. Which church?

African Methodist Episcopal Zion Church 01
African Methodist Episcopal, AME 02
Baptist 03
Catholic 04
Christian Science 05
Church of God in Christ (Assembly of God)..... 06
Community 07
Episcopal..... 08
Holy Ghost 09
Jehovah's Witness 10
Lutheran 11
Methodist..... 12
Muslim 13
Pentecostal 14
Presbyterian 15
Seventh Day Adventist..... 16
United Church of Christ (Congregational)..... 17
Unity 18
NO DENOMINATION GIVEN/
OR NON-DENOMINATIONAL CHURCH 19
OTHER (SPECIFY_____)..... 20
NONE 00

HAND CARD # 19

369. How often do you attend regular church services?
Several times a week…….06
At least once a week……..……05
Every two weeks……..……...04
Once a month ……..…...03
Less than once a month…….... 02
Less than once a year……... 01

HAND CARD # 20

370. Does your religion provide you with some guidance in your day-to-day living, quite a bit of guidance, or a great deal of guidance in your day-to-day living?

A great deal…….… 4
Quite a bit……..... 3
Some 2
None at all……..… 1
DON'T KNOW……. 8
NOT APPLICABLE……. 6

371. Are you registered to vote?
Yes……..1
No …….. 2

372. Have you ever voted?
Yes……..1
No …….. 2

373. Did you vote in the most recent primaries?
Yes……..1
No …….. 2
Don't Know…….3

374. Have you ever worked on a political campaign?
Yes……..1
No …….. 2

375. Have you ever gone to a political meeting?
Yes……..1
No …….. 2

376. Have you ever participated in picketing, sit-ins, etc.?
Yes……..1
No …….. 2

377. Have you ever signed petitions or written to elected officials?
Yes……..1
No …….. 2

SUPPORT SYSTEM

The following questions are about someone you might turn to if you needed help.

HAND CARD # 21

To whom can you turn...

378. If you are sick?
CODE ALL THAT APPLY

A. Father 01
B. Mother 02
C. Spouse/partner 03
D. Brother/sister 04
E. Other relative 05
F. Neighbor 06
G. Friend 07
H. Someone at work 08
I. Someone in your church 09
J. Professional (Minister, Doctor, etc.) 10
K. Other (SPECIFY_____ 11
L. No one 12

379. If you need money?
CODE ALL THAT APPLY

A. Father 01
B. Mother 02
C. Spouse/partner 03
D. Brother/sister 04
E. Other relative 05
F. Neighbor 06
G. Friend 07
H. Someone at work 08
I. Someone in your church 09
J. Professional (Minister, Doctor, etc.) 10
K. Other (SPECIFY_____ 11
L. No one 12

380. If you have a tough decision to make?
CODE ALL THAT APPLY

A. Father 01
B. Mother 02
C. Spouse/partner 03
D. Brother/sister 04
E. Other relative 05
F. Neighbor 06
G. Friend 07
H. Someone at work 08
I. Someone in your church 09
J. Professional (Minister, Doctor, etc.) 10
K. Other (SPECIFY_____ 11
L. No one 12

381. To whom can you turn if you are sad or blue?
CODE ALL THAT APPLY

A. Father 01
B. Mother 02
C. Spouse/partner..... 03
D. Brother/sister..... 04
E. Other relative..... 05
F. Neighbor..... 06
G. Friend 07
H. Someone at work 08
I. Someone in your church 09
J. Professional (Minister, Doctor, etc.)..... 10
K. Other (SPECIFY_____ 11
L. No one 12

382. If you have a fight with a friend?
CODE ALL THAT APPLY

A. Father 01
B. Mother 02
C. Spouse/partner..... 03
D. Brother/sister..... 04
E. Other relative..... 05
F. Neighbor..... 06
G. Friend 07
H. Someone at work 08
I. Someone in your church 09
J. Professional (Minister, Doctor, etc.)..... 10
K. Other (SPECIFY_____ 11
L. No one 12

383. INTERVIEWER CHECKPOINT DOES R HAVE CHILDREN?

Yes 1
No ..... 2 (SKIP TO Q. 385)

384. To whom can you turn if you need help with your children?
CODE ALL THAT APPLY

A. Father 01
B. Mother 02
C. Spouse/partner..... 03
D. Brother/sister..... 04
E. Other relative..... 05
F. Neighbor..... 06
G. Friend 07
H. Someone at work 08
I. Someone in your church 09
J. Professional (Minister, Doctor, etc.)..... 10
K. Other (SPECIFY_____ 11
L. No one 12

FRIENDSHIPS

Now for some questions about your friends.

385. Please give the first names or initials of your closest friends. RECORD AS MANY AS GIVEN AND THE SEX. IF SEX IS NOT OBVIOUS, ASK: Is (NAME) male or female?

	M	F
385.1 First _____ …….	1	2
385.2 Second _____……	1	2
385.3 Third _____ ……..	1	2
385.4 Fourth _____ ……..	1	2
383.3 Fifth _____..…….	1	2
385.6 Sixth _____ ……...	1	2
385.7 Seventh _____ …..….	1	2
385.8 Eighth _____ ……..	1	2
385.9 Ninth _____ ……	1	2
385.10 Tenth _____..….	1	2

386. INTERVIEWER CHECKPOINT: HOW MANY NAMES DID R GIVE YOU?

|__|__| NAMES

The next questions are about (FIRST THREE NAMES OR INITIALS GIVEN). ENTER THE NAMES AT THE TOP OF THE COLUMNS IN THE CHART. ASK EACH QUESTION BELOW FOR EACH FRIEND.	COLUMN #1 Name: _____	COLUMN #2 Name: _____	COLUMN #3 Name: _____
387. How is (NAME) related to you? Spouse/partner…… Child…….. Parent……. Brother/Sister…….. Uncle/Aunt…….. Other relative (SPECIFY)..... Other (SPECIFY)..... NO RELATION…….	 01 02 03 04 05 06___ 07___ 08	 01 02 03 04 05 06___ 07___ 08	 01 02 03 04 05 06___ 07___ 08
388. How long have you known (NAME OF PERSON)? REPEAT FOR EACH OF THE THREE FRIENDS.	|__|__| YEARS LESS THAN A YEAR… 1	|__|__| YEARS LESS THAN A YEAR… 1	|__|__| YEARS LESS THAN A YEAR… 1
389. How old is (NAME OF PERSON)? REPEAT FOR EACH OF THE THREE FRIENDS. ASK R TO ESTIMATE IF HE/SHE DOES NOT KNOW EXACT AGE.	|__|__| YEARS LESS THAN A YEAR… 1	|__|__| YEARS LESS THAN A YEAR… 1	|__|__| YEARS LESS THAN A YEAR… 1
390. Does (NAME) live within ten minutes of where you live, somewhere else in the area, or outside of the area? IF ASKED TO CLARIFY "TEN MINUTES," INDICATE THAT ANY MEANS OF TRANSPORTATION IS ACCEPTABLE. REPEAT QUESTION FOR THE THREE FRIENDS. Within ten minutes……. In the area. ..... Outside area……	 01 02 03	 01 02 03	 01 02 03

Thinking of these friends as well as other friends you may have, please answer the following questions.

HAND CARD # 22

391. How often do you get together with any friends or speak with them on the phone?

Every day……... 07
Several times a week……06
About once a week……05
2-3 times a month……..04
About once a month……. 03
Several times a year 02
Never or almost never…….. 01

392. Last week, other than for business reasons, with how many people outside your household did you do something -- like walk, talk, bowl, or go to a movie?

|__|__| PEOPLE

A. Was last week typical?

Yes …… 1
No …….. 2

HAND CARD #1A

393. Using this scale, how are you doing in terms of friends?

Very Well					Not So Well
6	5	4	3	2	1

ALCOHOL USE

Next are a few questions about the use of alcoholic beverages.

394. About how old were you the very first time you had more than just a sip of beer, wine, or liquor?

|__|__| YEARS OLD

DON'T KNOW……..98
NEVER……..95 (SKIP TO P. 150 entitled "DRUGS")

395. In any one year period of your entire life, did you have at least 12 drinks of any kind of alcoholic Beverage?

Yes …… 1
No …….. 2 (SKIP TO THE PAGE TITLED "DRUGS")

A. INTERVIEWER CHECKPOINT: IF Q395 IS CODED YES, PLEASE CIRCLE "ALCOHOL" AT Q.429A, THEN CONTINUE WITH Q.396.

396. Think about the last 12 months. What is the largest number of drinks you had on any single day during that period?

|__|__| DRINKS

NONE…….. 00 (SKIP TO Q. 402)
DON'T KNOW…… 98

397. INTERVIEWER CHECKPOINT: REFER TO NUMBER IN Q. 396 AND CODE ONE OF THE FOLLOWING:

1-4 DRINKS……..01 (SKIP TO Q.401)
5-11 DRINKS……02 (SKIP TO Q.400)
12-19 DRINKS……. 03 (SKIP TO Q.399)
20 OR MORE DRINKS…….. 04

HAND CARD # 23

398. How often did you have twenty or more drinks in a single day during the past twelve months? Just give me the number from this card.

Nearly every day……..…..09 (SKIP TO Q. 402)
3-4 times a week.....08
1-2 times a week.....07
1-3 times a month 06
7-11 times in year.....05
3-6 times in year.....04
2 times in year 03
1 time in year 02
Never 01

399. How often did you have between twelve and nineteen drinks in a single day during the past twelve months? Just give me the number from this card.

Nearly every day……..…..09 (SKIP TO Q. 402)
3-4 times a week.....08
1-2 times a week.....07
1-3 times a month 06
7-11 times in year.....05
3-6 times in year.....04
2 times in year 03
1 time in year 02
Never 01

400. How often did you have between five and eleven drinks in a single day during the past twelve months? Just give me the number from this card.

Nearly every day……..…..09 (SKIP TO Q. 402)
3-4 times a week.....08
1-2 times a week.....07
1-3 times a month 06
7-11 times in year.....05
3-6 times in year.....04
2 times in year 03
1 time in year 02
Never 01

401. How often did you have between one and four drinks in a single day during the past twelve months? Just give me the number from this card.

Nearly every day……..…..09
3-4 times a week.....08
1-2 times a week.....07
1-3 times a month 06
7-11 times in year.....05
3-6 times in year.....04
2 times in year 03
1 time in year 02
Never 01

402. Was there ever a time in your life when you could have twenty drinks in a single day without it affecting your ability to function normally?

Yes …… 1
No …….. 2

403. Has there ever been a period in your life when you drank more than you did during the past 12 months?

Yes …… 1 (SKIP TO Q. 404)
No …….. 2 (ASK A)

A. How old were you when you first began to drink as much as you have during the past 12 months?

|__|__| YEARS OLD

SKIP TO "DRUG USE"

404. Think about the period in your life when you were drinking the most? How old were you when that period first began?

|__|__| YEARS OLD

405. During that period when you were drinking the most, how often did you have 20 or more drinks in a single day? Just give me the number from this card.

Nearly every day……..…..09 (SKIP TO Q. 402)
3-4 times a week 08
1-2 times a week 07
1-3 times a month 06
7-11 times in year.....05
3-6 times in year.....04
2 times in year 03
1 time in year 02
Never 01

406. How often did you have between twelve and nineteen drinks in a single day during that period when you were drinking the most? Just give me the number from this card.

Nearly every day……..…..09 (SKIP TO Q. 402)
3-4 times a week 08
1-2 times a week 07
1-3 times a month 06
7-11 times in year.....05
3-6 times in year.....04
2 times in year 03
1 time in year 02
Never 01

407. How often did you have between five and eleven drinks in a single day during that period when you were drinking the most? Just give me the number from this card.

Nearly every day……..…..09 (SKIP TO Q. 402)
3-4 times a week 08
1-2 times a week 07
1-3 times a month 06
7-11 times in year.....05
3-6 times in year.....04
2 times in year 03
1 time in year 02
Never 01

408. How often did you have between one and four drinks in a single day during that period when you were drinking the most? Just give me the number from this card.

Nearly every day……..…..09 (SKIP TO Q. 402)
3-4 times a week 08
1-2 times a week 07
1-3 times a month 06
7-11 times in year..... 05
3-6 times in year..... 04
2 times in year 03
1 time in year 02
Never 01

DRUG USE

The next questions are about prescription-type drugs. There will be separate questions about sedatives, tranquilizers, stimulants, and analgesics.

Sedatives include barbiturates, sleeping pills, and Seconal; sedatives are sometimes referred to as "downers".

Tranquilizers include anti-anxiety drugs like Librium, Valium, Ativan (A-TI-VAN), and Meprobamate (MEP-RO-BAM-ATE); tranquilizers are sometimes referred to as "nerve pills".

Stimulants include amphetamines and Preludin (PRAY-LOOD-IN); stimulants are often called "uppers" or "speed".

Analgesics include pain-killers like Darvon, Demerol, Percodan (PER-KO-DAN), and Tylenol with codeine.

HAND CARD # 24

Now, please read the information on this card while I say it aloud. This is a very important point about the next set of questions. (PAUSE)

We are interested in the nonmedical use of these prescription-type drugs.
Nonmedical use is any use on your own ; that is, either:

One, without a doctor's prescription, or

Two, in greater amounts than prescribed, or

Three, more often than prescribed, or

Four, for any reasons other than a doctor said you should take them such as for kicks, to get high, to feel good, or curiosity about the pill's effect.

HAND CARD # 25

409. Have you ever used sedatives such as barbiturates on your own or for <u>any</u> non-medical reason?

Yes …… 1 (CODE IN COL. A IN CHART)
No …….. 2

HAND CARD # 26

410. Have you ever used tranquilizers such as Librium or Valium on your own for <u>any</u> non-medical reason?

Yes …… 1 (CODE IN COL. B IN CHART)

No …….. 2

HAND CARD # 27

410. Have you ever used stimulants or amphetamines on your own or for <u>any</u> non-medical reason?

Yes …… 1 (CODE IN COL. C IN CHART)

No …….. 2

HAND CARD # 28

410. Have you ever used Analgesics including pain-killers like Darvon, Demerol, Percodan (<u>PER</u>-KO-DAN), and Tylenol with codeine on your own or for <u>any</u> non-medical reason?

Yes …… 1 (CODE IN COL. D IN CHART)

No …….. 2

FOR EACH YES TO Qs 409 THROUGH 412, CODE "YES" UNDER COLUMN HEADING AND ASK Qs 413 THROUGH 417 (RECORD THE ANSWERS IN CHART).

REPEAT FOR EACH DRUG CODED "YES."

IF Qs 409 THROUGH 412 ARE ALL CODED NO, SKIP TO QUESTION 418.

	COLUMN A BARBITURATES YES……. 1	COLUMN B TRANQUILIZERS YES……. 1	COLUMN C STIMULANTS YES……. 1	COLUMN D ANALGESICS YES……. 1
413. How old were you the first time you took any (DRUG NAME) on your own or for any non-medical reason?	|__|__| YEARS OLD	|__|__| YEARS OLD	|__|__| YEARS OLD	|__|__| YEARS OLD
HAND CARD #29 414. Altogether about how many times in your life have you taken (DRUG NAME) on your own for any non-medical reason. Just tell me the number on the card.				
One or two times	01	01	01	01
Three to five times	02	02	02	02
Six to ten times	03	03	03	03
Eleven to forty-nine times	04	04	04	04
Fifty to ninety-nine times	05	05	05	05
One hundred to One hundred ninety-nine	06	06	06	06
Two hundred or more times	07	07	07	07
415. When was the last time you took (DRUG NAME) for non-medical reasons in the past month, past six months, past twelve months, or more than a year ago?				
Past month	01 (ASK 415A)	01 (ASK 415A)	01 (ASK 415A)	01 ASK A)
Past six months	02 (ASK 415A)	02 (ASK 415A)	02 (ASK 415A)	02 (ASK A)
Past twelve months	03 (ASK 415A)	03 (ASK 415A)	03 (ASK 415A)	03 (ASK A)
More than a year ago	04 (SKIP TO 415B)	04 (SKIP TO 415B)	04 (SKIP TO 415B)	04 (SKIP TO 415B)

	COLUMN A BARBITURATES YES……. 1	COLUMN B TRANQUILIZERS YES……. 1	COLUMN C STIMULANTS YES……. 1	COLUMN D ANALGESICS YES……. 1
	COLUMN A BARBITURATES	COLUMN B TRANQUILIZERS	COLUMN C STIMULANTS	COLUMN D ANALGESICS
HAND CARD #30 415A. Which number on this card indicates how often you used (DRUG NAME) for non-medical reasons in the past 12 months?				
Daily	08	08	08	08
Almost dally (3 to 6 times a week)	07	07	07	07
One or two days a week	06	06	06	06
Several times a month (25 to 51 days a year)	05	05	05	05
One to two times a month (12 to 24 days a year)	04	04	04	04
Every other month or so (6 to 11 days a year)	03	03	03	03
Three to five days in the past 12 months	02	02	02	02
One or two days in the past 12 months	01	01	01	01
SKIP TO Q. 416	SKIP TO Q 416	SKIP TO Q 416	SKIP TO Q 416	SKIP TO Q 416
415B. How old were you the last time?	|__|__| YEARS OLD	|__|__| YEARS OLD	|__|__| YEARS OLD	|__|__| YEARS OLD

	COLUMN A BARBITURATES YES……. 1	COLUMN B TRANQUILIZERS YES……. 1	COLUMN C STIMULANTS YES……. 1	COLUMN D ANALGESICS YES……. 1
416. How did you usually take (DRUG NAME) when you used it?				
Oral, chew, eat	01	01	01	01
Smoke	02	02	02	02
Inhale, snort, sniff	03	03	03	03
Inject vein (intravenous. "mainline")	04	04	04	04
Inject, other (intramuscular "skin-pop")	05	05	05	05
417. Thinking of times when you used (DRUG NAME), with whom did you usually use it? CODE ONLY ONE				
Alone	01	01	01	01
Husband, wile, partner, or date	02	02	02	02
Parents	03	03	03	03
Other relatives	04	04	04	04
Friends of the same sex	05	05	05	05
Friends of the opposite sex	06	06	06	06
Friends of both sexes	07	07	07	07
People I don't know too well	08	08	08	08
OTHER (SPECIFY):	09 _____ GO TO NEXT DRUG CODED “YES” IF NO MORE DRUGS CODED “YES”. SKIP TO Q. 418	09 _____ GO TO NEXT DRUG CODED “YES” IF NO MORE DRUGS CODED “YES”. SKIP TO Q. 418	09 _____ GO TO NEXT DRUG CODED “YES” IF NO MORE DRUGS CODED “YES”. SKIP TO Q. 418	09 _____

	COLUMN A BARBITURATES YES……. 1	COLUMN B TRANQUILIZERS YES……. 1	COLUMN C STIMULANTS YES……. 1	COLUMN D ANALGESICS YES……. 1
417. Thinking of times when you used (DRUG NAME), with whom did you usually use it? CODE ONLY ONE				
Alone	01	01	01	01
Husband, wile, partner, or date	02	02	02	02
Parents	03	03	03	03
Other relatives	04	04	04	04
Friends of the same sex	05	05	05	05
Friends of the opposite sex	06	06	06	06
Friends of both sexes	07	07	07	07
People I don't know too well	08	08	08	08
OTHER (SPECIFY):	09 _____	09 _____	09 _____	09 _____
	GO TO NEXT DRUG CODED "YES" IF NO MORE DRUGS CODED "YES". SKIP TO Q. 418	GO TO NEXT DRUG CODED "YES" IF NO MORE DRUGS CODED "YES". SKIP TO Q. 418	GO TO NEXT DRUG CODED "YES" IF NO MORE DRUGS CODED "YES". SKIP TO Q. 418	

HAND CARD # 31

418. This a list of commonly used inhalants that people sniff or breathe in, to get high or to make them feel good. Have you ever sniffed or inhaled any of these inhalants for kicks or to get high?

Yes …… 1 (CODE IN COL. A IN CHART)

No …….. 2

419. Have you ever used either marijuana or hashish, even once?

Yes …… 1 (CODE IN COL. B IN CHART)

No …….. 2

420. Have you ever used cocaine or crack, in any form, even once?

Yes …… 1 (CODE IN COL. C IN CHART)

No …….. 2

HAND CARD # 32

421. The next question is about LSD and other hallucinogens such as PCP or "angel dust" peyote (PAY-OH-TEE), and mescaline (MES-KA-LIN). Have you ever used a hallucinogen, even once ?

Yes …… 1 (CODE IN COL. D IN CHART)

No …….. 2

422. Have you ever used heroin, even once?

Yes …… 1 (CODE IN COL. E IN CHART)

No …….. 2

FOR EACH YES Qs 418-422, ASK Qs 423-427 (RECORD ANSWERS IN TABLE).

IF Qs 418-422 ARE ALL CODED NO, SKIP TO Q. 428.

	COLUMN A INHALANTS YES……..1	COLUMN B MARIJUANA OR HASHISH YES……..1	COLUMN C COCAINE YES……..1	COLUMN D LSD OR HALLUCINOGENS YES……..1	COLUMN E HEROIN YES……..1
423. How old were you the first time you took any (DRUG NAME)?	|__|__| YEARS OLD	|__|__| YEARS OLD	|__|__| YEARS OLD	|__|__| YEARS OLD	|__|__| YEARS OLD
HAND CARD #29 424. Altogether about how many times in your life have you taken (DRUG NAME)? Just tell me the number on the card.					
One or two times	01	01	01	01	01
Three to five times	02	02	02	02	02
Six to ten times	03	03	03	03	03
Eleven to forty-nine times	04	04	04	04	04
Fifty to ninety-nine times	05	05	05	05	05
One hundred to One hundred ninety-nine	06	06	06	06	06
Two hundred or more times	07	07	07	07	07

	COLUMN A INHALANTS YES……..1	COLUMN B MARIJUANA OR HASHISH YES……..1	COLUMN C COCAINE YES……..1	COLUMN D LSD OR HALLUCINOGENS YES……..1	COLUMN E HEROIN YES……..1
425. When was the last time you took (DRUG NAME) in the past month, past six months, past twelve months, or more than a year ago?					
Past month	01 (ASK 425A)	01 (ASK 425A)	01 (ASK 425A)	01 (ASK 425A)	01 (ASK 425A)
Past six months	02 (ASK 425A)	02 (ASK 425A)	02 (ASK 425A)	02 (ASK 425A)	02 (ASK 425A)
Past twelve months	03 (ASK 425A)	03 (ASK 425A)	03 (ASK 425A)	03 (ASK 425A)	03 (ASK 425A)
More than a year ago	04 (SKIP TO 425B)	04 (SKIP TO 425B)	04 (SKIP TO 425B)	04 (SKIP TO 425B)	04 (SKIP TO 425B)

	COLUMN A INHALANTS YES……..1	COLUMN B MARIJUANA OR HASHISH YES……..1	COLUMN C COCAINE YES……..1	COLUMN D LSD OR HALLUCINOGENS YES……..1	COLUMN E HEROIN YES……..1
HAND CARD #30 425A. Which number on this card indicates how often you used (DRUG NAME) in the past 12 months?					
Daily	08	08	08	08	08
Almost dally (3 to 6 times a week)	07	07	07	07	07
One or two days a week	06	06	06	06	06
Several times a month (25 to 51 days a year)	05	05	05	05	05
One to two times a month (12 to 24 days a year)	04	04	04	04	04
Every other month or so (6 to 11 days a year)	03	03	03	03	03
Three to five days in the past 12 months	02	02	02	02	02
One or two days in the past 12 months SKIP TO Q. 426	01	01	01	01	01
425B. How old were you the last time?	|__|__| YEARS OLD	|__|__| YEARS OLD	|__|__| YEARS OLD	|__|__| YEARS OLD	|__|__| YEARS OLD

	COLUMN A INHALANTS YES……..1	COLUMN B MARIJUANA OR HASHISH YES……..1	COLUMN C COCAINE YES……..1	COLUMN D LSD OR HALLUCINOGENS YES……..1	COLUMN E HEROIN YES……..1
426. How did you usually take (DRUG NAME) when you used it?					
Oral, chew, eat	01	01	01	01	01
Smoke	02	02	02	02	02
Inhale, snort, sniff	03	03	03	03	03
Inject vein (intravenous. "mainline")	04	04	04	04	04
Inject, other (intramuscular "skin-pop")	05	05	05	05	05

	COLUMN A INHALANTS YES……..1	COLUMN B MARIJUANA OR HASHISH YES……..1	COLUMN C COCAINE YES……..1	COLUMN D LSD OR HALLUCINOGENS YES……..1	COLUMN E HEROIN YES……..1
427. Thinking of times when you used (DRUG NAME), with whom did you usually use it? CODE ONLY ONE					
Alone	01	01	01	01	01
Husband, wile, partner, or date	02	02	02	02	02
Parents	03	03	03	03	03
Other relatives	04	04	04	04	04
Friends of the same sex	05	05	05	05	05
Friends of the opposite sex	06	06	06	06	06
Friends of both sexes	07	07	07	07	07
People I don't know too well	08	08	08	08	08
OTHER (SPECIFY): _____	09	09	09	09	09
	GO TO NEXT DRUG CODED “YES” IF NO MORE DRUGS CODED “YES”. SKIP TO Q. 428.	GO TO NEXT DRUG CODED “YES” IF NO MORE DRUGS CODED “YES”. SKIP TO Q. 428.	GO TO NEXT DRUG CODED “YES” IF NO MORE DRUGS CODED “YES”. SKIP TO Q. 428.	GO TO NEXT DRUG CODED “YES” IF NO MORE DRUGS CODED “YES”. SKIP TO Q. 428.	

INTERVIEWER CHECKPOINT

428. REFER TO Qs. 409-412 AND Qs. 418-422. ARE ANY ANSWERED "YES?"

Yes …… 1 (SKIP TO Q. 429)
ALL ARE ANSWERED NO……..…….. 2

A. IS ALCOHOL CODED IN Q. 429A?

YES …… 1 (SKIP TO B)

NO …….. 2 (SKIP TO D)

429. IS ANY DRUG IN Q.414 OR Q.424 CODED "3,4,5,6 OR 7"?

YES …… 1
NO …….. 2 (SKIP TO B)

FOR YOUR REFERENCE, CIRCLE DRUGS R USED:

A.

ALCOHOL 01
SEDATIVES.....02
TRANQUILIZERS.....03
STIMULANTS.....04
ANALGESICS.....05
INHALANTS 06
MARIJUANA/HASHISH 07
COCAINE.....08
HALLUCINOGENS.....09
HEROIN 10

B. INTERVIEWER: IF ALCOHOL AND/OR ONE OR MORE DRUGS ARE CODED ABOVE, ASK QUESTIONS 430-453.

C. INTERVIEWER: WHEN (READ DRUGS LISTED IN Q.429A) APPEARS IN QUESTIONS 430-453: READ NAMES OF DRUGS CODED ABOVE.

D. IF NO ALCOHOL/DRUGS ARE INDICATED, SKIP TO Q. 454

In answering the next questions, please think about (READ DRUGS LISTED IN Q. 429A).

430. Have you often been under the effects of (READ DRUGS LISTED IN Q. 429A) or suffering its after-effects while at work or school or taking care of children?

YES …… 1
NO …….. 2 (SKIP TO Q. 431)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

431. Has your use of (READ DRUGS LISTED IN Q. 429A) often kept you from working, going to school, or taking care of children?

YES …… 1
NO …….. 2 (SKIP TO Q. 432)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

432. Did (READ DRUGS LISTED IN Q. 429A) ever cause you problems with your family, friends, at work, at school or with the police?

YES …… 1
NO …….. 2 (SKIP TO Q. 433)

	A. Which substance...	B. Did you continue to use (DRUG NAME/S) after you realized that it was causing any of these problems?	C. How old were you the first time this happened?	D. When was the last time this happened because of usIng (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	E. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK E)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK E)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK E)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK E)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK E)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK E)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK E)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK E)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK E)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK E)	|__|__| YEARS OLD

433. Did your use of (READ DRUGS LISTED IN Q. 429A) ever cause you to be expelled from school, or to be demoted or fired from work?

YES …… 1
NO …….. 2 (SKIP TO Q. 434)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

434. Have you often been under the effects of (READ DRUGS LISTED IN Q. 429A) or feeling its after-effects in a situation which increased your chances of getting hurt like when driving a car or boat, using knives or guns or machinery, crossing against the traffic, climbing or swimming?

YES …… 1
NO …….. 2 (SKIP TO Q. 435)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

435. Did you ever accidentally injure yourself when you have been under the influence of (READ DRUGS LISTED IN Q. 429A) - like you had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that?

YES …… 1
NO …….. 2 (SKIP TO Q. 436)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

436. Have you ever had any health problems as a result of using (READ DRUGS LISTED IN Q. 429A) - such as liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, an accidental overdose, a persistent cough, a seizure or fit, hepatitis, or abscesses?

YES …… 1
NO …….. 2 (SKIP TO Q. 437)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

437. Have you ever had any emotional or psychological problems from using (READ DRUGS LISTED IN Q. 429A) such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

YES …… 1
NO …….. 2 (SKIP TO Q. 438)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

438. Did you ever continue to use (READ DRUGS LISTED IN Q. 429A) after you realized it was causing problems with your physical or mental health?

YES …… 1
NO …….. 2 (SKIP TO Q. 439)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

439. Did you ever continue to use (READ DRUGS LISTED IN Q. 429A) while taking medication you knew was dangerous to mix with alcohol or drugs, or when you had a serious health problem that could be made worse by alcohol or drugs?

YES …… 1
NO …….. 2 (SKIP TO Q. 440)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

440. Have you ever felt such a strong desire or urge to use (READ DRUGS LISTED IN Q. 429A) that you could not resist it or could not think of anything else?

YES …… 1
NO …….. 2 (SKIP TO Q. 441)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

441. Did your use of (READ DRUGS LISTED IN Q. 429A) ever become so regular that you would not change when, or how much you took it, no matter when you were doing or where you were?

YES …… 1
NO …….. 2 (SKIP TO Q. 442)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

442. Have you ever tried to stop or cut down on (READ DRUGS LISTED IN Q. 429A) but found you could not?

YES …… 1
NO …….. 2 (SKIP TO Q. 443)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

443. Have you often wanted to quit or cut down on (DRUG LIST IN Q. 429A)?

YES …… 1
NO …….. 2 (SKIP TO Q. 444)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

444. Did you ever have a period of a month or more when you spent a great deal of time using (READ DRUGS LISTED IN Q. 429A), getting it, or getting over its effects?

YES …… 1
NO …….. 2 (SKIP TO Q. 445)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

445. Did you often use much larger amounts of (READ DRUGS LISTED IN Q. 429A) than you intended to when you began, or did you use (it/them) for a longer period of time than you intended to?

YES …… 1
NO …….. 2 (SKIP TO Q. 446)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

446. Did you often start using (READ DRUGS LISTED IN Q. 429A) and find it difficult to stop before you became completely intoxicated or high?

YES …… 1
NO …….. 2 (SKIP TO Q. 448)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes……. 1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

448. Did you ever find that you had to use more (READ DRUGS LISTED IN Q. 429A) than usual to get the same effect or that the same amount had less effect on you than before?

YES …… 1
NO …….. 2 (SKIP TO Q. 449)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

449. Did you ever use (READ DRUGS LISTED IN Q. 429A) to make withdrawal symptoms go away or to keep from having them?

YES …… 1
NO …….. 2 (SKIP TO Q. 450)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

450. Have you ever given up or greatly reduced important activities in order to get, or to use (READ DRUGS LISTED IN Q. 429A) - activities like sports, work, or seeing family and friends?

YES …… 1
NO …….. 2 (SKIP TO Q. 451)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

451. Did you ever tell a doctor other than a psychiatrist about your substance use? (Doctor includes medical doctors, osteopaths, and students in training to be medical doctors or osteopaths)

YES …… 1
NO …….. 2 (SKIP TO Q. 452)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

HAND CARD #33

452. Did stopping or cutting down on (READ DRUGS LISTED IN Q. 429A) ever make you sick or cause you problems like those listed on this card?

YES …… 1
NO …….. 2 (SKIP TO Q. 453)

	A. Which substance...	B. How old were you the first time this happened?	C. When was the last time this happened because of using (DRUG NAME) in the… Past month....01 Past 6 months..02 Past year.....03 More than 1 year...04 ⇒	D. How old were you the last time this happened because of (DRUG NAME)?
1.	Alcohol? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
2.	Sedatives? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
3.	Tranquilizers? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
4.	Stimulants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
5.	Analgesics? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
6.	Inhalants? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
7.	Marijuana? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
8.	Cocaine? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
9.	Hallucinogens? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD
10.	Heroin? Yes…….1 No…….. 2	|__|__| YEARS OLD	01 02 03 04 (ASK D)	|__|__| YEARS OLD

453. Did you ever go to a self-help group such as Alcoholics Anonymous for your use of alcohol or drugs?

Yes ……1
No ……..….2 (SKIP TO Q. 454)

A. When was (the most recent time)

YEAR 19 |___|___| OR AGE |___|___|

B. Was that AA or some other group?

Alcoholics Anonymous……. 1
Some other group……. 2

PSYCHOLOGICAL HEALTH

INTERVIEWER: MARK THE SCREENER BOX ON THE INSIDE BACK COVER WITH THE RESPONSES FROM Q 454-457.

454. Have you ever in your life had a spell or attack when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid or anxious?

Yes ……1
No ……2

455. Have you had a period of one or more when most of the time you felt worried or anxious?

Yes ……1
No ……2 (SKIP TO Q. 456)

A. What is the longest period you have had of feeling worried or anxious?

|__|__| MONTHS (0-12 MONTHS)
|__|__| YEARS (1-36 MONTHS)

456. In your lifetime, have you ever had two weeks or more when nearly every day you felt sad, blue, or depressed?

Yes ……1
No ……2 (SKIP TO Q. 457)

A. Have you ever had two weeks or more when nearly every day you felt down in the dumps, low, or gloomy?

Yes ……1
No ……2

457. Has there ever been two weeks or more when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?

Yes ……1
No ……2 (SKIP TO Q. 458)

A. Did you ever completely lose all interest in things like work or hobbies or things you usually liked to do for fun?

Yes ……1
No ……2

458. Have you ever felt so low you thought about committing suicide?

Yes ……1
No ……2

A. Have you ever attempted suicide?

Yes ……1
No ……2

INTERVIEWER CHECKPOINT
REFER TO SCREENER BOX ON THE INSIDE OF BACK COVER. FOLLOW THE FIRST SKIP YOU ENCOUNTER IN Qs. 459-462.

459. ARE ONE OR MORE QUESTIONS CODED "YES?"

Yes ……1
No ……2 **(SKIP TO Q. 549)**

460. IS QUESTION 454 CODED "YES"?

Yes ……1 **(SKIP TO Q. 463)**
No ……2

461. IS QUESTION 456 OR 456A CODED "YES"?

Yes ……1 **(SKIP TO Q. 495A)**
No ……2

462. IS QUESTION 457 CODED "YES"?

Yes ……1 **(SKIP TO Q. 496)**
No ……2

463. Earlier you mentioned having a spell or attack of suddenly feeling frightened or anxious in situations when most people would not be afraid. Did this happen in situations when you were not in danger or the center of attention?

Yes ……1
No ……2 (SKIP TO Q. 494)

Please think about one of your worst spells or attacks of suddenly feeling very frightened or very uneasy. During that spell or attack…

464. Were you short of breath or having trouble breathing	Yes…….. 1 No…… 2 DON'T KNOW…… 8
465. Did your heart pound?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
466. Were you dizzy or lightheaded?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
467. Did you have tightness, pain, or discomfort in your chest or stomach?	Yes…….. 1 No…… 2 DON'T KNOW…… 8

467. Did you have tightness, pain, or discomfort in your chest or stomach?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
468. Did your fingers or feet tingle or feel numb?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
469. Did you feel like you were choking, or having difficulty swallowing?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
470. Did you feel faint?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
471. Did you sweat?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
472. Did you tremble or shake?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
473. Did you have hot flashes or chills?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
474. Did you, or things around you seem unreal?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
475. Did it seem like time was passing much more quickly or much more slowly than usual?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
476. Were you afraid that you might die?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
477. Were you afraid that you might act in a crazy way?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
478. Did you have nausea?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
479. Did you have stomach or belly pain?	Yes…….. 1 No…… 2 DON'T KNOW…… 8
480. Did you feel like you were smothering?	Yes…….. 1 No…… 2 DON'T KNOW…… 8

481. Did you have dry mouth?	Yes…….. 1 No…… 2 DON'T KNOW…… 8

482. INTERVIEWER CHECKPOINT ARE THERE TWO OR MORE "YES" RESPONSES IN QUESTIONS 464-481?

Yes ……1 (ASK Q. 483)
No ……..2 (SKIP TO Q. 494)

483. During several of your spells or attacks of feeling very frightened or very uneasy, did some of these things like (READ FIRST 2 "YES" RESPONSES FROM QUESTIONS 464-481) begin suddenly and then get worse within the next few minutes of the attack?

Yes ……1
No ……..2

484. When was the first time you had a sudden spell or attack of feeling frightened or very uneasy and had at least two of these other things at the same time–in the past month, past six months, past year, or more than a year ago?

In the past month…….. 01 (SKIP TO Q. 487)
In the past six months…….. 02 (SKIP TO Q. 486)
In the past year ……..….. 03 (SKIP TO Q. 486)
More than a year ago……04 (GO TO Q. 485)

485. Can you remember your exact age the first time (you had a sudden spell or attack of feeling frightened or very uneasy and had at least two of these other things at the same time)?

Yes ……1 (ASK A)
No …….……2 (ASK B & C)

A. How old were you?

|__|__| YEARS OLD

B. About how old were you (the first time you had one of these attacks)?

|__|__| YEARS OLD

C. What is the earliest age you can clearly remember having an attack? (ACCEPT A RANGE RESPONSE)

|__|__| YEARS OLD TO |__|__| YEARS OLD

486. When was the last time (you had a spell or attack and had at least two of these other things at the same time– in the past month, past six months, past year, or more than a year ago)?

In the past month…….. 01
In the past six months…….. 02
In the past year ……... 03
More than a year ago…… 04

A. How old were you the last time?

|__|__| YEARS OLD

487. About how many spells or attacks of suddenly feeling frightened or very uneasy have you had in your lifetime? (PROBE: What is your best estimate?)

|__|__| ATTACKS

488. INTERVIEWER CHECKPOINT: HOW MANY ATTACKS IN Q487?
0-3……1
4 or more……2

489. Did you ever have four or more spells or attacks within a four week period?

Yes ……1
No ……..2 (SKIP TO Q. 490)

A. Can you remember your exact age the first time you had four or more attacks in a four week period?

Yes ……1 (ASK B)
No ……..….2 (ASK C & D)

B. How old were you?

|__|__| YEARS OLD

C. About how old were you (the first time you had one of these attacks)?

|__|__| YEARS OLD

D. What is the earliest age you can clearly remember having an attack? (ACCEPT A RANGE RESPONSE)

|__|__| YEARS OLD TO |__|__| YEARS OLD

490. INTERVIEWER CHECKPOINT: IS QUESTION 489 CODED "YES?"

Yes ……1
No ……..….2 (SKIP TO Q. 494)

491. How much did your spells or attacks interfere with your life or activities– a lot, some, a little, or not at all?

A lot…….. 1
Some……2
A little……3
Not at all……4

492. Did your spells or attacks ever occur at tines in your life when you were drinking alcohol or using drugs more than usual?

Yes ……1
No …….2 (SKIP TO Q. 493)

A. Which would start first– the spells or the increase in drinking or drug use?

Spells/attacks…… 1
Drinking/drug use……..2
IF VOL. BOTH AT THE SAME TIME…….3
IF VOL. IT VARIES…….. 4

493. Did you ever drink more than usual or use drugs not prescribed by a doctor or in greater amounts than prescribed to help you feel better during the spells or attacks?

Yes ……1
No ……..2 (SKIP TO Q. 494)

A. Did this help you to feel better?

Yes ……1
No …….2
IF VOL. YES AT FIRST, BUT NOT LATER ON……..3

494. INTERVIEWER CHECKPOINT: REFER TO SCREENER BOX ON THE INSIDE BACK COVER. IS EITHER QUESTION 456 OR 456A CODED "YES?"

Yes ……1 (SKIP TO Q. 495A)
No ……..2

495. INTERVIEWER CHECKPOINT: IS QUESTION 457 ON THE INSIDE BACK COVER UNDER "SCREENERS" ANSWERED "YES?"

Yes ……1 (SKIP TO Q. 496)
No ……..2 (SKIP TO Q. 549)

A. INTERVIEWER CHECKPOINT: REFER TO INSIDE BACK COVER. IS EITHER Q. 456 OR 456A CODED "YES?"

Yes ……1 (CHECK CATEGORY #2 BOX UNDER SADNESS ON THE INSIDE BACK COVER AND CONTINUE WITH Q. 496)

No …….2

CATEGORY #3	
496. Has there been a period of 2 weeks or longer when you lost your appetite?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
497. During any of these periods did you completely lose your appetite?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
498. Have you ever lost weight without trying– as much as two pounds a week for several weeks, or as much as ten (10) pounds or more altogether?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
499. During any of these periods, how much weight did you lose?	|__|__| POUNDS
500. Has there ever been at least 2 weeks when you had an increase in appetite, other than when you were growing (or pregnant)?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
501. Have you ever had a period when your eating increased so much that you gained as much as two pounds a week for several weeks, or as much as ten (10) pounds or more altogether?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
502. What is the most you ever gained in one of these periods?	|__|__| POUNDS
	IF ANY "YES" RESPONSE TO Q 496-502, CHECK "SADNESS" BOX #3 ON BACK COVER AND CONTINUE WITH Q. 503.

CATEGORY #4	
503. Have you ever had 2 weeks or more when nearly every night you had trouble falling asleep?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
504. Have you ever had 2 weeks or more when nearly every night it took you at least 2 hours to fall asleep?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
505. Have you ever had 2 weeks or more when nearly every night you had trouble staying asleep?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
506. Did you ever have 2 weeks or more when nearly every night you lay awake more than one hour?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
507. Have you ever had 2 weeks or more when nearly every morning you woke up too early?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
508. Have you ever had 2 weeks or more when nearly every morning you would wake up at least 2 hours before you wanted to?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
509. Have you ever had 2 weeks or longer when nearly every day you were sleeping too much?	Yes…….. 1 No…… 2 DON'T KNOW…. 8 IF ANY "YES" RESPONSE TO Q 503-509, CHECK "SADNESS" BOX #4 ON BACK COVER AND CONTINUE WITH Q. 510.
CATEGORY #5	
510. Has there ever been a period lasting 2 weeks or more when you lacked energy or felt tired out all the time even when you had not been working very hard?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
511. Have you ever been completely without energy for 2 weeks or more?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
512. Did you ever have 2 weeks or more when you felt very bad when you got up, but felt better later in the day?	Yes…….. 1 No…… 2 DON'T KNOW…. 8 IF ANY "YES" RESPONSE TO Q 510-512, CHECK "SADNESS" BOX #5 ON BACK COVER AND CONTINUE WITH Q. 513.

CATEGORY #6 513. Has there ever been 2 weeks or more when nearly every day you talked or moved more slowly than is normal for you? 514. During (this/one of these) period(s) did anyone else notice that you were talking or moving more slowly? 515. Has there ever been 2 weeks or more when nearly every day you had to be moving all the time – that is, you could not sit still and paced up and down?	 Yes…….. 1 No…… 2 DON'T KNOW…. 8 Yes…….. 1 No…… 2 DON'T KNOW…. 8 Yes…….. 1 No…… 2 DON'T KNOW…. 8 IF ANY "YES" RESPONSE TO Q 513-515, CHECK "SADNESS" BOX #6 ON BACK COVER AND CONTINUE WITH Q. 516.
CATEGORY #7 INTERVIEWER: REFER TO BACK COVER "SCREENERS" 516. IS BOX 458 UNDER "SCREENERS" CODED "YES?" 517. IS BOX 458A UNDER "SCREENERS" CODED "YES?" 518. Have you ever had 2 weeks or longer when you lost the ability to enjoy having good things happen to you, like winning something or being praised or complimented? 519. Has there ever been a period of several weeks when your interest in sex was a lot less than usual? 520. Did you ever completely lose your interest in sex?	 Yes…….. 1 No…… 2 Yes…….. 1 No…… 2 Yes…….. 1 No…… 2 DON'T KNOW…. 8 Yes…….. 1 No…… 2 DON'T KNOW…. 8 Yes…….. 1 No…… 2 DON'T KNOW…. 8 IF ANY "YES" RESPONSE TO Q 516-520, CHECK "SADNESS" BOX #7 ON BACK COVER AND CONTINUE WITH Q. 521.

CATEGORY #8	
521. Has there ever been 2 weeks or more when nearly every day you felt worthless?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
522. Did you ever feel completely worthless for a week or more?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
523. Has there ever been 2 weeks or more when nearly every day you felt sinful?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
524. Has there ever been 2 weeks or more when nearly every day you felt guilty.	Yes…….. 1 No…… 2 DON'T KNOW…. 8
525. Has there ever been a period of a week or longer when you felt that you were not as good as other people or inferior?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
526. Has there ever been a period of a week or longer when you had so little self-confidence that you would not try to have your say about anything?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
527. Did you ever have a period of 2 weeks or more when you entirely lost your self-confidence?	Yes…….. 1 No…… 2 DON'T KNOW…. 8 IF ANY "YES" RESPONSE TO Q 521-527, CHECK "SADNESS" BOX #8 ON BACK COVER AND CONTINUE WITH Q. 528.

CATEGORY #9	
528. Has there ever been 2 weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
529. Has there ever been 2 weeks or more when you were unable to read things that usually interest you or watch television or movies you usually like, because you could not pay attention to them?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
530. Have you ever had 2 weeks or more when nearly every day your thoughts came much slower than usual or seemed mixed up?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
531. Have you ever had 2 weeks or more when nearly every day you were unable to make up your mind about things you ordinarily have no trouble deciding about?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
532. Has there ever been a period when you were completely unable to make up your mind about things you ordinarily have no trouble deciding about?	Yes…….. 1 No…… 2 DON'T KNOW…. 8 IF ANY "YES" RESPONSE TO Q 528-532, CHECK "SADNESS" BOX #9 ON BACK COVER AND CONTINUE WITH Q. 533.
CATEGORY #10	
533. Has there ever been a period of 2 weeks or more when you thought a lot about death - either your own, someone else's, or death in general?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
534. Has there ever been a period of 2 weeks or more when you felt like you wanted to die?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
535. Have you ever felt so low you thought about committing suicide?	Yes…….. 1 No…… 2 DON'T KNOW…. 8
536. Have you ever attempted suicide?	Yes…….. 1 No…… 2 DON'T KNOW…. 8 IF ANY "YES" RESPONSE TO Q 533-536, CHECK "SADNESS" BOX #10 ON BACK COVER AND CONTINUE WITH Q. 537.

537. REFER TO INSIDE BACK COVER UNDER "SADNESS." ONLY COUNTING CATEGORIES 3-10, ARE 3 OR MORE BOXES CHECKED?

Yes ……1
No ……..2 (SKIP TO Q. 549)

538. You said you had a period in your life when you felt sad, or blue, or down in the dumps, or had no interest in things. Has there ever been a time when the period(s) of feeling sad, or blue, or down in the dumps, or had no interest in things and some of these other problems we just talked about occurred together – that is, within the same month?

Yes ……....1 (SKIP TO Q. 539)
No ……..2
DON'T KNOW……..8 (SKIP TO Q. 549)

A. Let me make sure I am clear about this. There has never been a period when you felt sad, or blue, or down in the dumps, or had no interest in things at the same time you were having some of these other problems you just mentioned. Is that correct?

Yes ……1 (SKIP TO Q. 549)
No …….2

539. In your lifetime, how many periods have you had that lasted two weeks or more when you felt sad, or blue, or down in the dumps, or had no interest in things and also had some of the other problems you just mentioned?

None……1 (SKIP TO Q. 549)
One……. 2 (SKIP TO Q. 540)
More than one…….……...3

A. How many?

|__|__| PERIODS

SKIP TO Q. 545

540. When did that period start – in the past month, past six months, past year, or more than a year ago?

In the past month…… 01 (SKIP TO Q. 542)
In the past 6 months……02 (SKIP TO Q. 542)
In the past year…….03 (SKIP TO Q. 542)
More than a year ago……..04

541. Can you remember your exact age when this period started?

Yes…….. 1 (ASK A)
No……..…….. 2 (ASK B)

A. How old were you?

|__|__| YEARS OLD

B. About how old were you (when this period started)? ACCEPT A RANGE RESPONSE.

|__|__| YEARS OLD TO |__|__| YEARS OLD

542. Did that period of feeling sad, or blue, or down in the dumps, or had no interest in things occur just after someone close to you died?

Yes ……1 (SKIP TO Q. 543)
No ……..2

A. Was there anything else going on in your life at that time which might have caused you to feel sad, or blue, or down in the dumps, or had no interest in things?

Yes ……1
No ……..2 (SKIP TO Q. 543)

B. Briefly, what was going on? _____

543. Has that period of feeling sad, or blue, or down in the dumps, or had no interest in things and having some of the other problems you just mentioned ended or is it still going on?

Ended…… 1
Still going on……. 2 (SKIP TO Q. 544)

A. When did it end (in the past month, past six months, past year, or more than a year ago)?

In the past month…….01 (SKIP TO Q. 544)
In the past 6 months……02 (SKIP TO Q. 544)
In the past year…….03 (SKIP TO Q. 544)
More than a year ago……..04

B. Can you remember your exact age when it ended?

Yes ……1 (ASK C)
No ……2 (ASK D)

C. How old were you?

|__|__| YEARS OLD

D. About how old were you (when this period started)? ACCEPT A RANGE RESPONSE.

|__|__| YEARS OLD TO |__|__| YEARS OLD

544. How long did this period last (before it ended/so far)?

|__|__|

A. Was that days, weeks, months, or years?

Days……..1 (SKIP TO Q. 549)
Weeks……...2 (SKIP TO Q. 549)
Months……. 3 (SKIP TO Q. 549)
Years……4 (SKIP TO Q. 549)

IF MORE THAN ONE PERIOD OF DEPRESSION IN LIFETIME, ASK:

545. When was the first time you had a period of two weeks or more when you had some of these problems you just mentioned and also felt sad, or blue, or down in the dumps, or had no interest in things – in the past month, past six months, past year, or more than a year ago?

In the past month…….. 01 (SKIP TO Q. 547)
In the past 6 months……02 (SKIP TO Q. 547)
In the past year……..03 (SKIP TO Q. 547)
More than a year ago……...04
IF VOL. NEVER……05 (SKIP TO Q. 549)

546. Can you remember your exact age the first time you had a period of two weeks or more when you had some of these problems you just mentioned and also felt sad, or blue, or down in the dumps, or had no interest in things?

Yes ……1
No ……..2 (ASK B & C)

A. How old were you?
|__|__| YEARS OLD

SKIP TO Q. 547

B. About how were you (when this period started)? ACCEPT A RANGE RESPONSE.

|__|__| YEARS OLD TO |__|__| YEARS OLD

C. What is the earliest age you can clearly remember having a period of this sort lasting two weeks or more? (ACCEPT A RANGE RESPONSE)

|__|__| YEARS OLD TO |__|__| YEARS OLD

547. When was the last time you had a period of two weeks or more when you had some of these problems you just mentioned and also felt sad, or blue, or down in the dumps, or had no interest in things – in the past month, past six months, past year, or more than a year ago?

In the past month……01 (SKIP TO Q. 548)
In the past 6 months……..02 (SKIP TO Q. 548)
In the past year……...03 (SKIP TO Q. 548)
More than a year ago……04

A. How old were you the last time you had a period of this sort?

|__|__| YEARS OLD (SKIP TO Q. 549)

548. How many periods of feeling sad, or blue or down in the dumps, or had no interest in things lasting two weeks or longer have you had in the past 12 months?

One……..1
More than one……2 (SKIP TO Q. 549)

A. In what month and year did this period start?

|__|__| |__|__|
MONTH YEAR

B. Has this period of feeling sad, or blue, or down in the dumps, or had no interest in things ended or is it still going on?

Ended……1
Still going on……..… 2

549. Have you ever believed that someone was plotting against you or trying to hurt you or poison you?

Yes ……1
No ……..….2

550. Have you ever had the experience of seeing something or someone that others who were present could not see – that is, had a vision when you were completely awake?

Yes ……1
No …….….2

551. Have you more than once had the experience of hearing things that other people couldn't hear, such as a voice?

Yes ……1
No ……..2

HAND CARD # 10

552. How do you usually feel in regards to the following? Please say the number which reflects how you feel.

A. I feel nervous

Not at all 1 2 3 4 5 6 Very, very much

B. I feel under pressure.

Not at all 1 2 3 4 5 6 Very, very much

C. I feel tense.

Not at all 1 2 3 4 5 6 Very, very much

D. My hands sometimes shake.

` Not at all 1 2 3 4 5 6 Very, very much

E. New situations make me tense.

Not at all 1 2 3 4 5 6 Very, very much

F. I feel tight inside.

Not at all 1 2 3 4 5 6 Very, very much

G. I startle easily.

Not at all 1 2 3 4 5 6 Very, very much

For each of the following questions, choose from the alternatives listed on this card:

HAND CARD # 34

553. In the last month, how often have you felt that you were unable to control the important things in your life?

Never.....0
Almost never 1
Sometimes 2
Fairly often 3
Very often.....4

554. In the last month, how often have you felt confident about your ability to handle your personal problems?

Never.....0
Almost never 1
Sometimes 2
Fairly often 3
Very often.....4

555. In the last month, how often have you felt that things were going your way?

Never.....0
Almost never 1
Sometimes 2
Fairly often 3
Very often.....4

556. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never.....0
Almost never 1
Sometimes 2
Fairly often 3
Very often.....4

EVENTS PRIOR TO AGE 15

The next questions ask about things you have done before you turned 15.

557. Did you play hooky a lot from school before the age of 15?

Yes ……1
No ……..2

558. Did you run away from home overnight more than once before the age of 15?

Yes ……..……..1
No ……..2

559. Did you tell a lot of lies?

Yes ……1
No ……..2

560. Did you more than once steal things from a store or from someone you knew?

Yes ……...……1
No …….2

561. Before the age of 15, did you ever deliberately set a fire?

Yes ……...……1
No …….2

562. Did you ever deliberately destroy someone else's property other than by setting a fire?

Yes ……...……1
No …….2

563. Before the age of 15, did you physically hurt animals on a number of occasions?

Yes ……...……1
No …….2

564. Did you often start physical fights before the age of 15?

Yes ……...……1
No …….2

565. Did you use a weapon in a fight more than once before the age of 15?

Yes ……...……1
No …….2

566. Before the age of 15, did you physically hurt other people a number of times?

Yes ……...……1
No …….2

567. Before the age of 15, did you ever rob or mug someone?

Yes ……...……1
No …….2

568. Before the age of 15, did you ever force someone to have sex with you?

Yes ……...……1
No …….2

The next few questions are about things you might have done after you turned 15.

569. Have you repeatedly failed to meet financial obligations such as debts, or failed to provide support for children or other dependents on a regular basis since turning 15?

Yes ……...……1
No …….2

570. Since turning 15, was there ever a time when you got into a number of physical fights?

Yes ……...……1
No …….2

571. Since turning 15, did you ever participate in illegal activities, like stealing or destroying property?

Yes ……...……1
No …….2

572. Was there ever a period when you drifted around or had no regular place to live?

Yes ……...……1
No …….2

573. Since turning 15, was there a time when you lied a lot or used a false name?

Yes ……...……1
No …….2

574. Was there a time when you were unreliable on your job, could not hold a job, quit several jobs without having another one lined up, or simply decided not to work when you were expected to be working?

Yes ……...……1
No …….2

575. Have you ever had a time when you did bad things to other people without feeling guilty?

Yes ……...……1
No …….2

576. Since turning 15, did you have a time when you did reckless things?

Yes ……...……1
No …….2

577. Was there ever a time when you were an irresponsible parent - (for example, your child was not given adequate food or clothing, or was not kept clean, or did not get medical care, or was left home alone at an early age, or had to get food or shelter from other people?)

Yes ……...……1
No …….2

It is okay to check no if R not a parent

TOBACCO USE

Now some questions about smoking.

578. Have you ever smoked tobacco cigarettes, cigars, or pipe tobacco?

Yes ……1
No ……. 2 (SKIP TO Q. 583)
DON'T KNOW……. 8 (SKIP TO Q. 583)

579. How old were you when you first started?

|__|__| YEARS OLD

NEVER SMOKED REGULARLY …… 00 (SKIP TO Q. 583)

580. Do you smoke cigarettes or use tobacco now?

Yes ……1 (SKIP TO Q. 582)
No ……. 2

581. About how long has it been since you last smoked cigarettes or used tobacco fairly regularly?

|__|__|

A.. IS THAT… (INTERVIEWER CIRCLE)

Days……. 01
Weeks…….. 02
Months……..….. 03
Years…… 04

582. On the average, how many cigarettes (do/did) you smoke per day? (FIGURE NUMBER OF CIGARETTES BASED ON 20 PER PACK)

|__|__| CIGARETTES

USE OTHER TYPES OF TOBACCO…….. 95

PERSONAL INFORMATION

INTERVIEWER: PLEASE PRINT CLEARLY. VERIFY SPELLING.

583. That's all for the survey. The Woodlawn Project has been going on since 1966 and it is likely that we will want to be in touch with you again. We may also want to talk with your mother in the next few years about how she is doing. We need information that will make that easier for us. We would like to stay in touch with you.

May I please have your full name, address, and phone number in case my office wants to call to verify that I was here? (ASK MAIDEN NAME ALSO, IF NOT GIVEN)

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
LAST FIRST MIDDLE MAIDEN

A.

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(STREET ADDRESS) (APT. #)

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(CITY) (STATE) (ZIP CODE)

|__|__|__|__|__|__|__|__|__|__|__|__|__|
(COUNTY)

B. |__|__|__| |__|__|__| - |__|__|__|__|
(AREA CODE) (PHONE NUMBER)

OR

No Phone……………………………………… 00 (GO TO D)
Refused……………………………………….. 97

C. In whose name is the phone listed?

RESPONDENT'S NAME………………………….. 01 (GO TO D)
Other………………………………………………… 02 (SPECIFY)

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
LAST FIRST MIDDLE

D. May I please have your Social Security number?

ENTER NUMBER: |__|__|__| - |__|__| - |__|__|__|__|

REFUSED……………………………………. 97

E. May I please have your date of birth?

|__|__| - |__|__| - |__|__|
MONTH DAY YEAR

584. Do you have a Driver's License?

Yes ……1 (ASK A)
No ……2 (GO TO Q. 585)

A. What is your license number?

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

LICENSE NUMBER

B. WHICH STATE ISSUED YOUR LICENSE? ENTER 2 LETTER STATE ABBREVIATION.

|__|__|
STATE

585. Thinking of all the people you know, either around here or elsewhere, who would be the one person you keep in touch with who would be most likely to know where you are? INTERVIEWER: TRY TO GET THE NAME OF SOMEONE WHO DOES NOT LIVE WITH THE RESPONDENT.

ENTER FULL NAME OF PERSON BELOW AND ASK A - D.

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

LAST FIRST MIDDLE

A. What is (PERSON'S) relationship to you?

_____

B. What is (PERSON'S) address?

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(STREET ADDRESS) (APT. #)

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(CITY) (STATE) (ZIP CODE)

|__|__|__|__|__|__|__|__|__|__|
(COUNTY)

C. What is (PERSON'S) telephone number?

|__|__|__| |__|__|__| - |__|__|__|
(AREA CODE) (PHONE NUMBER)

No Phone…… 00 (GO TO Q. 586)
Refused…….. 97

D. IF PERSON HAS PHONE: In whose name is the phone listed?

(PERSON'S) name ……..… 01 (GO TO Q. 586)
Other (SPECIFY BELOW) …….. 02

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

LAST FIRST MIDDLE

586. Is there someone else who would know how to get in touch with you in case you move?

Yes ……1
No ……..2 (GO TO Q. 587)

A. What is their name, address, and phone number?

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
LAST FIRST MIDDLE

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(STREET ADDRESS) (APT. #)

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(CITY) (STATE) (ZIP CODE)

|__|__|__|__|__|__|__|__|__|__|
(COUNTY)

|__|__|__| |__|__|__| - |__|__|__|
(AREA CODE) (PHONE NUMBER)

B. INTERVIEWER CHECKPOINT: DID R PROVIDE MOTHER'S ADDRESS IN Q. 585 AND/OR 586?

Yes ……1 (SKIP TO Q. 588)
No …….2

587. What is your mother's name, address, and phone number?

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

LAST FIRST MIDDLE

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

(STREET ADDRESS) (APT. #)

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

(CITY) (STATE) (ZIP CODE)

|__|__|__|__|__|__|__|__|__|__|

(COUNTY)

|__|__|__| |__|__|__| - |__|__|__|

(AREA CODE) (PHONE NUMBER)

---

588. OTHER COMMENTS ON LOCATING R:

CLOSING STATEMENT

Thank you very much for your time. We've asked you lots of questions about how it has been for you over a long period of time. Are there questions you'd like to ask?

You've certainly been most helpful to us. And, again, the information you have given during this interview will remain confidential. If you would like to follow up further on any of the issues we've just discussed, the Woodlawn Project has people available to talk further with you. This card provides several phone numbers.

TIME: |__|__| : |__|__| AM..1
PM..2

INTERVIEWER'S OBSERVATIONS

589. WAS ANYONE ELSE PRESENT DURING ANY PART OF THE INTERVIEW FOR MORE THAN JUST A COUPLE OF MINUTES?

YES ……1
NO …….2

A. IF YES, WHO WAS PRESENT?

PARENT.....01
SPOUSE/PARTNER.....02
CHILD(REN) UNDER AGE 6.....03
CHILD(REN) OVER AGE 6 04
OTHER ADULT(s)..... 05

B. WOULD YOU GUESS THAT THE PRESENCE OF THE ABOVE PERSON(S) INTERFERED WITH THE HONESTY OF R IN ANSWERING?

NOT AT ALL 1 2 3 4 5 VERY MUCH

C. DURING WHICH PORTION OF THE INTERVIEW WAS THIS PERSON PRESENT?

_____

D. DID PERSON NOTED ABOVE GIVE ANY SUPPORTING INFORMATION?

YES ……1
NO …….2

E. DID THE RESPONDENT SHOW AFFECTION TOWARD PERSON (FOR EXAMPLE, A PAT ON THE HEAD)?

YES ……1
NO …….2

590. PLEASE USE THE WORD-PAIR TECHNIQUE TO GIVE THE FOLLOWING RATINGS.

RESPONDENT DURING THE INTERVIEW:

A. FRIENDLY	1	2	3	4	5	6	HOSTILE
B. UNDERSTOOD QUESTIONS	1	2	3	4	5	6	DIDN'T UNDERSTAND QUESTIONS
C. RELAXED	1	2	3	4	5	6	TENSE
D. INTERESTED	1	2	3	4	5	6	UNINTERESTED
E. FRANK AND CANDID	1	2	3	4	5	6	EVASIVE
F. COOPERATIVE	1	2	3	4	5	6	UNCOOPERATIVE

RESPONDENT'S HOME:

G. NEAT	1	2	3	4	5	6	DISORDERLY
H. CLEAN	1	2	3	4	5	6	DIRTY
I. PEACEFUL	1	2	3	4	5	6	HECTIC
J. IN GOOD REPAIR	1	2	3	4	5	6	DILAPIDATED

NOT APPLICABLE……. 96

591. DID YOU SEE THE RESPONDENT INTERACT WITH ANY OF HIS/HER CHILD(REN)?

YES ……1
NO …….……2 (SKIP TO Q. 592)

RESPONDENT'S BEHAVIOR TOWARD CHILD(REN):

A. SUPPORTIVE	1	2	3	4	5	6	NOT SUPPORTIVE
B. WARM	1	2	3	4	5	6	COLD
C. NOT CONTROLLING	1	2	3	4	5	6	CONTROLLING
D. PERMISSIVE	1	2	3	4	5	6	STRICT

592. DID YOU SEE THE RESPONDENT INTERACT WITH HIS/HER SPOUSE/PARTNER?

YES ……1
NO …….……2 (SKIP TO Q. 593)

RESPONDENT'S BEHAVIOR TOWARD SPOUSE

A. SUPPORTIVE	1	2	3	4	5	6	NOT SUPPORTIVE
B. WARM	1	2	3	4	5	6	COLD
C. NOT CONTROLLING	1	2	3	4	5	6	CONTROLLING

HOUSING

593. TYPE OF STRUCTURE:

SINGLE FAMILY HOME, DETACHED 01
SINGLE FAMILY HOME, ATTACHED (DUPLEX) 02
MULTIFAMILY ATTACHED
(ROW OR TOWN HOUSE)..... 03
APARTMENT (SIX UNITS OR LESS) 04
APARTMENT (MORE THAN SIX UNITS) 05
MOBILE HOME.....06
OTHER (SPECIFY _____)..... 07
NOT APPLICABLE.....96

A. WAS IT PUBLIC HOUSING?

YES ……1
NO …….……2

594. ESTIMATED RACIAL MAKE-UP OF THE BLOCK OR AREA:

ALMOST ALL WHITE 01
A MAJORITY WHITE.....02
ABOUT EQUALLY WHITE AND BLACK.....03
A MAJORITY BLACK.....04
ALMOST ALL BLACK 05
OTHER (SPECIFY) _____ 06
DON'T KNOW 98

595. DID THE RESPONDENT ANSWER SOME QUESTIONS IN WAYS THAT MADE NO SENSE OR THAT SEEMED TOTALLY UNRELATED TO THE QUESTIONS ASKED?

YES ……1
NO …….……2

596. DID THE RESPONDENT SHOW A LACK OF EMOTIONAL RESPONSIVENESS OR FACIAL EXPRESSION THAT PERSISTED THROUGHOUT THE INTERVIEW?

YES ……1
NO …….……2

597. DID R SHOW ANY ACTS OF UNUSUAL KINDNESS?

YES ……1
NO …….……2

598. DID YOU SEE ANY OF THE FOLLOWING IN THE HOUSEHOLD?

	YES	NO
A. BOOKS……	1	2
B. MAGAZINES……	1	2
C. NEWSPAPERS……..	1	2

NOT APPLICABLE…….. 6

INTERVIEWER REFERENCE FOR PSYCHOLOGICAL SECTION

SCREENERS		
	YES	NO
454.	1	2
455.	1	2
456.	1	2
457.	1	2

SADNESS	
Category 1	|__|
Category 2	|__|
—----------	
Category 3	|__|
Category 4	|__|
Category 5	|__|
Category 6	|__|
Category 7	|__|
Category 8	|__|
Category 9	|__|
Category 10	|__|