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YOUNG ADULT SELF REPORT BOOKLET

Ages 15 Years and Older
(by 12-31-98)

Round 18

NLSY79 - 1998

The National Longitudinal Survey of Youth

NORC
UNIVERSITY OF CHICAGO

CENTER FOR HUMAN RESOURCE RESEARCH
THE OHIO STATE UNIVERSITY

INTERVIEWER USE ONLY

CODE ONE:

SELF ADMINISTERED _____ 1

INTERVIEWER ADMINISTERED _____ 2

TELEPHONE ADMINISTERED _____ 3

STAFF_ID

CASE ID
 -

GENERAL INSTRUCTIONS

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

There are five types of questions in this booklet:

1. Write the answer in the boxes.

Example: How old are you?

AGE IN YEARS

2. Circle only one answer for each item.

Example: Are you a male or a female?

(Circle Only One)

Male 1

Female 2

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

Example: How often do you . . . (Answer each item)

OFTEN **SOMETIMES** **HARDLY
EVER**

a. Do your homework? 1 2 3

b. Go to the movies? 1 2 3

4. Circle as many answers as apply.

Example: What did you do for entertainment last month?

(Circle All That Apply)

Went to a movie 1

Went to a concert 2

Went to a play 3

Went to a sporting event 4

5. Write your answer in the space provided.

Example: What is your favorite movie?

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YOUNG ADULT SELF REPORT - STRICTLY CONFIDENTIAL

1. Do you live with your biological father or your stepfather?

- Biological father 1
Stepfather 2
Neither 3

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

- | | NEVER | ONCE IN
A WHILE | FAIRLY
OFTEN | VERY
OFTEN | THEY
HAVE NO
CONTACT |
|---|-------|--------------------|-----------------|---------------|----------------------------|
| a. How often do your biological parents get along well together? | 1 | 2 | 3 | 4 | 5 |
| b. How often do your biological parents agree about rules about you? | 1 | 2 | 3 | 4 | 5 |
| c. How often do your biological parents argue? | 1 | 2 | 3 | 4 | 5 |
| d. How often do you hesitate to talk about your father in front of your mother? | 1 | 2 | 3 | 4 | |
| e. How often do you hesitate to talk about your mother in front of your biological father?
IF YOU HAVE NO CONTACT WITH YOUR BIOLOGICAL FATHER, CIRCLE "NEVER" | 1 | 2 | 3 | 4 | |
| f. How often do you feel caught in the middle of your biological parents? | 1 | 2 | 3 | 4 | |

IF YOU DO **NOT** HAVE A STEPFATHER, GO TO QUESTION 4.

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

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

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

Please answer each item.

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

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

AGE WHEN YOU HAD YOUR FIRST
DRINK OF BEER, WINE, OR LIQUOR YRS.

Never had a drink of beer, wine,
or liquor in your life 95 → **GO TO Q.18 PAGE 10**

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

AGE WHEN YOU BEGAN TO USE
ALCOHOL AT LEAST MONTHLY YRS.

Never used alcohol once a
month or more often 95

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

Within the past month (30 days) 1

More than 1 month ago but
less than 6 months ago 2 → **GO TO Q.13**

6 or more months ago but
less than 1 year ago 3 → **GO TO Q.13**

1 or more years ago but
less than 3 years ago 4 → **GO TO Q.15**

3 or more years ago 5 → **GO TO Q.15**

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8. On about how many different **days** did you have one or more drinks **during the past 30 days?**

(If none in the past 30 days, write zero.)

NUMBER OF **DAYS** DRANK ALCOHOL IN PAST MONTH

Did not drink at all in past month 95 → **GO TO Q.13**

9. About how many drinks did you **usually** have in a day on the days that you drank in the **past 30 days?**

(If none in the past 30 days, write zero)

DRINKS PER DAY IN PAST MONTH

10. On about how many days did you have five or more drinks on the same occasion **during the past 30 days?** By occasion we mean at the same time or within a couple of hours of each other.

(If none in the past 30 days, write zero)

NUMBER OF **DAYS** YOU DRANK FIVE OR MORE DRINKS

11. What is the **most** you had to drink on any **one day** during the **past 30 days?**

(If none in the past 30 days, write zero)

MOST NUMBER OF **DRINKS** YOU HAD IN ONE DAY

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12. On how many days did you have this number of drinks in the **past 30 days**?

(Answer for the amount you recorded in the question above.)

NUMBER OF **DAYS** YOU DRANK
AMOUNT IN QUESTION ABOVE

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

- Daily 9
- Almost daily or 3 to 6 days a week 8
- About 1 or 2 days a week 7
- Several times a month
(about 25 to 51 days a year) 6
- 1 to 2 times a month
(12 to 24 days a year) 5
- Every other month or so
(6 to 11 days a year) 4
- 3 to 5 days in the past 12 months 3
- 1 to 2 days in the past 12 months 2
- Did not drink alcohol in the
past 12 months 1 → **GO TO Q.15**

STRICTLY CONFIDENTIAL

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

	NEVER	ONCE IN A WHILE	FAIRLY OFTEN	VERY OFTEN
a. gotten into an argument or fight	0	1	2	3
b. missed school or work or other obligation	0	1	2	3
c. had problems with your teacher or principal	0	1	2	3
d. had problems with friends, family or neighbors	0	1	2	3
e. had problems with the police	0	1	2	3
f. ended up drinking more than you intended to	0	1	2	3
g. found it hard to stop drinking once you had started	0	1	2	3
h. done things while you were drinking that could have hurt you or someone else	0	1	2	3
i. stayed home from school, or gone late to school because you were drunk or hungover	0	1	2	3
j. had your grades in school suffer because of drinking	0	1	2	3
k. driven a car after having too much to drink	0	1	2	3
l. stayed home from work, or gone late to work because you were drunk or hungover	0	1	2	3
m. gotten drunk instead of doing things you were supposed to do	0	1	2	3
n. had your chances for a raise or a better job hurt because of drinking	0	1	2	3

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

(Circle Only One)

- Beer 1
- Wine 2
- Liquor 3
- It varies 4

16. Who do you **usually** drink with?

(Circle Only One)

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

STRICTLY CONFIDENTIAL

17. Where do you **usually** do your drinking?

(Circle Only One)

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

18. About how many people your age drink alcohol at least sometimes?

Circle one number code for each row.

- | | NONE | A FEW | HALF OF THEM | MOST OF THEM | ALL OF THEM | DON'T KNOW |
|---|------|-------|--------------|--------------|-------------|------------|
| a. How many of the students in your grade at school drink sometimes? | 0 | 1 | 2 | 3 | 4 | 5 |
| b. How many of the people your age you hang around with drink at least sometimes? | 0 | 1 | 2 | 3 | 4 | 5 |
| c. How many of the people your age in your neighborhood drink at least sometimes? | 0 | 1 | 2 | 3 | 4 | 5 |

STRICTLY CONFIDENTIAL

19. Do you have a computer in your home?

Yes 1

No 0 → **GO TO Q.21**

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

(Circle Only One)

- a. School work 1
- b. Work related to your job 2
- c. Work related to your training program 3
- d. Learn/practice a skill (art, music
or another language, etc.) 4
- e. Entertainment (games, etc.) 5
- f. Accessing the internet or using e-mail 6
- g. Writing letters, etc. 7
- h. References; to look things up 8
- i. Other uses (*Please write what else*) _____
_____ 9
- j. I NEVER USE THE HOME COMPUTER ... 10

STRICTLY CONFIDENTIAL

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

(Circle Only One)

- School 1
- Work 2
- Home 3
- Friend's house 4
- Computer class outside school 5
- Camp 6
- Somewhere else (*Please write where*) _____
_____ 7

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

Please answer each item.

- | | Yes | No |
|--|------------|-----------|
| a. How to use a computer? | 1 | 0 |
| b. How to do computer programming? | 1 | 0 |
| c. How to do word processing? | 1 | 0 |

STRICTLY CONFIDENTIAL

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

Please answer each item.

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

STRICTLY CONFIDENTIAL

24. Have you ever smoked a cigarette?

Yes 1

No 0 → **GO TO Q.30**

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

(Circle Only One)

100 times or more 1

50 to 99 times 2

11 to 49 times 3

6 to 10 times 4

3 to 5 times 5

1 or 2 times 6

Never smoked cigarettes in my life 7 → **GO TO Q.30**

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

ENTER AGE IN YEARS

STRICTLY CONFIDENTIAL

27. When was the most **recent** time you smoked a cigarette?

(Circle Only One)

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago but
less than 6 months ago 3
- 6 or more months ago but
less than 1 year ago 4
- 1 or more years ago but
less than 3 years ago 5
- 3 or more years ago 6
- Never smoked a cigarette 7 —→ **GO TO Q.30**

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

(Circle Only One)

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

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

ENTER NUMBER OF CIGARETTES PER DAY

STRICTLY CONFIDENTIAL

30. Have you ever used marijuana?

Yes 1

No 0 —→ **GO TO Q.35**

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

(Circle Only One)

100 times or more 1

50 to 99 times 2

11 to 49 times 3

6 to 10 times 4

3 to 5 times 5

1 or 2 times 6

Never used marijuana in my life 7 —→ **GO TO Q.35**

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

ENTER AGE IN YEARS

STRICTLY CONFIDENTIAL

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

(Circle Only One)

- Within the past month (30 days) 1
 - 1 to 3 months ago 2
 - 4 or more months ago but
less than 6 months ago 3
 - 6 or more months ago but
less than 1 year ago 4
 - 1 or more years ago but
less than 3 years ago 5
 - 3 or more years ago 6
 - Never used marijuana 7 —→ **GO TO Q.35**
-

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

(Circle Only One)

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

STRICTLY CONFIDENTIAL

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

Yes 1

No 0 → **GO TO Q.40**

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

(Circle Only One)

11 times or more 3

3 to 10 times 2

1 to 2 times 1

Never used any of these substances in this way 0 → **GO TO Q.40**

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

ENTER AGE IN YEARS

STRICTLY CONFIDENTIAL

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

(Circle Only One)

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago but
less than 6 months ago 3
- 6 or more months ago but
less than 1 year ago 4
- 1 or more years ago but
less than 3 years ago 5
- 3 or more years ago 6
- Never used any of these
substances in this way 7 —→ **GO TO Q.40**

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

(Circle Only One)

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

STRICTLY CONFIDENTIAL

40. Have you ever used cocaine (other than “crack”)?

Yes 1

No 0 —→ **GO TO Q.45**

41. In your lifetime, on how many occasions have you used cocaine (other than “crack”)?

(Circle Only One)

11 times or more 3

3 to 10 times 2

1 or 2 times 1

Never used cocaine 0 —→ **GO TO Q.45**

42. How old were you the **first** time you used cocaine (other than “crack”)?

ENTER AGE IN YEARS

STRICTLY CONFIDENTIAL

43. When was the most **recent** time you used cocaine (other than “crack”)?

(Circle Only One)

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago but
less than 6 months ago 3
- 6 or more months ago but
less than 1 year ago 4
- 1 or more years ago but
less than 3 years ago 5
- 3 or more years ago 6
- Never used cocaine 7 —→ **GO TO Q.45**

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

(Circle Only One)

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

STRICTLY CONFIDENTIAL

45. Have you ever used “crack” (“rock”) cocaine?

Yes 1

No 0 —→ **GO TO Q.50**

46. In your lifetime, on how many occasions have you used “crack” (“rock”) cocaine?

(Circle Only One)

11 times or more 3

3 to 10 times 2

1 or 2 times 1

Never used “crack” (“rock”) cocaine 0 —→ **GO TO Q.50**

47. How old were you the **first** time you used “crack” (“rock”) cocaine?

ENTER AGE IN YEARS

STRICTLY CONFIDENTIAL

48. When was the most **recent** time you used “crack” (“rock”) cocaine?

(Circle Only One)

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago but
less than 6 months ago 3
- 6 or more months ago but
less than 1 year ago 4
- 1 or more years ago but
less than 3 years ago 5
- 3 or more years ago 6
- Never used “crack” (“rock”) cocaine 7 —→ **GO TO Q.50**

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

(Circle Only One)

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

STRICTLY CONFIDENTIAL

50. Have you ever used hallucinogens, such as LSD, PCP, peyote or mescaline?

Yes 1

No 0 → **GO TO Q.55**

51. In your lifetime, on how many occasions have you used hallucinogens, such as LSD, PCP, peyote or mescaline?

(Circle Only One)

11 times or more 3

3 to 10 times 2

1 or 2 times 1

Never used hallucinogens 0 → **GO TO Q.55**

52. How old were you the **first** time you used hallucinogens, such as LSD, PCP, peyote or mescaline?

ENTER AGE IN YEARS

STRICTLY CONFIDENTIAL

53. When was the most **recent** time you used hallucinogens, such as LSD, PCP, peyote or mescaline?

(Circle Only One)

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago but
less than 6 months ago 3
- 6 or more months ago but
less than 1 year ago 4
- 1 or more years ago but
less than 3 years ago 5
- 3 or more years ago 6
- Never used any of these drugs 7 —→ **GO TO Q.55**

54. **During the last 30 days**, how often, if ever, did you use hallucinogens, such as LSD, PCP, peyote or mescaline on average?

(Circle Only One)

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

STRICTLY CONFIDENTIAL

55. Have you ever used sedatives or “**downers**,” such as barbiturates, sleeping pills or Seconal?

Yes 1

No 0 —→ **GO TO Q.60**

56. In your lifetime, on how many occasions have you used sedatives or “**downers**,” such as barbiturates, sleeping pills or Seconal?

(Circle Only One)

11 times or more 3

3 to 10 times 2

1 or 2 times 1

Never used any of these drugs 0 —→ **GO TO Q.60**

57. How old were you the **first** time you used sedatives or “**downers**,” such as barbiturates, sleeping pills or Seconal?

ENTER AGE IN YEARS

STRICTLY CONFIDENTIAL

58. When was the most **recent** time you used sedatives or “**downers**,” such as barbiturates, sleeping pills or Seconal?

(Circle Only One)

- Within the past month (30 days) 1
- 1 to 3 months ago 2
- 4 or more months ago but
less than 6 months ago 3
- 6 or more months ago but
less than 1 year ago 4
- 1 or more years ago but
less than 3 years ago 5
- 3 or more years ago 6
- Never used any of these drugs 7 —→ **GO TO Q.60**

59. **During the last 30 days**, how often, if ever, did you use sedatives or “**downers**,” such as barbiturates, sleeping pills or Seconal on average?

(Circle Only One)

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

STRICTLY CONFIDENTIAL

60. The following statements describe some of the experiences people have had when using drugs. We would like to know if any of these things have ever happened to you. How often have you ever:

Please answer each item.

- | | NEVER | ONCE IN
A WHILE | FAIRLY
OFTEN | VERY
OFTEN |
|--|--------------|----------------------------|-------------------------|-----------------------|
| a. done things while you were high or under the influence of drugs that could have hurt you or someone else? | 1 | 2 | 3 | 4 |
| b. stayed home from school, or gone late to school because you were high? | 1 | 2 | 3 | 4 |
| c. had your grades in school suffer because you were using drugs? | 1 | 2 | 3 | 4 |
| d. driven a car while you were high on drugs? | 1 | 2 | 3 | 4 |
| e. stayed home from work, or gone late to work because you were high on drugs? | 1 | 2 | 3 | 4 |
| f. had your chances for a raise or a better job hurt because you used drugs? | 1 | 2 | 3 | 4 |

STRICTLY CONFIDENTIAL

61. Have you ever taken any of the following drugs **without** a doctor telling you to?

Please answer each item.

	Yes	No
a. Sedatives, such as barbiturates, sleeping pills, or Seconal (“downers”)	1	0
b. Tranquilizers, such as Librium, Valium, or Xanax	1	0
c. Stimulants, such as amphetamines, Preludin, “uppers”, or “speed”	1	0
d. Crystal Methamphetamine or “Ice”	1	0
e. Pain killers, such as Darvon, Demerol, Percodan, or Tylenol with codeine	1	0
f. Hallucinogens, such as LSD, PCP, peyote or mescaline	1	0
g. MDMA or Ecstasy	1	0
h. Heroin	1	0
i. Steroids (also known as anabolic steroids)	1	0
j. Injection (“shooting up”) of any drug	1	0

STRICTLY CONFIDENTIAL

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

(WRITE AGE IN BOX. IF YOU DON'T THINK YOU ARE GOING TO GET MARRIED, OR IF YOU DON'T KNOW THE ANSWER, LEAVE THE BOX BLANK AND CIRCLE THE APPROPRIATE NUMBER BELOW)

ENTER AGE IN YEARS

Not going to get married 00

Other *(Please write in answer)* _____

_____ 95

Don't know 98

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

AGE IN YEARS

Not going to get married 00

Already married 94

Other *(Please write in answer)* _____

_____ 95

Don't know 98

STRICTLY CONFIDENTIAL

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

(WRITE AGE IN BOX. IF YOU DON'T THINK YOU ARE GOING TO HAVE CHILDREN, OR IF YOU DON'T KNOW THE ANSWER, LEAVE THE BOX BLANK AND CIRCLE THE APPROPRIATE NUMBER BELOW)

AGE IN YEARS

Not going to have children 00

Other *(Please write in answer)* _____

_____ 95

Don't know 98

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

AGE IN YEARS

Not going to have children 00

Already have a child 94

Other *(Please write in answer)* _____

_____ 95

Don't know 98

STRICTLY CONFIDENTIAL

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

(Circle Only One)

Yes 1

No 0 —→ **GO TO Q.68**

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

ENTER GRADE

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

(Circle All That Apply)

Mother 1

Father 2

Stepfather 3

Brother 4

Sister 5

Grandparent 6

Aunt 7

Uncle 8

Other relative (*Specify*): _____

_____ 9

No one in my family 10

STRICTLY CONFIDENTIAL

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

NUMBER OF PERSONS

Do not date/Haven't started dating yet 00

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

(Circle Only One)

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

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

(Circle Only One)

- Yes 1
 - No 0 → **GO TO Q.90, PG. 40**
-

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

(Circle Only One)

- None 0
- One 1
- Two 2
- Three 3
- Four or more 4

STRICTLY CONFIDENTIAL

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

AGE IN YEARS

73a. In what month and year did you have sexual intercourse for the first time?

WRITE IN MONTH AND YEAR IN BOXES 19
MONTH YEAR

Don't know month 98

Don't know year 998

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

Less than 1 month (30 days) ago 1

1 month to 6 months ago 2

More than 6 months but less than 1 year ago 3

1 year or more ago 4

75. Were you living with this person at that time?

Yes 1

No 0

STRICTLY CONFIDENTIAL

76. Please circle the number that best describes your relationship with this person when you last had sexual intercourse.

- Married 1
- Engaged 2
- Living together in a romantic,
sexual relationship, but not engaged 3
- Going together or going steady 4
- Going out once in a while 5
- Just friends 6
- Had just met him/her 7
- Separated or divorced 8
- Other type of relationship
(Please write what type) _____
_____ 9

77. How old was this person when you last had sexual intercourse?

AGE IN YEARS

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

(Circle Only One)

- Yes 1
 - No 0
 - Don't Know 2
- } → **GO TO Q.80**

STRICTLY CONFIDENTIAL

79. Which birth control method(s) did you **or your partner** use?

(Circle All That Apply)

- Condom (rubber) 1
- Vaginal sponge 2
- Foam, jelly, creme, or suppositories 3
- Withdrawal 4
- Diaphragm (with or without jelly) 5
- Rhythm ("safe time") 6
- Birth control pills 7
- IUD (intrauterine device) 8
- Other (*Specify*): _____
- _____ 9

80. Are you a male or female?

- Male 1 → **GO TO Q.90
ON PAGE 40**
- Female 2

81. Have you ever been pregnant?

- Yes 1
- No 0 → **GO TO Q.90
ON PAGE 40**

STRICTLY CONFIDENTIAL

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

AGE IN YEARS

82a. In what month and year did you get pregnant for the first time?

WRITE IN MONTH AND YEAR IN BOXES 19
MONTH YEAR

Don't know month 98

Don't know year 998

83. How many times have you been pregnant?

NUMBER OF TIMES

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

Yes 1

No 0 → **GO TO Q.87**

STRICTLY CONFIDENTIAL

85. What kind(s) of birth control methods were you **or your partner** using?

(Circle All That Apply)

- Condom (rubber) 1
- Vaginal sponge 2
- Foam, jelly, creme, or suppositories 3
- Withdrawal 4
- Diaphragm (with or without jelly) 5
- Rhythm ("safe time") 6
- Birth control pills 7
- IUD (intrauterine device) 8
- Other (Specify): _____
- _____ 9

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

- Yes 1
- No 0

87. Have you ever had an abortion?

- Yes 1
- No 0 → **GO TO Q.90**

STRICTLY CONFIDENTIAL

88. How many times have you had an abortion?

NUMBER OF ABORTIONS

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

AGE IN YEARS

89a. In what month and year did you have an abortion for the first time?

WRITE IN MONTH AND YEAR IN BOXES 19
MONTH YEAR

Don't know month 98

Don't know year 998

STRICTLY CONFIDENTIAL

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

Please answer each item.

	BIG PROBLEM	SOMEWHAT OF A PROBLEM	NOT A PROBLEM	DON'T KNOW
a. People don't have enough respect for rules and laws	1	2	3	4
b. Crime and violence	1	2	3	4
c. Abandoned or run-down buildings.	1	2	3	4
d. Not enough police protection	1	2	3	4
e. Not enough public transportation	1	2	3	4
f. Too many parents who don't supervise their children	1	2	3	4
g. People keep to themselves and don't care what goes on in the neighborhood	1	2	3	4
h. Lots of people who can't find jobs	1	2	3	4

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

- Once or twice 1
- 3 to 5 times 2
- 6 or more times 3
- Never 0 → **GO TO Q.93**

92. How old were you when you (first) ran away from home?

AGE IN YEARS

STRICTLY CONFIDENTIAL

93. In the last year (last 12 months), have you ever:

Please answer each item.

	Yes	No
a. skipped a full day of school without a real excuse?	1	0
b. intentionally damaged or destroyed property that did not belong to you?	1	0
c. gotten into a fight at school or work?	1	0
d. taken something from a store without paying for it?	1	0
e. other than from a store, taken something not belonging to you that was worth less than \$50?	1	0
f. other than from a store, taken something not belonging to you that was worth \$50 or more ?	1	0
g. used force to get money or things from someone else?	1	0
h. hit or seriously threatened to hit someone?	1	0
i. attacked someone with the idea of seriously hurting or killing them?	1	0
j. tried to get something by lying to someone about what you would do for him or her (tried to con someone)?	1	0
k. taken a vehicle without the owner's permission?	1	0
l. broken into a building or vehicle to steal something or to just look around?	1	0
m. knowingly sold or held stolen goods?	1	0
n. helped in a gambling operation, like running numbers or books?	1	0
o. hurt someone badly enough to need bandages or a doctor?	1	0
p. lied to your parent(s) about something important?	1	0
q. had to bring your parent(s) to school because of something you did wrong?	1	0

STRICTLY CONFIDENTIAL

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

Yes 1

No 0

→ **GO TO Q.106
ON PAGE 45**

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

NUMBER OF TIMES

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

AGE IN YEARS

97. When was your most recent conviction?

WRITE IN MONTH AND YEAR IN BOXES

MONTH

19

YEAR

Don't know month 98

Don't know year 998

STRICTLY CONFIDENTIAL

98. What charges have you been convicted of?

(Circle All That Apply)

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

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

- Yes 1
- No 0

STRICTLY CONFIDENTIAL

100. Have you ever been on probation?

Yes 1

No 0 → **GO TO Q.102**

101. When did your (most recent) probation period end?

(IF YOU ARE CURRENTLY ON PROBATION LEAVE LINES A AND B BLANK AND CIRCLE C, "STILL ON PROBATION".)

A. Month:

B. Year: 19

C. Still on probation 00

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

Yes 1

No 0 → **GO TO Q.106**

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

NUMBER OF TIMES

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

NUMBER OF TIMES

STRICTLY CONFIDENTIAL

105. When were you (most recently) released from a corrections facility?

(IF YOU ARE CURRENTLY IN A CORRECTIONS FACILITY LEAVE LINES A AND B BLANK AND CIRCLE C, "STILL IN CORRECTIONS FACILITY".)

A. Month:

B. Year: 19

C. Still in corrections facility..... 00

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

Yes 1

No 0 → **GO TO Q.110**

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

NUMBER OF TIMES

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

AGE IN YEARS

STRICTLY CONFIDENTIAL

109. When did your (most recent) counseling program end?

(ENTER MONTH AND YEAR. IF YOU ARE CURRENTLY IN COUNSELING, LEAVE LINES A AND B BLANK AND CIRCLE C, "STILL IN COUNSELING".)

A. Month:

B. Year: 19

C. Still in counseling 00

110. During the past two years (from January 1, 1997 to the present), have you performed any volunteer or community work through such organizations as Little League, scouts, service clubs, church groups, or social action groups?

Yes 1

No 0 → **GO TO Q.113**

111. For all the types of volunteer work you have done, was any of it:

Please answer each item.

	Yes	No
Strictly voluntary?	1	0
Court ordered?	1	0
Required for one of your classes or sponsored by your school?	1	0
Required or sponsored by your church?	1	0
Required for other reasons?	1	0

(Please write what) _____

STRICTLY CONFIDENTIAL

112. Which of the following types of organizations are/were you involved with in **your volunteer or community service work?**

Please answer each item.

	Yes	No
a. Youth organization, such as coaching Little League or helping with the scouts	1	0
b. Service organizations, such as Big Brother or Big Sister	1	0
c. Political clubs or organizations	1	0
d. Church or church-related groups (not including worship services)	1	0
e. Community centers, neighborhood improvement, or social-action associations or groups	1	0
f. Organized volunteer group in a hospital or nursing home	1	0
g. Educational organizations	1	0
h. A conservation, recycling, or environmental group such as the Sierra Club or the Nature Conservancy	1	0

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

Yes 1

No 0 → **GO TO Q.115**

STRICTLY CONFIDENTIAL

114. What was the problem or problems?

(Circle All That Apply)

- Learning problems, learning disability 1
- Dyslexia, reading problems,
or speech problems 2
- Behavior problems in school 3
- Family problems, loss of a
family member 4
- Divorce problems 5
- Anxieties, fears, worries 6
- Trouble sleeping, trouble concentrating 7
- Nightmares 8
- Shyness 9
- Phobias, obsessions 10
- Panic attacks 11
- Violent behavior, temper 12
- Eating disorder(s) e.g., bulimia,
binge eating, anorexia, etc. 13
- Other *(please write what)* _____
_____ 14

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

- Yes 1
- No 0

STRICTLY CONFIDENTIAL

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

Yes 1

No 0

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

Yes 1

No 0

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

Yes 1

No 0

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

Yes 1

No 0

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