



**\*\*Version 3\*\***

### **Age-35 Survey Questionnaire**

In cooperation with the Chicago Public Schools, we are conducting a follow-up survey to better understand the role of school, family, and work experiences in adult life. Our project staff has been in touch with you from time to time about your educational, job, and family experiences. The project began when you attended kindergarten and is concerned with the effects of early childhood programs you attended. We are now continuing with the adult phase of the research project.

Information you provide will help schools, communities, and governments better serve the needs of children. It will also help to identify effective programs and policies to promote health and well-being. You will be paid \$150 for completing this survey. All information you provide will remain completely confidential. No one outside the project staff will see this information.

Project Participant's Name (First, Last): \_\_\_\_\_

ID: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

Today's Date: \_\_/\_\_/\_\_ (mm/dd/yy)

Interviewer Name: \_\_\_\_\_

**\*\*Remind participant that they are allowed to pass on any question they are uncomfortable answering\*\***

**\*EDUCATION\***

The first few questions are about your school experiences.

**Q1. Looking back, how satisfied are you with your education during the following years?**

<i>(Please circle one BEST answer for each item)</i>	Extremely Satisfied	Somewhat satisfied	Somewhat dissatisfied	Extremely dissatisfied	Not applicable
a. Preschool	1	2	3	4	5
b. Kindergarten through 8 <sup>th</sup> grade	1	2	3	4	5
c. High school	1	2	3	4	5
d. Your post-high school education	1	2	3	4	5

**Q2. Starting with first grade, how many years did you attend a Chicago Public School?**

*(The most would be 12 years, or 13 if you repeated a year)*

**YEARS:** \_\_\_\_\_

**Q2a. Did you attend any of the following outside of the Chicago Public Schools?**

*(Please circle one answer for each)*

	Yes	No
1. Chicago private or parochial school	1	2
2. Another public or private school in Illinois	1	2
3. A school in another state	1	2

**Q2b. How many years did you attend a K-12 school outside of the Chicago Public Schools?**

**YEARS:** \_\_\_\_\_

**Q3. Overall, how valuable was your Kindergarten through 12<sup>th</sup> grade education in preparing you for adult life?**

1	2	3	4
Extremely valuable	Somewhat valuable	Not very valuable	Not at all valuable

**Q4. How important was your education to your parents or those who raised you?**

1	2	3	4
Extremely important	Somewhat important	Not very important	Not at all important

**Q5. In what city and state were you born? *(Please circle one BEST answer)***

1. Chicago, Illinois
2. Another city in Illinois (please specify) \_\_\_\_\_
3. Outside of Illinois (please specify) City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_

**Q6. Next, we would like to review how far you've gone in school. What is the highest education level you have completed through high school? (Please circle one BEST answer)**

1. Less than Grade 7
2. Grade 7
3. Grade 8
4. Some high school (grade 9-11)



**How many grades of school did you complete? \_\_\_\_\_**  
**Do you plan to complete a GED or equivalent credential in the future?**  
 1. Yes  
 2. No

5. High school completion



**Did you receive a high school diploma from a school or did you receive a GED equivalent?**  
 1. A high school diploma from a school  
 2. A GED equivalent  
**When did you get your high school diploma or GED?**  
 Month \_\_\_\_\_ Year \_\_\_\_\_  
**From what school and city did you get your high school diploma or GED?**  
 School \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

**Q7. What is the highest education level you completed after high school? (Please circle one BEST answer)**

1. Vocational or trade school



**Did you receive a certificate of completion or diploma?**  
 1. Yes  
 2. No

2. Some college (at least 0.5 credits, but no degree)



**What school did you attend?**  
 School \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

3. Associate degree
4. 4-year degree (B.A. or B.S.)
5. Master's degree or professional degree
6. Doctorate (PhD, MD, JD)



**When did you get your degree?**  
 Month \_\_\_\_\_ Year \_\_\_\_\_  
**From what school and city did you get your degree?**  
 School \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
**What was your major or program of study?**  
 \_\_\_\_\_

7. Did not complete any education after high school graduation/GED completion ➔ skip to question 8

**Q8. Are you NOW attending school?**

1. Yes
2. No → skip to question 8g

**Q8a. IF YES, what kind of degree or certificate are you working toward in your present school?**  
(Please circle one BEST answer)

- |                       |   |
|-----------------------|---|
| 1 Vocational or trade | 4 Master's                              |
| 2 Associate           | 5 Doctorate (PhD, MD, JD)               |
| 3 Bachelor            | 6 Something else (please specify) _____ |

**Q8b. Are you attending this school full-time or part-time?**

1. I'm attending this school full-time
2. I'm attending this school part-time

**Q8c. What is the name of the school that you are currently attending?** \_\_\_\_\_

**Q8d. In which city is this school?** \_\_\_\_\_

**Q8e. In which state is this school?** \_\_\_\_\_

**Q8f. How many credits have you earned?** \_\_\_\_\_

**Q8g. Are you planning on attending school in the future?**

1. Yes → What type of degree or certificate would you complete? \_\_\_\_\_
2. No

**Q9. Do you hold any licenses or certificates that might help in employment?** (Examples are certificate in auto mechanics and certified nursing assistant or CNA.)

1. Yes →
2. No

**What licenses or certificates do you hold? (Please list)**

_____	_____
_____	_____
_____	_____

**Q10. Did you pay for your education after high school with money from any of the following sources?**  
(Please circle one answer for each)

	Yes	No
a. Student loans	1	2
b. Scholarships or grants that you received	1	2
c. Financial assistance from a college or university	1	2
d. Income from work	1	2
e. Your own personal savings	1	2
f. A financial contribution from your parents	1	2
g. A financial contribution from some other family member	1	2
h. Any other source (please specify) _____	1	2

**Q11. Do you think you are better off or worse off financially than your parents or guardian were when they were the same age as you are now?**

1. Better off                      2. Same                      3. Worse off

**Q12. In the future, do you think you will be better off or worse off financially than your parents or guardian?**

1. Better off                      2. Same                      3. Worse off

**\*EMPLOYMENT\***

**The following questions ask about your work experience.**

**Q13. What is your current employment status? (Please circle one BEST answer)**

1. Employed full-time for pay (35 hours per week or more, even if more than one job)
2. Employed part-time for pay (*less* than 35 hours per week, even if more than one job)
3. Self-employed
4. Serving in the military full-time (full-time military includes all armed forces, national guard, etc.)
5. Homemaker or stay-at-home spouse or partner → skip to question 19
6. Unable to work because of a disability → skip to question 19
7. Not employed but looking for work →

**How long have you been looking for work?**

\_\_\_\_ year(s) \_\_\_\_ month(s) \_\_\_\_ week(s)

→ skip to question 19

8. Not employed and NOT looking for work →

**For how long have you been without work?**

\_\_\_\_ year(s) \_\_\_\_ month(s) \_\_\_\_ week(s)

→ skip to question 19

**Q14. For the following questions, if you currently have more than one job, please answer for the job where you work the most hours on average per week.**

**How long have you worked at your current job?** \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

**Q15. What is the name of the company or organization that you are currently working for?**

\_\_\_\_\_

**Q16. What is your current job title?** \_\_\_\_\_

**Q17. What is your primary role at your current job?** \_\_\_\_\_

\_\_\_\_\_

*For those who are currently working:*

**Q18. Did you have a job prior to your current job?**

1. Yes                      2. No → skip to question 20

↓  
skip to question 19b

For those who are NOT currently working:

**Q19. Have you EVER worked for pay?**

1. Yes  
↓  
continue with question 19a
2. No → skip to question 25

**Q19a. IF YES, have you worked for pay in the LAST 12 MONTHS?**

1. Yes  
↓  
continue with question 19b
2. No → skip to question 21

**Q19b. In what year did you leave this job?** \_\_\_\_\_

**Q19c. How long did you work at this job?** \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

**Q19d. What was the name of the company or organization you worked for?**

\_\_\_\_\_

**Q19e. What was your job title at this job?** \_\_\_\_\_

**Q19f. What was your primary role at this job?** \_\_\_\_\_

**Q19g. What was the primary reason that you left this job?** (Please circle one BEST answer)

- |   |   |
|---|---|
| 1. Left for a better job                                  | 9. No longer able to work because of a disability, injury, or illness |
| 2. Left for family responsibilities                       | 10. Problems with boss or co-workers                                  |
| 3. Left to go back to school                              | 11. Quit because disliked work  |
| 4. Left to join the military or was called to active duty | 12. Quit because disliked boss or co-workers                          |
| 5. Transportation problems                                | 13. Fired   |
| 6. Relocated to another city or state                     | 14. Laid off  |
| 7. Job was temporary and ended                            | 15. Other (please specify) _____                                      |
| 8. Discharged from the military                           | _____   |

**Q20. Which category best describes the total income YOU earned from work during the LAST 12 MONTHS, before taxes?** (Please circle one BEST answer)

- |                        |                         |
|------------------------|-------------------------|
| 1. Less than \$5,000   | 8. \$25,000 – \$29,999  |
| 2. \$5,000 – \$7,499   | 9. \$30,000 – \$34,999  |
| 3. \$7,500 – \$9,999   | 10. \$35,000 – \$39,999 |
| 4. \$10,000 – \$12,499 | 11. \$40,000 - \$49,999 |
| 5. \$12,500 – \$14,999 | 12. \$50,000 - \$59,999 |
| 6. \$15,000 – \$19,999 | 13. \$60,000 - \$74,999 |
| 7. \$20,000 – \$24,999 | 14. \$75,000 or more    |

15. Don't know →

**What is your average monthly income?** \$ \_\_\_\_\_/MONTH

**\*\* OR \*\***

**What is your average hourly wage?** \$ \_\_\_\_\_/HOUR

16. Refused

**How many hours per week do you usually work at this job?**

\_\_\_\_ HOURS PER WEEK

**Q21. Next, I would like to ask about training you may have received from your employer. If you currently have more than one job, please answer for the job where you work the most hours on average per week. If you are not currently employed, please answer for your last job.**

**In the LAST 12 MONTHS of your job, did you have the opportunity to participate in formal training sessions such as classes, seminars, or courses related to your job that were provided by an employer?**

1. Yes
2. No



**Did you participate in this training?**

1. Yes
2. No

**Q22. In the LAST 12 MONTHS of your job, did you have the opportunity to acquire new skills by learning from your co-workers or supervisors?**

1. Yes
2. No

**Q23. These next statements are about your current or most recent job. How much do you agree or disagree with each of these statements?**

<i>(Please circle one BEST answer for each)</i>	Agree strongly	Agree somewhat	Agree a little	Disagree a little	Disagree somewhat	Disagree strongly
<b>a. I feel confident in my ability to be successful at work.</b>	1	2	3	4	5	6
<b>b. I see myself as being pretty successful at work.</b>	1	2	3	4	5	6
<b>c. I am satisfied with my job at work.</b>	1	2	3	4	5	6
<b>d. I have a choice in deciding how I do my tasks at work.</b>	1	2	3	4	5	6
<b>e. I get help from my co-workers when I need it.</b>	1	2	3	4	5	6
<b>f. I always look on the bright side of things regarding my job.</b>	1	2	3	4	5	6

**Q24. In the past five years, how many times have you changed jobs? (If not sure, please give an estimate)**

\_\_\_\_\_

**Q25. Have you received income from any other source in the LAST 12 MONTHS, such as Food Stamps, unemployment insurance, disability insurance, child support, relatives or friends?**

1. Yes
2. No → skip to question 26

IF YES, in the last 12 months, have you received income from...	(circle one)		For how many months during the last 12 months did you receive it?	How much per month, on average, did you receive?
	Yes	No	Enter # of Months	Enter Amount
a. TANF (Temporary Assistance to Needy Families)	1	2		\$
b. WIC (Supplemental Nutrition Program for Women, Infants, and Children)	1	2		\$
c. Child Care Subsidies	1	2		\$
d. Child Support Payments	1	2		\$
e. Food Stamps	1	2		\$
f. Supplemental Security Income (SSI)	1	2		\$
g. Social Security Disability Insurance (SSDI)	1	2		\$
h. Unemployment Compensation	1	2		\$
i. General Welfare Assistance	1	2		\$
j. Housing Assistance (Examples: rental assistance from government agency, Section 8 certificate or voucher)	1	2		\$
k. Money from Relative or Friends	1	2		\$
l. Interest or Dividends on Savings	1	2		\$
m. Temporary Work or Odd Jobs	1	2		\$
n. Other (please specify) _____ _____	1	2		\$

**Q26. What kind of career do you expect to have when you are 40 years old?**

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**\*GENERAL WELL-BEING AND LIFE SATISFACTION\***

Next, I would like you to think about your life in general.

**Q27. How would you rate your overall life satisfaction right now?**

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5



**Q28. How much do you agree or disagree with the following statements:**

<i>(Please circle one BEST answer for each)</i>	Agree strongly	Agree somewhat	Agree a little	Disagree a little	Disagree somewhat	Disagree strongly
a. I have accomplished many worthwhile things this past year.	1	2	3	4	5	6
b. I deal effectively with the problems that come up in my life.	1	2	3	4	5	6
c. There is little I can do to change the important things in my life.	1	2	3	4	5	6
d. Other people determine most of what I can and cannot do.	1	2	3	4	5	6
e. What happens in my life is often beyond my control.	1	2	3	4	5	6
f. There are many things that interfere with what I want to do.	1	2	3	4	5	6
g. I have little control over the things that happen to me.	1	2	3	4	5	6
h. I sometimes feel I am being pushed around in my life.	1	2	3	4	5	6
i. I can do just about anything I really set my mind to.	1	2	3	4	5	6
j. When I really want to do something, I usually find a way to succeed at it.	1	2	3	4	5	6
k. Whether or not I am able to get what I want is in my own hands.	1	2	3	4	5	6
l. What happens in the future depends on me.	1	2	3	4	5	6

**Q29. How much do you agree or disagree with the following statements:**

<i>(Please circle one BEST answer for each)</i>	Agree strongly	Agree somewhat	Agree a little	Disagree a little	Disagree somewhat	Disagree strongly
a. I like most parts of my personality.	1	2	3	4	5	6
b. When I look at the story of my life, I am pleased with how things have turned out so far.	1	2	3	4	5	6
c. Some people wander aimlessly through life but I am not one of them.	1	2	3	4	5	6
d. The demands of everyday life often get me down.	1	2	3	4	5	6
e. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
f. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
g. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
h. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
i. I am good at managing the responsibilities of daily life.	1	2	3	4	5	6
j. I sometimes feel as if I have done all there is to do in life.	1	2	3	4	5	6

<i>(Please circle one BEST answer for each)</i>	Agree strongly	Agree somewhat	Agree a little	Disagree a little	Disagree somewhat	Disagree strongly
<b>k. For me, life has been a continuous process of learning, changing, and growth.</b>	1	2	3	4	5	6
<b>l. I think it is important to have new experiences that challenge how I think about myself and the world.</b>	1	2	3	4	5	6
<b>m. People would describe me as a giving person, willing to share my time with others.</b>	1	2	3	4	5	6
<b>n. I gave up trying to make big improvements or changes in my life a long time ago.</b>	1	2	3	4	5	6
<b>o. I tend to be influenced by people with strong opinions.</b>	1	2	3	4	5	6
<b>p. I have not experienced many warm and trusting relationships with others.</b>	1	2	3	4	5	6
<b>q. I have confidence in my own opinions, even if they are different from the way most other people think.</b>	1	2	3	4	5	6
<b>r. I judge myself by what I think is important, not by the values of what others think is important.</b>	1	2	3	4	5	6

**Q30. How much do you agree or disagree with the following statements:**

<i>(Please circle one BEST answer for each)</i>	Agree strongly	Agree somewhat	Agree a little	Disagree a little	Disagree somewhat	Disagree strongly
<b>a. I cannot make sense of what's going on in the world.</b>	1	2	3	4	5	6
<b>b. I find it easy to predict what will happen next in society.</b>	1	2	3	4	5	6
<b>c. I don't feel I belong to anything I'd call a community.</b>	1	2	3	4	5	6
<b>d. I feel close to other people in my community.</b>	1	2	3	4	5	6
<b>e. My community is a source of comfort.</b>	1	2	3	4	5	6
<b>f. People do not care about other people's problems.</b>	1	2	3	4	5	6
<b>g. I believe that people are kind.</b>	1	2	3	4	5	6
<b>h. I have something valuable to give to the world.</b>	1	2	3	4	5	6
<b>i. Society isn't improving for people like me.</b>	1	2	3	4	5	6
<b>j. My family is a source of comfort.</b>	1	2	3	4	5	6
<b>k. My friends are a source of comfort.</b>	1	2	3	4	5	6
<b>l. In most ways, my life is close to my ideal.</b>	1	2	3	4	5	6
<b>m. So far, I have gotten the important things I want in life.</b>	1	2	3	4	5	6

**Q31. The next questions are about the amount of control you have in your life. Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control”, how would you rate the amount of control you have over the following these days?**

<i>(Please circle one BEST answer for each item)</i>	<div> <div>No control at all</div> <div>Very much control</div> </div>										
<b>a. Your life overall</b>	0	1	2	3	4	5	6	7	8	9	10
<b>b. Your health</b>	0	1	2	3	4	5	6	7	8	9	10
<b>c. Your work situation</b>	0	1	2	3	4	5	6	7	8	9	10
<b>d. Your financial situation</b>	0	1	2	3	4	5	6	7	8	9	10
<b>e. Your family life</b>	0	1	2	3	4	5	6	7	8	9	10
<b>f. Your contribution to the welfare and well-being of people</b>	0	1	2	3	4	5	6	7	8	9	10

**Q32. What is your level of agreement with the following statement: Nowadays, a person has to live pretty much for today and let tomorrow take care of itself. *(Please circle one BEST answer)***

Agree strongly 1	Agree somewhat 2	Agree a little 3	Disagree a little 4	Disagree somewhat 5	Disagree strongly 6
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**Q33. The following question is only hypothetical. Please answer as if you were really facing this choice.**

**Would you rather receive \$100 today or \$150 in 30 days?**

1. \$100 today
2. \$150 in 30 days

**Q34. Have you experienced any of the following forms of discrimination in your life because of your race, ethnicity, gender, age, religion, physical appearance, or other characteristics?**

<i>(Please circle one BEST answer for each item)</i>	Yes	No
<b>a. Denied a job offer</b>	1	2
<b>b. Denied a job promotion</b>	1	2
<b>c. Denied a bank loan</b>	1	2
<b>d. Hassled by police</b>	1	2
<b>e. Fired from a job</b>	1	2
<b>f. Discouraged by a teacher from seeking higher education</b>	1	2
<b>g. Denied a scholarship</b>	1	2
<b>h. Denied medical care or received inferior medical care</b>	1	2
<b>i. Prevented from renting or buying a home</b>	1	2
<b>j. Forced to leave a neighborhood</b>	1	2

**Q35. How often on a day-to-day basis do you experience each of the following types of discrimination because of your race, ethnicity, gender, age, or other characteristics?**

<i>(Please circle one BEST answer for each)</i>	Often	Sometimes	Rarely	Never
<b>a. People act as if they are afraid of you.</b>	1	2	3	4
<b>b. You are treated with less courtesy than others.</b>	1	2	3	4
<b>c. You are treated with less respect than others.</b>	1	2	3	4
<b>d. You receive poor service in stores or restaurants.</b>	1	2	3	4
<b>e. You are threatened or harassed.</b>	1	2	3	4
<b>f. You are called names or insulted.</b>	1	2	3	4

**\*STANDARD OF LIVING\***

The next few questions are about things you currently own or have.

**Q36. Do you currently...?**

<i>(Please circle one BEST answer for each item)</i>	Yes	No
<b>a. Own one or more vehicles such as a car, truck, van, or motorcycle</b>	1	2
<b>b. Have a checking account open in your name</b>	1	2
<b>c. Have one or more credit cards, including department store credit cards</b>	1	2
<b>d. Have a savings account open in your name</b>	1	2
<b>e. Have a retirement account such as an IRA or 401K open in your name</b>	1	2
<b>f. Have a computer with internet access where you live</b>	1	2
<b>g. Have a computer electronic mail or e-mail account</b>	1	2
<b>h. Have a social media account, such as Facebook or Twitter</b>	1	2
<b>i. Have a home phone that is a land line</b>	1	2
<b>j. Have a cell phone</b>	1	2

**Q37. How much do you agree or disagree with the following statements:**

<i>(Please circle one BEST answer for each)</i>	Agree strongly	Agree somewhat	Agree a little	Disagree a little	Disagree somewhat	Disagree strongly
<b>a. I find it difficult to live on my total household income right now.</b>	1	2	3	4	5	6
<b>b. I am confident today that my family and I will be adequately housed, fed, and cared for medically over the next 6 months.</b>	1	2	3	4	5	6
<b>c. I expect in the next 2 months that I will have to reduce my standard of living.</b>	1	2	3	4	5	6

**Q38. Please estimate the TOTAL amount of savings you have now, including checking and savings accounts, investment accounts, and retirement accounts such as 401Ks.**

\$ \_\_\_\_\_

**Q38a. If you are not sure of the EXACT total amount of savings you have, which of the following categories best describes the total amount of savings you have now?**

- |                         |                         |
|-------------------------|-------------------------|
| 1. None                 | 6. \$20,001 to \$30,000 |
| 2. \$1,000 or less      | 7. \$30,001 to \$50,000 |
| 3. \$1,001 to \$5,000   | 8. More than \$50,000   |
| 4. \$5,001 to \$10,000  | 9. Don't know           |
| 5. \$10,001 to \$20,000 |                         |

**\*HOUSING/LIVING SITUATION\***

**Q39. Which of the following best describes your current housing situation?**

*(Please circle one BEST answer)*

1. Rent → *continue with question 40*
2. Own → *continue with question 40*
4. Living rent free with family members or friends → *skip to question 43*
5. Living in a group home → *skip to question 43*
6. No housing or sleeping in homeless shelter (i.e., homeless) → *skip to question 47*
3. Living in a dorm at school, military base, employer-provided housing, etc. →
7. Other (please specify) →

**Do you pay rent?**

1. Yes → *continue with question 40*
2. No → *skip to question 43*

**Q40. Giving your best guess, what is the amount you paid LAST MONTH for rent or mortgage? (Please circle one BEST answer)**

- |                       |  |
|-----------------------|--|
| 1. \$250 or less      | 7. \$1,501 to \$1,750                            |
| 2. \$251 to \$500     | 8. \$1,751 to \$2,000                            |
| 3. \$501 to \$750     | 9. \$2,001 to \$2,500                            |
| 4. \$751 to \$1,000   | 10. \$2,501 to \$3,000                           |
| 5. \$1,001 to \$1,250 | 11. \$3,001 or more                              |
| 6. \$1,251 to \$1,500 | 12. Do not have monthly rent or mortgage payment |

**Q41. How much of a financial strain on your budget is paying your rent or mortgage each month?**

*(Please circle one BEST answer)*

- |                  |                      |               |                 |                    |
|------------------|----------------------|---------------|-----------------|--------------------|
| No strain at all | Not much of a strain | Slight strain | Moderate strain | Significant strain |
| 1                | 2                    | 3             | 4               | 5                  |

**Q42. How worried are you that you will have difficulty making your rent or mortgage payments over the next year? (Please circle one BEST answer)**

- |                    |                       |                  |              |
|--------------------|-----------------------|------------------|--------------|
| Not at all worried | Only a little worried | Somewhat worried | Very worried |
| 1                  | 2                     | 3                | 4            |

**Q43. How long have you lived at your current address? \_\_\_\_\_ YEARS**

**Q43a. IF LESS THAN ONE YEAR, how many months have you lived at your current address?**

\_\_\_\_ # OF MONTHS  
77. Less than one month

**Q44. How would you describe the physical condition of the dwelling where you currently live?**

*(Please circle one BEST answer)*

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

**Q45. How would you describe the safety of the neighborhood where you currently live?**

*(Please circle one BEST answer)*

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

**Q46. Overall, does your current housing situation meet your needs?**

1. Yes
2. No

**Q47. Have you moved in the PAST 5 YEARS?**

1. Yes
2. No → skip to question 48

**Q47a. IF YES, how many times have you moved in the PAST 5 YEARS? \_\_\_\_\_**

**Q47b. IF YES, thinking about the last time you moved, what caused you to move?**

*(Please circle all that apply)*

1. Unable to pay rent or mortgage
2. Termination of lease due to foreclosure (i.e., your landlord was foreclosed on)
3. Evicted for reasons unrelated to payment
4. Concerned about safety of neighborhood
5. Dissatisfied with living conditions
6. Work
7. Military deployment
8. School
9. Spouse or partner's work
10. Spouse or partner's school
11. Purchased a new home
12. Other (please specify) \_\_\_\_\_

**Q48. How many people currently live in your household on a regular basis? Include yourself, but do NOT include visitors or temporary roommates.**

\_\_\_\_\_  
*IF YOU LIVE ALONE, skip to question 49*

**Q48a. How many of these people are related to you? \_\_\_\_\_**

**Q48b. How many of these people are under age 18? \_\_\_\_\_**

**Q49. Have you been homeless at any time in the PAST FIVE YEARS? For example, have you lived in an emergency shelter, slept in your car, slept on the street or at a friend or relative's place because you had nowhere else to go?**

1. Yes →
2. No

**In the PAST FIVE YEARS, were you ever continuously homeless for a period of one or more years?**

1. Yes
2. No

**Q50. In the PAST FIVE YEARS, have you ever had a foreclosure on your home in which a bank or mortgage company took possession or planned to take possession?**

1. Yes → **What year did this happen?** \_\_\_\_\_
2. No

**\*FAMILY LIFE\***

**Q51. What is your marital status? (Please circle one BEST answer)**

1. Living with a partner in a domestic partnership or common law marriage
2. Legally married
3. Single →

**Have you ever been married?**

1. Yes → *continue with question 52*
2. No → *skip to question 63*

4. Divorced →

**What was the year of your marriage or when you began living with your partner? \_\_\_\_\_**

**→ skip to question 63**

5. Separated

→

**What was the year of your marriage or when you began living with your partner? \_\_\_\_\_**

**Have you ever been divorced?**

6. Widowed

1. Yes
2. No

**→ skip to question 63**

7. Other (please specify) \_\_\_\_\_ → *skip to question 63*

**Q52. What was the year of your marriage or when you began living with your partner?**

\_\_\_\_\_

**Q53. Have you ever been divorced?**

1. Yes
2. No

**Q54. What is the highest grade or educational level completed by your spouse or partner?**

*(Please circle one BEST answer)*

- |   |  |
|---|--|
| 1. Elementary school (grade 1-7)                      | 6. Associate degree                          |
| 2. Some high school (grade 8-11)                      | 7. 4-year degree (Bachelor's degree)         |
| 3. High school completion                             | 8. Master's degree or professional degree    |
| 4. Vocational or trade school                         | 9. Doctorate (Ph.D., M.D., J.D.)             |
| 5. Some college (at least 0.5 credits, but no degree) | 10. Something else ( <i>please specify</i> ) |
- 

**Q55. Is your spouse or partner attending school now?**

1. Yes
2. No

**Q56. What is your spouse or partner's current employment status? (*Please circle one BEST answer*)**

- |  |   |
|--|---|
| 1. Employed full-time for pay (35 hours per week or more, even if more than one job)           |   |
| 2. Employed part-time for pay ( <i>less</i> than 35 hours per week, even if more than one job) |   |
| 3. Self-employed   |   |
| 4. Serving in the military full-time (armed forces, national guard, etc.)                      |   |
| 5. Homemaker or stay-at-home spouse/partner  | → |
| 6. Unable to work because of a disability  | → |
| 7. Not employed but looking for work   | → |
| 8. Not employed and NOT looking for work   | → |

*skip to question 61*

**Q57. For the following questions, if your spouse or partner currently has more than one job, please answer for the job where they work the most hours on average per week.**

**What is the name of the company or organization they currently work for?**

---

**Q58. What is their current job title?** \_\_\_\_\_

**Q59. What is their primary role at their current job?** \_\_\_\_\_

---

*For those whose spouse/partner is currently working:*

**Q60. Did they have a job prior to their current job?**

- |                             |                             |
|-----------------------------|-----------------------------|
| 1. Yes                      | 2. No → skip to question 62 |
| ↓                           |                             |
| <i>skip to question 61b</i> |                             |

*For those whose spouse/partner is NOT currently working:*

**Q61. Have they EVER worked for pay?**

- |                                   |                             |
|-----------------------------------|-----------------------------|
| 1. Yes                            | 2. No → skip to question 63 |
| ↓                                 |                             |
| <i>continue with question 61a</i> |                             |

**Q61a. IF YES, have they worked for pay in the LAST 12 MONTHS?**

- |                                   |                             |
|-----------------------------------|-----------------------------|
| 1. Yes                            | 2. No → skip to question 63 |
| ↓                                 |                             |
| <i>continue with question 61b</i> |                             |



**Q61b. What was the name of the company or organization they worked for?**

\_\_\_\_\_

**Q61c. What was their job title at this job?** \_\_\_\_\_

**Q61d. What was their primary role at this job?** \_\_\_\_\_

\_\_\_\_\_

**Q62. Which of the following income categories best describes the total income your spouse or partner earned from work during the LAST 12 MONTHS, before taxes?**

*(Please circle one BEST answer)*

- |                        |                         |
|------------------------|-------------------------|
| 1. Less than \$5,000   | 8. \$25,000 – \$29,999  |
| 2. \$5,000 – \$7,499   | 9. \$30,000 – \$34,999  |
| 3. \$7,500 – \$9,999   | 10. \$35,000 – \$39,999 |
| 4. \$10,000 – \$12,499 | 11. \$40,000 - \$49,999 |
| 5. \$12,500 – \$14,999 | 12. \$50,000 - \$59,999 |
| 6. \$15,000 – \$19,999 | 13. \$60,000 - \$74,999 |
| 7. \$20,000 – \$24,999 | 14. \$75,000 or more    |

15. Don't know →

**What is their average monthly income?** \$\_\_\_\_\_/MONTH

**\*\* OR \*\***

**What is their hourly pay?** \$\_\_\_\_\_/HOUR

16. Refused

**How many hours per week does your spouse or partner usually work at this job?**

\_\_\_\_ HOURS PER WEEK

**Q63. How many biological children, if any, do you have?**

\_\_\_\_\_ NUMBER OF CHILDREN → *continue with question 63a*

*IF NONE, skip to question 64*

**Q63a. What is the name, gender, and birth date of each of your biological children?**

First & Last Name	Gender	Date of Birth (mm/dd/yy)
	M or F	
	M or F	
	M or F	
	M or F	
	M or F	
	M or F	
	M or F	

**Q63b. How many of your biological children currently live with you?** \_\_\_\_\_

**Q64. How many adopted children, foster children, or step children, if any, currently live with you?**

\_\_\_\_\_

***IF Q63 AND Q64 ARE BOTH 0, SKIP TO QUESTION 87 ON PAGE 22***

**Q65. If any of your children under the age of 19 live with you, how many are between the following ages?**

*(Round to the age at closest birthday, for example, if your 4 year old just had a birthday 2 months ago, count that child in the Newborn to 4 category; if that child's birthday is coming up in the next month, count that child in the 5 to 10 age category.)*

Newborn and 4 years old? \_\_\_\_\_

5 and 10 years old? \_\_\_\_\_

11 and 18 years old? \_\_\_\_\_

**Q66. What is the first name of your OLDEST child, between the ages of 5 and 18, who currently lives with you?**

***\*\*\* IF NONE OF YOUR CHILDREN BETWEEN 5 AND 18 YEARS OLD LIVE WITH YOU,  
SKIP TO Q85 ON PAGE 22 \*\*\****

**NAME:** \_\_\_\_\_

**Q66a. How old is this child? \_\_\_\_\_ YEARS OLD**

**Q66b. What grade is this child currently attending? GRADE \_\_\_\_\_**

**Q66c. What is this child's height with shoes off? \_\_\_\_\_ FEET \_\_\_\_\_ INCHES**

**Q66d. What is this child's weight with shoes off? \_\_\_\_\_ LBS**

**Q66e. When this child was born, what was his/her approximate weight? \_\_\_\_\_ LBS \_\_\_\_\_ OUNCES**

**Q66f. If you are not sure, which of the following categories best describes the birth weight?**

*(Please circle one BEST answer)*

1. less than 3 ¼ lbs
2. between 3 ¼ and 5 ½ lbs
3. between 5 ½ and 7 lbs
4. between 7 and 8 lbs
5. more than 8 lbs

**Q67. The next several questions are about this same child. Please think of this child as you answer these questions.**

**Did this child attend any school before kindergarten, such as Head Start, a Child-Parent Center, or a different public or private preschool program?**

1. Yes, three or more years    2. Yes, two years    3. Yes, one year    4. No → skip to question 68

**Q67a. What type of program was the one in the year before kindergarten?**

1. Head Start
2. Child-Parent Center
3. Prekindergarten in a public school
4. Prekindergarten in a private school
5. Child care center
6. Family care outside your home

**Q67b. What was the usual number of hours in the program day that this child attended?**

1. 2 hours or fewer per day
2. Part-day (more than 2 hours, up to 4 hours)
3. Full-day (more than 4 hours, up to 6 hours)
4. Extended-day (more than 6 hours)

**Q68. Did you or this child receive any of the following services?**

<i>(Please circle one BEST answer for each item)</i>		Yes	No
<b>a. Women, Infants and Children, or WIC, before this child was born</b>		1	2
<b>b. WIC nutrition after this child was born but before age 5</b>		1	2
<b>c. Parenting classes</b>		1	2
<b>d. Well-baby check ups</b>		1	2
<b>e. A home visit from a nurse or health professional</b>		1	2
<b>f. Early intervention services</b>		1	2
<b>g. Early Head Start up to age 3</b>		1	2
<b>h. Child welfare services</b>		1	2
<b>i. Out of home child care up to age 3</b>		1	2

**Q69. How far do you think this child will go in school? Would you say you expect this child to:**

1. Receive less than a high school diploma
2. Graduate from high school or earn a GED
3. Attend two or more years of college
4. Finish a four-year college degree, or Bachelor's degree
5. Finish a master's degree
6. Finish a Ph.D., MD or other advanced degree

**Q70. How often do you typically:**

<i>(Please circle one BEST answer for each)</i>	Never	A few times a year	A few times a month	A few times a week	Daily
<b>a. Communicate with this child's school</b>	1	2	3	4	5
<b>b. Participate in school activities</b>	1	2	3	4	5
<b>c. Talk with this child's teacher about this child</b>	1	2	3	4	5
<b>d. Attend parent-teacher meetings</b>	1	2	3	4	5
<b>e. Get invited to school events</b>	1	2	3	4	5

**Q71. How much do you agree or disagree with the following statements?**

<i>(Please circle one BEST answer for each)</i>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<b>a. I like going to this child's school.</b>	1	2	3	4
<b>b. Education is important for getting a good job.</b>	1	2	3	4
<b>c. I like helping this child with school work.</b>	1	2	3	4
<b>d. This child does a good job of informing me about school events.</b>	1	2	3	4
<b>e. I am satisfied with this child's school.</b>	1	2	3	4
<b>f. This child gets along well with other children at school.</b>	1	2	3	4

**Q72. How often do you typically:**

<i>(Please circle one BEST answer for each)</i>	Never	Less than once a week	1 or 2 times a week	3 or 4 times a week	5 or 6 times a week	Every day
<b>a. Read to this child or listen to this child read</b>	1	2	3	4	5	6
<b>b. Discuss school progress with this child</b>	1	2	3	4	5	6
<b>c. Help this child with homework</b>	1	2	3	4	5	6
<b>d. Encourage this child to do well in school</b>	1	2	3	4	5	6

**Q73. Including kindergarten, how many different schools has this child attended?**

\_\_\_\_\_ DIFFERENT SCHOOLS

**Q74. How many times have you and this child moved to another home since this child has been in kindergarten?**

\_\_\_\_\_ TIMES

**Q75. Has this child ever been held back a grade in school?**

1. Yes → In which grade(s) was this child held back in school? \_\_\_\_\_
2. No

**Q76. Has this child ever received services for children with special needs, such as speech therapy or a specific learning disability?**

1. Yes
2. No

**Q77. Does this child currently receive special education services in school?**

1. Yes → In what grade did this child first receive special education services? \_\_\_\_\_
2. No

**Q78. How often would you say this child gets in trouble at school? *(Please circle one BEST answer)***

Never                      Rarely                      Sometimes                      Very often                      Always  
1                                      2                                      3                                      4                                      5

**Q79. Has this child ever been expelled or suspended from school?**

1. Yes
2. No

**Q80. What are this child's usual grades or marks in reading and math?**

- |              |              |                       |
|--------------|--------------|-----------------------|
| 1. Mostly As | 2. As and Bs | 3. Mostly Bs          |
| 4. Bs and Cs | 5. Mostly Cs | 6. Cs and Ds or worse |

**Q81. In general, how would you describe this child's health? (Please circle one BEST answer)**

- |           |           |      |      |      |
|-----------|-----------|------|------|------|
| Excellent | Very Good | Good | Fair | Poor |
| 1         | 2         | 3    | 4    | 5    |

**Q82. How long has it been since this child's last visit to a clinic, health center, hospital, doctor's office, or other place for routine health care? (Please circle one BEST answer)**

1. Less than 6 months
2. 6 months to one year
3. One to two years
4. More than two years
5. This child has never had routine health care at a clinic, health center, hospital, or doctor's office

**Q83. How long has it been since this child's last visit to a dentist or dental hygienist for dental care? (Please circle one BEST answer)**

1. Less than 6 months
2. 6 months to one year
3. One to two years
4. More than two years
5. This child has never been to a dentist or had dental care

**Q84. What kinds of health insurance or health care coverage does this child have? By health insurance I mean any kind of coverage that pays for health care expenses. (Please circle all that apply)**

1. A private health insurance plan from a parent or guardian's employer or workplace
2. A private health insurance plan purchased through a state or local government program or community program
3. Medicaid
4. CHIP or Children's Health Insurance Program
5. Military health care, or VA, or CHAMPUS, or TRICARE, or CHAMP-VA
6. Another government program, such as Indian Health Service, Medicare, or a state sponsored program
7. Some other health insurance (please specify) \_\_\_\_\_
8. No health insurance

**IF ONLY ONE OF YOUR CHILDREN LIVES IN YOUR HOUSEHOLD, SKIP TO QUESTION 87**

**Q85. IF YOUR OLDEST CHILD IS UNDER AGE 5, did you receive any of the following services for or on behalf of this child?**

**\*\* OR \*\***

**IF YOU HAVE TWO OR MORE CHILDREN, did you receive any of the following services for or on behalf of your SECOND oldest child?**

<i>(Please circle one BEST answer for each item)</i>		Yes	No
<b>a. Women, Infants and Children, or WIC, before the child was born</b>		1	2
<b>b. WIC nutrition after the child was born but before age 5</b>		1	2
<b>c. Parenting classes</b>		1	2
<b>d. Well-baby check ups</b>		1	2
<b>e. A home visit from a nurse or health professional</b>		1	2
<b>f. Early intervention services</b>		1	2
<b>g. Early Head Start up to age 3</b>		1	2
<b>h. Child welfare services</b>		1	2
<b>i. Out of home child care up to age 3</b>		1	2

**Q86. Did this child attend any school before kindergarten, such as Head Start, a Child-Parent Center, or a different public or private preschool program?**

1. Yes, three or more years    2. Yes, two years    3. Yes, one year    4. No → *skip to question 87*

**Q86a. What type of program was the one in the year before kindergarten?**

- |                                       |  |
|---------------------------------------|--|
| 1. Head Start                         | 4. Prekindergarten in a private school |
| 2. Child-Parent Center                | 5. Child care center                   |
| 3. Prekindergarten in a public school | 6. Family care outside your home       |

**Q87. Are you or your spouse or partner expecting a child in the next few months?**

1. Yes    ➔    **What is the expected due date?** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
 2. No

**\*HEALTH/EXERCISE/NUTRITION\***

**Next, I would like to ask a few questions related to your health in general. Later I will ask more specific questions about your health.**

**Q88. In general, how would you describe your health?** *(Please circle one BEST answer)*

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

**Q89. What is your height with your shoes off?** \_\_\_\_ FEET \_\_\_\_ INCHES

**Q90. How much do you currently weigh with your shoes off?** \_\_\_\_ LBS

**Q91. Thinking back to when you were 18:**

- a. What was your height?** \_\_\_\_ FEET \_\_\_\_ INCHES  
**b. What was your weight?** \_\_\_\_ LBS

**Q92. Are you currently limited in any way in any activities because of physical, mental, or emotional problems?**

1. Yes
2. No

**Q93. During the PAST 30 DAYS, other than your regular job, did you participate in any physical activities or exercises such as running, aerobics, gardening, or walking for exercise?**

1. Yes
2. No → skip to question 94

**Q93a. IF YES, thinking about the moderate activities you do (when you are not working) in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?**

1. Yes →
2. No

**b. How many days per week do you do these moderate activities for at least 10 minutes at a time?**

\_\_\_\_\_ DAYS PER WEEK

**c. On days when you do moderate activities for at least 10 minutes at a time, how much TOTAL time per day do you spend doing these activities?**

\_\_\_\_\_ HOURS \_\_\_\_\_ MINUTES

**Q93d. IF YES, thinking about the VIGOROUS activities you do (when you are not working) in a usual week, do you do VIGOROUS activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?**

1. Yes →
2. No

**e. How many days per week do you do these vigorous activities for at least 10 minutes at a time?**

\_\_\_\_\_ DAYS PER WEEK

**f. On days when you do vigorous activities for at least 10 minutes at a time, how much TOTAL time per day do you spend doing these activities?**

\_\_\_\_\_ HOURS \_\_\_\_\_ MINUTES

**Q94. In general, compared to other people of your age would you say you are . . .**  
(Please choose one BEST answer)

Not at all  
physically active  
1

Not very  
physically active  
2

Somewhat  
physically active  
3

Very  
physically active  
4

**Q95. The next questions ask how often you/your family have certain types of food available at home.**

**How often would you say you have the following food items available at home?**

<i>(Please circle one BEST answer for each item)</i>	Always	Usually	Sometimes	Rarely	Never
<b>a. Fruits that are fresh, dried, canned or frozen</b>	1	2	3	4	5
<b>b. Dark green vegetables that are fresh, dried, canned or frozen</b>	1	2	3	4	5
<b>c. Salty snacks such as chips and crackers</b>	1	2	3	4	5
<b>d. Milk that is 1% fat, skim, or fat-free</b>	1	2	3	4	5
<b>e. Soft drinks, fruit-flavored drinks, or fruit punch</b>	1	2	3	4	5

**Q96. How often in the last 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? *(Please circle one BEST answer)***

Always	Usually	Sometimes	Rarely	Never
1	2	3	4	5

**Q97. How often do you currently take any vitamin or mineral supplements, such as multi-vitamins, dietary supplements, vitamin C, or herbal supplements? *(Please circle one BEST answer)***

Almost every day	A few times a week	Once a week	Less than once a week	Never
1	2	3	4	5

**Q98. Do you have a regular doctor or place you go for health care for yourself?**

1. Yes
2. No



**Where do you go? *(Please circle one BEST answer)***

1. Doctor's office or HMO
2. Public health clinic
3. Hospital clinic
4. Urgent care center or walk-in-clinic
5. Emergency room
6. Somewhere else *(please specify)* \_\_\_\_\_

**Q99. In the past three years, how many times have you gone to a doctor, health care provider, or hospital for the following:**

**a. A regular physical examination or check-up? \_\_\_\_\_ # OF TIMES**

**b. Treatment for an illness or medical problem or condition? \_\_\_\_\_ # OF TIMES**

**Q100. Are you covered by any kind of health insurance? By health insurance I mean any kind of coverage that pays for health care expenses.**

1. Yes
2. No ➔ skip to question 101



**Q100a. IF YES, are you covered by any of the following?** *(Please circle all that apply)*

1. A private health insurance plan from your employer or workplace
2. A private health insurance plan from your spouse or partner's employer or workplace
3. A student policy through a college or university
4. A private health insurance plan purchased through a state or local government program or community program
5. Medicaid
6. Military health care, VA, CHAMPUS, TRICARE, or CHAMP-VA
7. Another government program, such as Indian Health Service, Medicare, or a state sponsored program
8. Some other health insurance *(please specify)* \_\_\_\_\_

**Q101. The following questions are about health problems or impairments you may have now or you may have had in the past.**

Have you ever been diagnosed with the following?	IF YES, are you currently bothered by this condition?		IF YES, do you currently receive treatment or services for this condition?		IF YES, how old were you when you were first diagnosed?
<i>(Please circle one number for each)</i>	Yes	No	Yes	No	Enter age
<b>a. Asthma or respiratory problems</b>	1	2	1	2	
<b>b. Hypertension or high blood pressure</b>	1	2	1	2	
<b>c. Diabetes</b>	1	2	1	2	
<b>d. Mental health problems</b>	1	2	1	2	
<b>e. Heart problems</b>	1	2	1	2	
<b>f. Lung or circulation problems</b>	1	2	1	2	
<b>g. Arthritis</b>	1	2	1	2	
<b>h. A cognitive disability</b>	1	2	1	2	
<b>i. Attention-deficit disorder</b>	1	2	1	2	
<b>j. Anxiety disorder</b>	1	2	1	2	
<b>k. Cancer</b>	1	2	1	2	
<b>l. High cholesterol</b>	1	2	1	2	
<b>m. Post-traumatic stress disorder (PTSD)</b>	1	2	1	2	
<b>n. Other conditions</b> <i>(please specify below)</i>	1	2	1	2	
<b>o.</b>	1	2	1	2	

**Q102. Do you have a family history with your parents, brother, sister, or grandparents of any of these conditions?**

1. Yes → Which conditions? \_\_\_\_\_
2. No

**Q103.** The next set of questions asks about how you feel.

During the LAST MONTH, have you felt...?			IF YES, how often have you felt this way during the last month? <i>(Please circle one number for each item)</i>				
<i>(Please circle one number for each item)</i>	Yes	No	Almost every day	A few times a week	About once a week	Two or three times a month	About once a month
<b>a. Depressed</b>	1	2	1	2	3	4	5
<b>b. Hopeless</b>	1	2	1	2	3	4	5
<b>c. Lonely</b>	1	2	1	2	3	4	5
<b>d. Life isn't worth living</b>	1	2	1	2	3	4	5
<b>e. Very sad</b>	1	2	1	2	3	4	5
<b>f. Anxious</b>	1	2	1	2	3	4	5
<b>g. Fearful</b>	1	2	1	2	3	4	5
<b>h. Bothered by things that usually don't bother you</b>	1	2	1	2	3	4	5
<b>i. You had trouble keeping your mind on what you were doing</b>	1	2	1	2	3	4	5

**Q104.** Have you ever smoked cigarettes?

- Yes, I have smoked at least 100 cigarettes in my life
- Yes, I have smoked less than 100 cigarettes in my life
- No, I have never smoked cigarettes → skip to question 105

**Q104a.** IF YES, how often do you CURRENTLY smoke cigarettes?

More than once a day	Almost every day	A few times a week	A few times a month	Less than once a month	Never
1	2	3	4	5	6

**Q105.** Have you ever used other tobacco products such as cigars, pipes, chewing tobacco, or snuff?

- Yes →
- No

**How often do you CURRENTLY use other tobacco products?**

More than once a day	Almost every day	A few times a week	A few times a month	Less than once a month	Never
1	2	3	4	5	6

**Q106.** On average, how many days per week do you drink alcohol? \_\_\_\_\_ DAYS PER WEEK

*IF 0, skip to question 107*

The following questions are about frequency of alcohol use. For the following, remember that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

**Q106a.** On a typical day when you do drink, how many drinks do you have? \_\_\_\_\_ DRINKS

**Q106b.** What is the maximum number of drinks you have had on any given occasion during the LAST 30 DAYS?

\_\_\_\_\_ DRINKS

**Q107. Have you ever received treatment for problems related to alcohol?**

1. Yes
2. No

**Q108. Have you ever smoked marijuana?**

1. Yes →
2. No

How often do you currently smoke marijuana?					
Almost every day	A few times a week	A few times a month	Less than once a month	A few times a year	Never
1	2	3	4	5	6

**Q109. Have you ever used drugs harder than marijuana?**

1. Yes →
2. No

How often do you currently use drugs harder than marijuana?					
Almost every day	A few times a week	A few times a month	Less than once a month	A few times a year	Never
1	2	3	4	5	6

**Q110. Have you ever received treatment for problems related to drug use?**

1. Yes
2. No

**\*LIFE EVENTS\***

Q111. We are interested in major events that have occurred in your life. Have any of these events occurred in your life?			IF YES, how old were you when this happened? <i>(Please circle all that apply)</i>					
<i>(Please circle answer for each item)</i>		Yes	No	Age 0-5	Age 6-10	Age 11-15	Age 16-25	Age 26 - present
a.	The prolonged absence of a parent or caregiver	1	2	1	1	1	1	1
b.	A serious illness of a parent or caregiver	1	2	1	1	1	1	1
c.	Mental illness of a parent or caregiver	1	2	1	1	1	1	1
d.	The death of a parent or caregiver	1	2	1	1	1	1	1
e.	The divorce of your parents	1	2	1	1	1	1	1
f.	The remarriage or marriage of your parents	1	2	1	1	1	1	1
g.	Frequent family conflict	1	2	1	1	1	1	1
h.	Witness to domestic abuse of Mother or caregiver	1	2	1	1	1	1	1
i.	The death of a brother or sister	1	2	1	1	1	1	1
j.	Problems in school	1	2	1	1	1	1	1
k.	The death of a close friend or relative	1	2	1	1	1	1	1
l.	Personal illness or injury	1	2	1	1	1	1	1
m.	Personal chronic health problems	1	2	1	1	1	1	1
n.	Family financial problems	1	2	1	1	1	1	1
o.	One of your parents had problems with alcohol or drugs	1	2	1	1	1	1	1
p.	You had personal problems with alcohol or drugs	1	2	1	1	1	1	1

Q111. We are interested in major events that have occurred in your life. Have any of these events occurred in your life?			IF YES, how old were you when this happened? (Please circle all that apply)				
(Please circle answer for each item)	Yes	No	Age 0-5	Age 6-10	Age 11-15	Age 16-25	Age 26 - present
q. One of your parents was arrested by the police during your lifetime	1	2	1	1	1	1	1
r. You were the witness to a shooting or stabbing	1	2	1	1	1	1	1
s. You were a victim of a violent crime including domestic abuse	1	2	1	1	1	1	1
t. You were a victim of a non-violent crime or a property crime	1	2	1	1	1	1	1
u. You were a victim of child abuse or neglect	1	2	1	1	1	1	1

**Q112. Has anyone in your immediate family ever been arrested by the police?**

1. Yes →
2. No

**Who was arrested?** (Please circle all that apply)

- a. Father or male guardian
- b. Mother or female guardian
- c. Brother or sister
- d. Spouse or partner
- e. Someone else (please specify) \_\_\_\_\_

**Q113. Has anyone in your immediate family ever served time in jail or prison?**

1. Yes →
2. No

**Who served time in jail or prison?** (Please circle all that apply)

- a. Father or male guardian
- b. Mother or female guardian
- c. Brother or sister
- d. Spouse or partner
- e. Someone else (please specify) \_\_\_\_\_

**Q114. Have you ever been arrested by the police?**

1. Yes
2. No → skip to question 121

**Q115. IF YES, how many times have you been arrested?** \_\_\_\_\_

**Q116. IF YES, how many of these arrests led to a conviction?** \_\_\_\_\_ IF NONE, SKIP TO QUESTION 119

**Q117. What is the longest amount of time you have served in a correctional facility or prison for a conviction?**

\_\_\_\_\_ Years \_\_\_\_\_ Months

**Q118. What was the category of the conviction or sentencing?** (Please circle all that apply)

- a. A property offense
- b. A drug offense
- c. A violent offense
- d. A felony
- e. A misdemeanor
- f. Something else (please specify) \_\_\_\_\_

**Q119.** What was the year of your **LAST** arrest (or your only arrest)? \_\_\_\_\_

**Q120.** IF **ARRESTED MORE THAN ONCE**, what was the year for the **FIRST** time you were arrested?

\_\_\_\_\_

**Q121.** Next are some questions about your experiences with various social services. Please remember that your responses will be kept strictly confidential.

Have you <b>EVER</b> received any of the following:	(Please circle one)		IF YES, For how long did you receive this service? (Please circle one)			IF YES, How old were you when you first received this service?
	Yes	No	Less than 3 months	3-6 months	More than 6 months	Enter age
<b>a. Substance abuse services</b>	1	2	1	2	3	
<b>b. Domestic violence services</b>	1	2	1	2	3	
<b>c. Depression treatment</b>	1	2	1	2	3	
<b>d. Family counseling and support services</b>	1	2	1	2	3	
<b>e. Parent skills training</b>	1	2	1	2	3	
<b>f. Department of Child and Family Services, or DCFS</b>	1	2	1	2	3	
<b>g. Services for other mental health issues</b> (Please describe the services that you received)	1	2	1	2	3	
<b>Other (please specify below)</b>						
<b>h.</b>	1	2	1	2	3	
<b>i.</b>	1	2	1	2	3	
<b>j.</b>	1	2	1	2	3	

**Q122.** The next set of questions asks about your relations with your adult relatives; people like your parents, grandparents, aunts or uncles, or other adult relatives. Please indicate whether you agree or disagree with the following statements about you and your family.

(Please circle one BEST answer)	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<b>a. When my family has to make important family decisions, I ask my relatives for advice.</b>	1	2	3	4
<b>b. My friends are more dependable in times of need than my relatives.</b>	1	2	3	4
<b>c. In my family, relatives often help one another.</b>	1	2	3	4

**Q123. What members of your family do you feel closest to?** *(Please circle all that apply)*

- |                      |  |
|----------------------|--|
| a. Mother            | f. Aunt or Uncle                             |
| b. Father            | g. Spouse or Partner                         |
| c. Brother or sister | h. Your own children                         |
| d. Grandparent       | i. Someone else ( <i>specify</i> ) _____     |
| e. Cousin            | j. Do not feel close to any member of family |

**Q124. The following question is only hypothetical. Please answer as if you were really facing this choice.**

**Would you rather receive \$200 in 60 days or \$250 in 90 days?**

1. \$200 in 60 days
2. \$250 in 90 days

**\*CIVIC ENGAGEMENT\***

**The final few questions are related to community involvement.**

**Q125. During the LAST 12 MONTHS, did you...:**

<i>(Please circle one BEST answer)</i>	Yes	No
<b>a. Participate in unpaid volunteer or community service work</b>	1	2
<b>b. Participate in a youth service or tutoring program</b>	1	2
<b>c. Participate in a church-related activity</b>	1	2
<b>d. Get involved with other community or neighborhood clubs or organizations</b>	1	2
<b>e. Participate in a political club or organization</b>	1	2
<b>f. Contribute money to a political party or candidate</b>	1	2
<b>g. Contact a government official about a political or community issue</b>	1	2
<b>h. Contact a newspaper or radio station to express your opinion on a political issue</b>	1	2
<b>i. Take part in a political protest, march, or demonstration</b>	1	2
<b>j. Identify with a specific political party</b>	1	2
<b>k. Vote in a local or state election</b>	1	2
<b>l. File a tax return</b>	1	2

**Q126. Did you vote in the 2008 presidential election?**

1. Yes
2. No

**Q127. Did you vote in the 2012 presidential election?**

1. Yes
2. No

**Q127a. Did you vote in the 2016 presidential election?**

1. Yes
2. No

**Q128. What are you most satisfied with in your life right now? Why?**

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**Q129. What are you most dissatisfied with in your life right now? Why?**

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**Q130. What are your hopes for the future?**

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**Q131. We have one extra question. Have you ever had your blood pressure taken?**

1. Yes →

**When did you last have your blood pressure taken?**

Year \_\_\_\_\_

**What was the top value (systolic pressure)? \_\_\_\_\_ (Probe: Average is 120 range)**

**What was the bottom value (diastolic pressure)? \_\_\_\_\_ (Probe: Average is 80 range)**

2. No

**Q132. In a few months, we may contact you to invite you to participate in a paid follow-up in-person health interview. Your participation would be completely voluntary. Would this be ok for us to do?**

1. Yes
2. No

**We thank you for taking the time to complete the survey. We are very grateful for your help. As always, we will be sending you a payment for your time in helping us.**

**To make sure that we send your payment to the correct address, please provide your mailing address and telephone number.**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

(\_\_\_\_\_) - \_\_\_\_\_  
Phone Number

**It would be helpful for us to have your Social Security Number.**

Social Security Number: \_\_\_\_\_

*Please continue with the next page → → →*



**What relative who doesn't live with you always knows how to get in touch with you if we can't reach you because you've moved or changed your telephone number?**

Name or Relative: \_\_\_\_\_

\_\_\_\_\_  
Street Address City and State Zip code

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

**What friend or other relative would always know how to get in touch with you if we can't reach you because you've moved or changed your telephone number?**

Name: \_\_\_\_\_

\_\_\_\_\_  
Street Address City and State Zip code

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

**We also may access administrative records on your participation in postsecondary education such as college attendance, economic well-being including employment and earnings, utilization of family social services, health-related services, and criminal justice system services in the future.**

**We may also access records on your child's participation in K-12 and postsecondary education and criminal justice system services. Again, all information collected will be completely confidential and used only for research purposes in order to improve child and family well-being. All information we report is aggregated in summary form.**

**Do we have your permission to access all of these records?**

1. Yes
2. No

**Thank you very much for taking the time to complete this survey!**