

The Future of Families and Child Wellbeing Study

22-Year Follow-Up Primary Caregiver Survey

Public Use Version

Updated:

May 2024

Surveys were conducted by Westat, Inc. under contract with the Center for Research on Child and Family Wellbeing (CRCFW) at Princeton University and by the Columbia Population Research Center (CPRC) at Columbia University.

Section A: Housing

- A1. In what type of place are you currently living?
- House..... 1
 - Condo 2
 - Apartment/Flat..... 3
 - Military Barracks..... 4
 - Hotel, Motel, Rooming, or Boarding House..... 5
 - Shelter (for homeless or abused) or on the street..... 6
 - In Jail/Prison/Detention/Work Release 7
 - Mobile Home 8
 - Hospital 9
 - Group Home or Treatment Center..... 10
 - Farm or Ranch 11
 - Other Type of Housing 91
 - REFUSE -1
 - DON'T KNOW -2

Box 1:
 IF A1 EQUALS 4, 6, 7, 9 OR 10 (MILITARY BARRACKS, SHELTER, JAIL/PRISON, GROUP HOME)
 GO TO Box 5. ELSE GO TO A2.

- A2. Are you currently living with others?
- Yes 1
 - No..... 2
 - REFUSE -1

Box 2:
 IF A2 EQUALS 2 GO TO Box 5. ELSE GO TO A3.

- A3. Who lives with you? SELECT ALL THAT APPLY
- Spouse 1
 - Partner, boyfriend, or girlfriend..... 2
 - Mother 3
 - Father 4
 - Mother's partner/spouse..... 5
 - Father's partner/spouse 6
 - Partner in-law 7
 - Biological child 8
 - Stepchild 9
 - Adopted child 10
 - Foster child..... 11
 - Sibling (brother/sister) 12
 - Grandmother 13
 - Grandfather 14
 - Aunt/uncle 15
 - Cousin 16
 - Grandchild/Niece/Nephew..... 17
 - Not-related adult..... 18
 - Not related child 19
 - REFUSE -1

Box 3:

IF ANY ANSWER OF A3 IS GREATER THAN 6, GO TO A3a. BEGIN LOOP UNTIL ALL RESPONSES
IN A3 GREATER THAN 6 HAVE BEEN ASKED IN A3a. ELSE, GO TO A3b.

A3a_1. How many {OPTION FROM A3} live with you?
 |__|
 NUMBER OF {OPTION FROM A3} LIVING WITH YOU
 REFUSE -1

Box 4:

LOOP BACK TO A3a UNTIL ALL RESPONSES IN A3 GREATER THAN 6 HAVE BEEN ASKED.
ELSE, GO TO A3b.

A3b. In total, how many children under 18 live with you?
 |__|
 NUMBER OF CHILDREN UNDER 18 LIVING WITH YOU
 REFUSE -1

Box 5:

IF A1 EQUALS 1, 2, 3, OR 91 GO TO A4. ELSE GO TO A5.

A4. Do you live in public housing, have a Section 8 certificate, or are you receiving rent assistance through other programs?

Yes 1
 No..... 2
 REFUSE -1

A5. In the past 12 months, have other people moved in with you even for a little while because of financial problems?

Yes 1
 No..... 2
 REFUSE -1

A6. How many times have you moved since {{YEAR 15 INTERVIEW}}/{MONTH YEAR YA WAS 15}}?

|__|
 NUMBER OF MOVES
 REFUSE -1

SECTION B: EDUCATION

B1. What is the highest grade or educational degree you have ever completed as of today?

Elementary, Middle, or Junior High School	1
Some regular High School	2
High school diploma	3
General Educational Development (GED).....	4
Associate/Junior College (AA).....	5
Bachelor of Arts Degree (BA).....	6
Bachelor of Science (BS)	7
Master's Degree (MA, MBA, MS, MSW)	8
Doctoral Degree (PhD).....	9
Professional Degree (MD, LLD, DDS).....	10
Other type of school	91
REFUSE	-1
DON'T KNOW.....	-2

Box 1:

IF B1 EQUALS 91 GO TO B1_OS, ELSE GO TO SECTION C

B1_OS. What is the highest grade or educational degree you have ever completed?

GRADE OR DEGREE COMPLETED: _____
REFUSE

RECODED

B1 – Grade or degree completed

B1_101 12th grade

B1_102 Trade school or certificate program

B1_103 Some college

B1_104 Other

SECTION C: EMPLOYMENT

C1. Last week, did you do any regular work for pay? Include any work you might have done in your own business (or military service) where you got a regular paycheck.

- Yes 1
- No..... 2
- REFUSE -1
- DON'T KNOW..... -2

Box 1:

IF C1 EQUALS 2 GO TO C2. ELSE GO TO BOX 5

C2. Are you currently looking for a regular job?

- Yes 1
- No..... 2
- REFUSE -1

Box 2:

IF C2 EQUALS 1 GO TO C3. ELSE GO TO BOX 3

C3. How long have you been looking for a regular job? Would you say...?

- Less than a week 1
- More than a week, but less than a month 2
- Between a month and six months 3
- Between six months and a year 4
- More than a year 5
- REFUSE -1

Box 3:

IF C2 EQUALS 2 GO TO C4. ELSE GO TO BOX 4

C4. Why aren't you looking for a regular job?

- Own business..... 1
- Already have a job (on vacation, ill or no temporary layoff) 2
- Not working currently due to stay at home order..... 3
- In school or training program 4
- Disabled 5
- Don't want/need to work..... 6
- Personal/family reasons 7
- Believe no work available..... 8
- In jail/prison 9
- Stay at home parent..... 10
- Retired..... 11
- Other 91
- REFUSE -1

Box 4:

IF C1 EQUALS 2 GO TO C5a. ELSE GO TO BOX 5

C5. When did you last work at a regular job lasting two weeks in a row or more, for which you received a regular paycheck?

C5a. | | |
MONTH LAST RECEIVED PAYCHECK

C5b. | | | | | |
YEAR LAST RECEIVED PAYCHECK

C5b2.
Never worked for two consecutive weeks..... 10
REFUSE..... -1

Box 5:

IF C5b2 EQUALS "Never worked for two consecutive weeks" OR C5a AND C5b ARE EARLIER OR EQUAL TO MONTH AND YEAR OF YEAR 15 INTERVIEW, GO TO C16. ELSE GO TO C5c.

C5c. My next few questions are about your {current/most recent} job.

C6. How many hours {do/did} you usually work per week at {this/that} job? Include regular overtime hours. If you {work/worked} more than one job at a time, answer about the one you usually {work/worked} the most hours.

| | | | |
NUMBER OF HOURS WORKED PER WEEK
REFUSE -1

C7a. About how much {do/did} you usually earn in {this/that} job, before taxes and deductions?

| | | | | | | |
EARNINGS BEFORE TAXES AND DEDUCTIONS
REFUSE -1

C7b. Please tell us the unit of time that you earn that amount.

Hour..... 1
Day..... 2
Week..... 3
Every 2 weeks (26 checks per year)..... 4
Twice a month (24 checks per year)..... 5
Month..... 6
Year..... 7
Other..... 91
REFUSE..... -1

C8. Which of the following best {describes/described} your work schedule?

Variable schedule (one that changes from day to day)..... 1
Regular daytime schedule..... 2
Regular evening shift..... 3
Rotating shift (one that changes regularly from days to evenings or nights)..... 4
Split shift (one consisting of two distinct periods each day)..... 5
Other..... 91
REFUSE..... -1

C9. How far in advance {do/did} you usually know what days and hours you will need to work?

Less than 1 week..... 1
At least 1 week but less than 2 weeks..... 2
At least 2 weeks but less than 3 weeks..... 3

At least 3 weeks but less than 4 weeks 4
 4 weeks or more 5
 REFUSE..... -1

Box 6a:

IF C5a AND C5b GREATER THAN 1 YEAR FROM CURRENT INTERVIEW DATE, GO TO C16.
 ELSE GO TO C10.

C10. Some people work more than one regular job. Was there ever a time in the last 12 months that you worked more than one regular job at the same time?

Yes 1
 No 2
 REFUSE..... -1

Box 6:

IF C10 EQUALS 1 GO TO C11. ELSE GO TO C12a.

C11. When you were working more than one regular job at the same time, about how many hours per week did you usually work altogether?

 |_|_|_|
 HOURS PER WEEK WORKED ALTOGETHER
 REFUSE -1

C12a. About how much did you earn from {all of} your regular {job/jobs} in the last 12 months? Please do not count earnings from any "off-the-books" or "under-the-table" jobs.

 |_|_|_|_|_|_|_|
 AMOUNT EARNED IN LAST 12 MONTHS
 I did not work in last 12 months 0
 REFUSE..... -1
 DON'T KNOW -2

Box 7:

IF C12a IS SKIPPED, DON'T KNOW OR REFUSED, GO TO C13. ELSE, GO TO C14.

C13. We just need to know a range. Can you let us know if it was...?

Less than \$5,000 1
 \$5,001 to \$10,000 2
 \$10,001 to \$15,000 3
 \$15,001 to \$20,000 4
 \$20,001 to \$25,000 5
 \$25,001 to \$30,000 6
 \$30,001 to \$40,000 7
 \$40,001 to \$60,000 8
 More than \$60,000 9
 REFUSE..... -1

C14. In the last 12 months, how many weeks did you work {at your job/at all of your regular jobs}? If you worked the entire year, but used paid vacation time or sick time, you worked 52 weeks.

 |_|_|
 WEEKS WORKED IN LAST 12 MONTHS
 REFUSE -1

C15. In the last 12 months, how many regular jobs have you had that lasted 2 weeks or more?

NUMBER OF REGULAR JOBS

REFUSE -1

C16. During the past 12 months, did you do anything else to earn money?

Yes 1

No 2

REFUSE..... -1

Box 8:

IF C16 EQUALS 1, GO TO C17 (C17-C23). ELSE, GO TO SECTION D.

C17. What kind of work?

DESCRIBE YOUR WORK: _____

REFUSE..... -1

RECODED

C17 – Describe work

- C17_101 Management
- C17_102 Business, Finance
- C17_103 Computer, Mathematical
- C17_104 Architecture, Engineering
- C17_105 Life, Physical, Social Sciences
- C17_106 Community, Social Services
- C17_107 Legal
- C17_108 Education, Training, Library
- C17_109 Arts, Design, Entertainment, Sports, Media
- C17_110 Healthcare Practitioners, Technical Occupations
- C17_111 Healthcare Support
- C17_112 Protective Service
- C17_113 Food Preparation and Service
- C17_114 Building, Grounds Cleaning, Maintenance
- C17_115 Personal Care and Service
- C17_116 Sales and Related
- C17_117 Office and Admin Support
- C17_118 Farming, Fishing, Forestry
- C17_119 Construction and Extraction
- C17_120 Installation, Maintenance, Repair
- C17_121 Production
- C17_122 Transportation, Material Moving
- C17_123 Military
- C17_124 Other, Unspecified
- C17_125 No Job Title Reported

C18. In the last 12 months, about how many weeks did you do this activity?

WEEKS IN LAST 12 MONTHS

REFUSE -1

Box 8b:

IF C18 EQUALS 0, GO TO SECTION D. ELSE GO TO C19.

C19. And, during {those {NUMBER FROM C18} weeks, / that 1 week,} about how many hours per week did you do this activity?

HOURS PER WEEK
REFUSE..... -1

C20. When you did this, were you paid in cash, or did you receive something else such as meals, clothing, or a place to live?

Cash received..... 1
Other..... 2
Both cash and other..... 3
REFUSE..... -1

Box 9:

IF C20 EQUALS 1 OR 3, GO TO C21. ELSE, GO TO BOX 10.

C21. How much did you receive in the last 12 months, for this activity?

AMOUNT RECEIVED IN LAST 12 MONTHS
REFUSE -1

Box 10:

IF C21 IS SKIPPED, GO TO C22. ELSE GO TO BOX 11.

C22. We just need to know a range. Please let us know if it was...

Less than \$5,000 1
\$5,001 to \$10,000..... 2
\$10,001 to \$15,000..... 3
\$15,001 to \$20,000..... 4
\$20,001 to \$25,000..... 5
\$25,001 to \$30,000..... 6
\$30,001 to \$40,000..... 7
\$40,001 to \$60,000..... 8
More than \$60,000 9
REFUSE..... -1

Box 11:

IF C20 EQUALS 2, OR 3; GO TO C23. ELSE, GO TO SECTION D.

C23. What {else} did you get in exchange for this?

Meals 1
Clothing 2
Place to live 3
Child care..... 4
Other..... 91
REFUSE..... -1

SECTION D: INCOME, ASSISTANCE, AND FINANCES

D1. In the past twelve months, what was the total income of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. {Earlier in the survey, you told us there were {NUMBER} people living with you, including {TYPES OF HOUSEHOLD MEMBERS}.} Please include money from jobs and public assistance programs, as well as any sources we haven't discussed, such as rent, interest, and dividends.

|_|_|
 AMOUNT OF HOUSEHOLD INCOME
 REFUSE -1
 DON'T KNOW..... -2

Box 1:
 IF D1 SKIPPED, REFUSED, OR DON'T KNOW, GO TO D2. ELSE GO TO D3a.

D2. We just need to know a range. Can you let us know if it was...?

Less than \$5,000 1
 \$5,001 to \$10,000..... 2
 \$10,001 to \$15,000..... 3
 \$15,001 to \$20,000..... 4
 \$20,001 to \$25,000..... 5
 \$25,001 to \$30,000..... 6
 \$30,001 to \$40,000..... 7
 \$40,001 to \$60,000..... 8
 More than \$60,000 9
 REFUSE..... -1
 DON'T KNOW -2

D3. In the past twelve months, have you or anyone else in the household, received income from the following programs...

	YES	NO	REFUSE
D3a. TANF or General Assistance?	1	2	-1
D3b. Unemployment Insurance?	1	2	-1
D3c. Workers Compensation?	1	2	-1
D3d. SNAP, formerly known as Food Stamps, or EBT (Electronic Benefits Transfer)?	1	2	-1
D3e. Supplemental Security Income, SSI or Social Security Disability Insurance, SSDI?	1	2	-1
D3f. COVID-19-response government check/cash aid?	1	2	-1
D3g. Other cash aid?	1	2	-1

Box 2:
 BEGIN LOOP, DISPLAY D4a THROUGH D4g FOR EACH PROGRAM IN D3a THROUGH D3g EQUALS 1. ELSE GO TO BOX 3.

		AMOUNT RECEIVED IN PAST 12 MONTHS	REFUSED
D4a.	TANF or General Assistance?	_ _ _ _ _	-1
D4b.	Unemployment Insurance?	_ _ _ _ _	-1
D4c.	Workers Compensation?	_ _ _ _ _	-1
D4d.	SNAP, formerly known as Food Stamps, or EBT (Electronic Benefits Transfer)?	_ _ _ _ _	-1
D4e.	Supplemental Security Income, SSI or Social Security Disability Insurance, SSDI?	_ _ _ _ _	-1
D4f.	COVID-19-response government check/cash aid?	_ _ _ _ _	-1
D4g.	Other cash aid?	_ _ _ _ _	-1

Box 3:

LOOP BACK TO BOX 2 IF THERE ARE ANY PROGRAMS LISTED IN (D3a-g) NOT YET ASKED ABOUT FROM IN D4a-g. ELSE GO TO BOX D5.

D5. Since {{YEAR 15 INTERVIEW}}/{{MONTH YEAR YA WAS 15}}, have you (or your spouse) filed for personal bankruptcy?

- Yes 1
- No 2
- REFUSE -1

D6. How much do you (or your spouse) owe in credit card debt? Your best estimate is fine. Enter 0 if no credit card debt.

- |_|_|_|_|_|
- AMOUNT OWED IN CREDIT CARD DEBT
- REFUSE -1

D7. Other than money you may owe for mortgage or car, how much do you (or your spouse) owe in loans? (Include student loans, or money owed to a bank or other lending institution). Your best estimate is fine.

- |_|_|_|_|_|
- AMOUNT OWED IN LOANS
- Do not owe money in loans 0
- REFUSE -1

D8. Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense? Select all that apply if you would use more than one method to cover this expense.

- Put it on my credit card and pay it off in full at the next statement 1
- Put it on my credit card and pay it off over time 2
- With the money currently in my checking/savings account or with cash 3
- Using money from a bank loan or line of credit 4
- By borrowing from a friend or family member 5
- Using a payday loan, deposit advance, or Overdraft 6
- By selling something 7

I wouldn't be able to pay for the expense right now..... 8
 Other (Specify)..... 91
 REFUSE..... -1

Box 4:
 IF D8 EQUALS 91, GO TO D8_OS. ELSE GO TO D9.

D8_OS. How would you pay for a \$400 emergency expense?
 Other (please specify): _____
 REFUSE -1

RECODED
 D8 – Other, Specified Recoded
 D8_101 Payment plan for an expense over \$400
 D8_102 Other for an expense over \$400

D9. We are also interested in some of the problems that families face making ends meet.

D10-D20. In the past twelve months did you do any of the following because there wasn't enough money...?

		YES	NO	Refuse
D10.	In the past twelve months, did you receive free food or meals that you otherwise couldn't afford?	1	2	-1
D11.	In the past twelve months, were you ever hungry, but didn't eat because you couldn't afford enough food?	1	2	-1
D12.	In the past twelve months, did you ever not pay the full amount of rent or mortgage payments?	1	2	-1
D13.	In the past twelve months, were you evicted from your home or apartment for not paying the rent or mortgage?	1	2	-1
D14.	In the past twelve months, did you not pay the full amount of gas, oil, or electricity bill?	1	2	-1
D15.	In the past twelve months, was your gas or electric services ever turned off, or the heating oil company did not deliver oil, because there wasn't enough money to pay the bills?	1	2	-1
D16.	In the past twelve months, did you borrow money from friends or family to help pay bills?	1	2	-1
D17.	In the past twelve months, did you move in with other people	1	2	-1

even for a little while because of financial problems?

D18.	In the past twelve months, did you stay at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing, even for one night?	1	2	-1
D19.	In the past twelve months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?	1	2	-1
D20.	In the past twelve months, was your telephone service (mobile or land line) cancelled or disconnected by the telephone company because there wasn't enough money to pay the bill?	1	2	-1

REFUSE -1

D21. Since {{YEAR 15 INTERVIEW}}/{{MONTH YEAR YA WAS 15}}, have you spent any time in an adult correctional institution like a county, state, or federal jail or prison?

Yes 1
 No 2
 REFUSE..... -2

Box 5:

IF D21 EQUALS 1, (YES SPENT TIME IN ADULT CORRECTIONAL INSTITUTION) GO TO D22a.
 ELSE, GO TO D23.

D22. Altogether, how much time did you serve in adult correctional institutions, since {{YEAR 15 INTERVIEW}}/{{MONTH YEAR YA WAS 15}}? If altogether the amount of time you served was less than 30 days please enter 0 (zero) months.

D22a. |__|__|
 MONTHS SERVED IN ADULT INSTITUTIONS
 REFUSE..... -1

D22b. |__|__|
 YEARS SERVED IN ADULT INSTITUTIONS
 REFUSE..... -1

D23. Now we would like to know about any adults who depend on you for assistance with their daily activities. Are you the person most responsible for caring for an adult, such as your spouse, partner, parent, relative or friend? Do not include people you take care of as part of your job.

Yes 1
 No 2
 REFUSE..... -1

Box 6:

IF D23 EQUALS 1 (PERSON RESPONSIBLE FOR CARING FOR AN ADULT), GO TO D24 (WHO DO YOU CARE FOR). ELSE, GO TO SECTION G (RELATIONSHIPS).

D24. Who do you care for? SELECT ALL THAT APPLY.

- Your spouse 1
- Your partner..... 2
- Your mother..... 3
- Your father..... 4
- Your spouse/partner's parent 5
- Your grandparent..... 6
- Your sibling..... 7
- Your Adult Child..... 8
- Other relative..... 9
- Other non-relative..... 91
- REFUSE..... -1

SECTION E: RELATIONSHIPS

Box 1:

ONLY IF CURRENT RESPONDENT/PCG IS BIOMOM OR BIODAD, (Participant Code 01-Bio Mom, 02 Bio Dad), GO TO E1 (E1-E4). ELSE GO TO E5.

E1. We'd like to know a bit more about your relationship with {YOUNG ADULT FIRST AND LAST NAME}'s biological {father/mother}{, {NAME OF OTHER BIOPARENT}}. Did you ever live with {him/her} for one month or more?

Yes 1
No..... 2
REFUSE -1

Box 2:

IF E1 EQUALS 1, GO TO E2a (E2a-E4). ELSE, GO TO E5.

E2. When did you first start living with {him/her}?

E2a. | | | | |
Year started living together
REFUSE -1

E2b. | | | |
Month started living together
REFUSE -1

E3a. About how long did you live together?

| | | |
Amount of time
REFUSE -1

E3b. Please choose a unit of time.

Year(s) 1
Month(s) 2
We are still living together 3
REFUSE -1

Box 2b:

IF E3b EQUALS 3, GO TO E5.

E4. Did you live with {him/her} for one month or more another time after that first time?

Yes 1
No..... 2
REFUSE -1

E5. Now we would like to know more about your {other} relationships {during {YOUNG ADULT FIRST AND LAST NAME}'s lifetime/since {YOUNG ADULT FIRST AND LAST NAME} started living with you}. How many {other} romantic partners have you lived with for one month or more since {YOUNG ADULT} {was born/started living with you}?

|_|_|
NUMBER OF PARTNERS
REFUSE -1

Box 3:
IF E5 IS GREATER THAN 0, BEGIN LOOP (MAX NUMBER OF 30) AND REPEAT E6-E8 FOR EACH NUMBER IN E5. ELSE IF G5 EQUALS 0 GO TO G9.

E5a. You mentioned {NUMBER FROM E5} partners.

E6a. When did you first start living with {this/your first/your second/your third/etc.} partner?

|_|_|
MONTH STARTED LIVING WITH PARTNER
REFUSE -1

E6b. Year started living with partner.

|_|_|_|
YEAR STARTED LIVING WITH PARTNER
REFUSE -1

E7a. About how long did you live together?

|_|_|
AMOUNT OF TIME
REFUSE -1

E7b. Please choose a unit of time.

Year(s) 1
Month(s) 2
We are still living together 3
REFUSE -1

Box 3b:
IF E7b EQUALS 3, GO TO BOX 4. ELSE GO TO E8.

E8. Did you live with {this/your first/your second/ your third/etc.} partner for one month or more another time after that first time?

Yes 1
No 2
REFUSE -1

Box 4:
LOOP BACK TO BOX 3, IF ANOTHER PARTNER FROM E5 HAS NOT YET BEEN ASKED ABOUT IN E6-E8. ELSE, GO TO E9.

E9. What is your current relationship status?

Married 1
Engaged 2
In a romantic relationship and living together 3
In a romantic relationship and not living together 4
Casually dating 5
Single 6

REFUSE -1

Box 5:
ONLY IF E9 IS LESS THAN 4, GO TO E10. ELSE, GO TO BOX 13.

E10. Is this person...?
{YA'S OTHER BIO PARENT} 1
Someone you were also with {{YEAR 15 INTERVIEW}/when
{YOUNG ADULT} was 15} 2
Someone else 3
REFUSE -1

Box 6:
ONLY IF E9 EQUALS 1, GO TO E11a. ELSE, GO TO BOX 7.

E11. In what month and year were you married?
E11a. |_|_|_|_|
YEAR MARRIED
REFUSE -1

E11b. |_|_|
MONTH MARRIED
REFUSE -1

Box 7:
ONLY IF E9 IS LESS THAN 4 (MARRIED, ENGAGED, ROMANTIC RELATIONSHIP) AND E10
EQUALS 2 OR 3 (NOT OTHER BIO PARENT), GO TO E12. ELSE GO TO BOX 8.

E12. Think of the person you are {currently dating/engaged/married to}. What is this person's first name or initials? We ask for names so that we can ask questions about this person in the survey. You may provide nicknames or initials if you prefer.
NAME/INITIALS: _____
REFUSE -1

Note: Not included in public data.

Box 8:
IF E9 IS LESS THAN 4 (MARRIED, ENGAGED, ROMANTIC RELATIONSHIP), GO TO E13.
ELSE, GO TO BOX 13.

E13. Are you and {{PARTNER IN E12}{YA'S OTHER BIO PARENT}{YOUR PARTNER}} living together?
Yes 1
No..... 2
REFUSE -1

Box 9:
IF E13 EQUALS 1, GO TO E14a. ELSE, GO TO BOX 10.

E14. In what month and year did you and {{PARTNER IN E12}}{YA'S OTHER BIO PARENT}}{YOUR PARTNER}} start living together?

E14a. |__|
MONTH STARTED LIVING TOGETHER
REFUSE -1

E14b. |__|__|__|
YEAR STARTED LIVING TOGETHER
REFUSE -1

Box 10:

IF E9 IS LESS THAN 4, GO TO E15 (E15-E21). ELSE, GO TO Box 13.

E15. How long have you and {{PARTNER IN E12}}{YA'S OTHER BIO PARENT}}{YOUR PARTNER}} been romantically involved?

E15a. |__|
NUMBER OF YEARS ROMANTICALLY INVOLVED
REFUSE -1

E15b. |__|
NUMBER OF MONTHS ROMANTICALLY INVOLVED
REFUSE -1

Box 11:

IF E10 EQUALS 2, OR 3, GO TO E16 (E16-E19). ELSE, GO TO E20.

E16. How old is {{PARTNER IN E12}}{YOUR PARTNER}}?

|__|
AGE
REFUSE -1

E17. Which of the following best describes {{PARTNER IN E12}}{YOUR PARTNER}}'s race?

White 1
Black or African American 2
Asian or Pacific Islander 3
Native American or Alaskan Native 4
Other 91
REFUSE -1

E18. Is {{PARTNER IN E12}}{YOUR PARTNER}} of Hispanic or Latino origin or descent?

Yes 1
No 2
REFUSE -1

E19. What is {{PARTNER IN E12}}{YOUR PARTNER}}'s gender?

Male 1
Female 2
Other (Specify) 91
REFUSE -1

DON'T KNOW -2

Box 12:

If E19 EQUALS 91, GO TO E19_OS. ELSE, GO TO E20.

E19_OS. What is {{PARTNER IN E12}}{YA'S OTHER BIO PARENT}}{YOUR PARTNER}}'s gender?

PLEASE SPECIFY: _____

REFUSE -1

E19 has no additional recodes.

E20. What is the highest grade of school {{PARTNER IN E12}}{YA'S OTHER BIO PARENT}}{YOUR PARTNER}} has completed, or the highest degree {{PARTNER IN E12}}{YA'S OTHER BIO PARENT}}{YOUR PARTNER}} has completed, or the highest degree {PARTNER}{YA'S OTHER BIO PARENT} has received?

- Elementary, Middle, or Junior High school..... 1
- Some regular High school..... 2
- High school diploma..... 3
- General Educational Development (GED)..... 4
- Associate/Junior College (AA)..... 5
- Bachelor of Arts Degree (BA)..... 6
- Bachelor of Science (BS)..... 7
- Master's Degree (MA, MBA, MS, MSW)..... 8
- Doctoral Degree (PhD)..... 9
- Professional Degree (MD, LLD, DDS)..... 10
- Other type of school..... 91
- REFUSE -1

E21. What was {{PARTNER IN E12}}{YA'S OTHER BIO PARENT}}{YOUR PARTNER}} doing most of last week?

- Working for pay 1
- In school..... 2
- In active military service 3
- Looking for work..... 4
- Unable to work/disabled 5
- Taking care of their own children 6
- Taking care of parents or older relatives 7
- In jail/prison 8
- In substance abuse treatment..... 9
- In hospital or mental health treatment facility 10
- Traveling/volunteering 11
- Nothing..... 12
- REFUSE -1

E22. In general, would you say that your relationship with {{PARTNER IN E12}}{YA'S OTHER BIO PARENT}}{YOUR PARTNER}} is excellent, very good, good, fair, or poor?

- Excellent..... 1
- Very good..... 2
- Good 3
- Fair..... 4
- Poor..... 5
- REFUSE -1

Box 13:

IF RESPONDENT IS BIO MOM OR BIO DAD (PARTICIPANT ID ENDS IN -01 OR -02) AND E10 IS NOT EQUAL TO 1, GO TO E23. ELSE GO TO BOX 14.

E23. Have you communicated with {YA'S OTHER BIO PARENT} in the last year?

- Yes 1
- No..... 2
- {YA'S OTHER BIO PARENT} is deceased 3
- REFUSE -1

Box 14:

IF E23 EQUALS 3 OR E10 EQUALS 1, GO TO E25a (DO NOT DISPLAY E24). ELSE, GO TO E24.

E24. In general, would you say that your relationship with {YA'S OTHER BIO PARENT} is excellent, very good, good, fair, or poor?

- Excellent..... 1
- Very good..... 2
- Good 3
- Fair 4
- Poor..... 5
- REFUSE -1

E25a. Now we would like to ask you some questions about {YOUNG ADULT FIRST AND LAST NAME}, who was born {YA'S DOB}.

E25. During the past 30 days, on how many days have you seen {YOUNG ADULT}?

- NUMBER OF DAYS
- REFUSE -1

E26. During the past 30 days, on how many days have you communicated with {YOUNG ADULT} – either on the phone, texting, emailing, on a video call (e.g. Zoom or FaceTime) or through social media?

- NUMBER OF DAYS
- REFUSE..... -1

E27. How close do you feel to {YOUNG ADULT}? Would you say...?

- Extremely close..... 1
- Quite close 2
- Fairly close 3
- Not very close 4
- REFUSE -1

E27b. The next questions are about financial help that you might have given {YOUNG ADULT} during the last 12 months. This could be in the form of money given to {YOUNG ADULT} or money paid on {YOUNG ADULT}'s behalf.

E28. During the last 12 months, have you done any of the following? Please select all that apply.

- Helped {YOUNG ADULT} purchase a house or condominium ... 1
- Helped {YOUNG ADULT} pay their rent or mortgage 2
- Helped {YOUNG ADULT} pay for the security deposit
of {his/her} home 3

Helped {YOUNG ADULT} purchase or make payments on a personal vehicle, such as a car	4
Helped {YOUNG ADULT} pay their tuition and school fees including room and board	5
Helped {YOUNG ADULT} pay their student loans	6
Given {YOUNG ADULT} a personal loan	7
Helped {YOUNG ADULT} with any other expense or bills (such as cell phone bills, insurance, and groceries)	8
Given {YOUNG ADULT} any other financial help.....	9
NONE OF THE ABOVE	10
REFUSE	-1

E29. What was {YOUNG ADULT} doing most of last week – working at a regular job, going to school, or something else?

Working for pay	1
In school.....	2
In active military service	3
Looking for work	4
Unable to work/disabled	5
Taking care of their own children	6
Taking care of their parents or older relatives	7
In jail/prison	8
In substance abuse treatment.....	9
In hospital or mental health treatment facility	10
Traveling/volunteering	11
Nothing.....	12
REFUSE	-1

Box 15:

IF YOUNG ADULT SURVEY HAS BEEN COMPLETED, GO TO SECTION L (DO NOT DISPLAY SECTION F THROUGH K). ELSE GO TO SECTION F.

SECTION F: YOUNG ADULT'S HOUSING

F1. Does {YOUNG ADULT} live with you?

- Yes 1
- No..... 2
- REFUSE -1

Box 1:

IF F1 EQUALS 2, (YOUNG ADULT DOES NOT LIVE WITH PCG) GO TO F2a.

ELSE GO TO F3a.

F2a. How would you describe {YOUNG ADULT}'s living situation?

- Living alone 1
- Temporarily living with family or friends 2
- Other temporary living situation..... 3
- Living with others in a permanent, stable place..... 4
- REFUSE -1

F2b. In what type of place is {YOUNG ADULT} currently living?

- House..... 1
- Condo 2
- Apartment/Flat..... 3
- Military Barracks..... 4
- Hotel, Motel, Rooming, or Boarding House..... 5
- Shelter (for homeless or abused) or on the street..... 6
- In Jail/Prison/Detention/Work Release..... 7
- Mobile Home 8
- Hospital 9
- Group home or Treatment Center..... 10
- Farm or Ranch 11
- Other Type of Housing 91
- REFUSE -1

F3. How long has {YOUNG ADULT} been living {with you in your current residence/in {his/her} current residence}?

- F3a. | | |
MONTHS
REFUSE -1

- F3b. | | |
YEARS
REFUSE -1

Box 2:

IF F2A EQUALS 2, 3, OR 4 AND F2B DOES NOT EQUAL 4, 6, 7, 9 10 (F2B EQUALS 4,6,7,9,10) GO TO F4. ELSE GO TO SECTION G.

F4. Who lives with {YOUNG ADULT}? Please select all the people and relationships who live together in the same household.

- {YOUNG ADULT}'s spouse..... 1
- {YOUNG ADULT}'s partner,
boyfriend or girlfriend..... 2

{YOUNG ADULT}'s mother	3
{YOUNG ADULT}'s father	4
{YOUNG ADULT}'s mother's partner/spouse.....	5
{YOUNG ADULT}'s father's partner/spouse.....	6
{YOUNG ADULT}'s parent in-law.....	7
{YOUNG ADULT}'s biological child.....	8
{YOUNG ADULT}'s stepchild.....	9
{YOUNG ADULT}'s adopted child.....	10
{YOUNG ADULT}'s foster child.....	11
{YOUNG ADULT}'s sibling (brother/sister).....	12
{YOUNG ADULT}'s grandmother.....	13
{YOUNG ADULT}'s grandfather.....	14
{YOUNG ADULT}'s aunt/uncle.....	15
{YOUNG ADULT}'s cousin.....	16
{YOUNG ADULT}'s not-related adult.....	17
{YOUNG ADULT}'s not-related child.....	18
{YOUNG ADULT}'s niece/nephew.....	19
REFUSE	-1

Box 3:

IF ANY ANSWER OF F4 IS GREATER THAN 6, GO TO F4a. BEGIN LOOP UNTIL ALL RESPONSES IN F4 GREATER THAN 6 HAVE BEEN ASKED IN F4a (F4a_# CORRESPONDS TO THE RESPOSE # IN F4). ELSE, GO TO SECTION I.

F4a_1. How many {OPTION FROM F4} live with {YOUNG ADULT}? Number of {OPTION FROM F4}.

NUMBER OF {OPTION FROM F4}
REFUSE..... -1

SECTION G: YOUNG ADULT'S EDUCATION

G1. What is the highest grade or educational degree {YOUNG ADULT} has ever completed as of today?

1 st Grade	1
2 nd Grade.....	2
3 rd Grade	3
4 th Grade	4
5 th Grade	5
6 th Grade	6
7 th Grade	7
8 th Grade	8
9th Grade	9
10th Grade	10
11th Grade	11
12 th Grade (no diploma/GED).....	12
High school diploma.....	13
General Education Development (GED)	14
Associate/Junior College (AA).....	15
Bachelor's Degree.....	16
Master's Degree (MA, MBA, MS, MSW)	18
Doctoral Degree (PhD).....	19
Professional Degree (MD, LLD, DDS).....	20
Other (Specify)	91
REFUSE	-1
DON'T KNOW.....	-2

Box 1:

IF G1 EQUALS 91, DISPLAY G1_OS

G1_OS. What is the highest grade or educational degree {YOUNG ADULT} has ever completed?

Please describe grade or educational degree: _____

REFUSE -1

RECODED

G1 – Grade or educational degree

G1_101 Trade school or certificate program

G1_102 Some college

G1_103 Other

Box 2:

IF G1 IS GREATER THAN 14, GO TO G2. IF G1 EQUALS 13 or 14, GO TO G3a. IF G1 EQUALS 9, 10, 11 or 12 (9th-12th grade with no diploma or GED), GO TO G4a. ELSE, GO TO G5.

G2. {Before [his/her] current degree, did/Has} {YOUNG ADULT} {receive/received} a regular high school diploma or General Educational Development (GED) certificate?

Yes, diploma	1
Yes, GED	2
No.....	3

REFUSE -1

Box 3:

IF G2 EQUALS 3, GO TO G4a (DO NOT DISPLAY G3a-b). ELSE, GO TO G3a.

G3a. When did {YOUNG ADULT} receive a {high school diploma/GED}?

G3a. | | | |

MONTH RECEIVED

REFUSE -1

G3b. | | | | | |

YEAR RECEIVED

REFUSE -1

G4. What high school did {YOUNG ADULT} {receive a diploma from/last attend}? Please write out the full name of the school. Please do not use acronyms or abbreviations.

G4a. School Name: _____

REFUSE -1

Note: Not included in public data.

G4b. City of school: _____

REFUSE -1

Note: Not included in public data.

G4c. State of school: _____

REFUSE -1

Note: Not included in public data.

G5. Is {YOUNG ADULT} currently attending college or university, or graduate school, including medical and law school?

Yes 1

No 2

REFUSE -1

DON'T KNOW -2

Box 4:

IF G5 DOES NOT EQUAL 1, GO TO G6. ELSE, GO TO G7.

G6. Has {YOUNG ADULT} ever attended college or university, or graduate school, including medical and law school?

Yes 1

No 2

REFUSE -1

DON'T KNOW -2

Box 5:

IF G5 EQUALS 1, GO TO G7 (G7-G12). ELSE, GO TO BOX 6.

G7. We would like to know about the colleges and universities {YOUNG ADULT} has attended since high school. Please write out the full name of the school. Please do not use acronyms or abbreviations. Let's begin with the current college.

College or university name: _____ REFUSE
..... -1

Note: Not included in public data.

G8. In what city is it?

City of college or university: _____
REFUSE -1

Note: Not included in public data.

G9. In what state is it?

State of college or university: _____
REFUSE -1

Note: Not included in public data.

G10. Is {YOUNG ADULT} going to school full-time or part-time?

Full-time 1
Part-time 2
REFUSE -1
DON'T KNOW -2

G11. What is {YOUNG ADULT}'s major or area of study at {{CURRENT COLLEGE}}/{his/her} current college)?

Major or area of study: _____
REFUSE -1

RECODED

G11 – Major or area of study

- G11_101 Art, Communications
- G11_102 Criminal justice & law
- G11_103 Education
- G11_104 Math & Engineering
- G11_105 Management, Business
- G11_106 Science
- G11_107 Social Science
- G11_108 Other

G12. Was {YOUNG ADULT} enrolled in a college or university before {CURRENT COLLEGE}?

Yes 1
No 2
REFUSE -1

Box 6:

IF G12 EQUALS 1 OR G6 EQUALS 1, GO TO G13 AND BEGIN LOOP (G13-G18).
ELSE GO TO BOX 7.

G13. What is the name of the college or university {YOUNG ADULT} attended?

College or university: _____
REFUSE -1

**Note: Not included in
public data.**

G14. In what city is it?

City of college or university _____
REFUSE -1

**Note: Not included in
public data.**

G15. In what state is it?

State of college or university _____
REFUSE -1

**Note: Not included in
public data.**

G16. Was {YOUNG ADULT} going to school full-time or part-time?

Full-time..... 1
Part-time..... 2
REFUSE -1

G17. What was {YOUNG ADULT}'s major or area of study at {{PREVIOUS COLLEGE}}/{his/her} previous college)?

Major or area of study: _____
REFUSE -1

G18. Has {YOUNG ADULT} attended any other colleges or universities?

Yes..... 1
No..... 2
REFUSE -1

Box 7:

IF G18 EQUALS 1 LOOP BACK TO BOX 6.

DISPLAY G13-G17 AGAIN IF G18_1 EQUALS 1 & USE “_2” SUFFIX ON VARIABLE NAMES IN 2ND LOOP; DISPLAY G13-G17 AGAIN IF G18_2 EQUALS 1 & USE “_3” SUFFIX ON VARIABLE NAMES IN 3RD LOOP; DISPLAY G13-G17. AGAIN IF G18_3 EQUALS 1 & USE “_4” SUFFIX ON VARIABLE NAMES IN 4TH LOOP; DISPLAY G13-G17 AGAIN IF G18_4 EQUALS 1 & USE “_5” SUFFIX ON VARIABLE NAMES IN 5TH LOOP. ELSE, GO TO G19.

G19. Has {YOUNG ADULT} ever received a professional certification or a state or industry license?

Yes..... 1
No..... 2

REFUSE -1
DON'T KNOW..... -2

Box 8:
IF G19 EQUALS 1, DISPLAY G20. ELSE, GO TO SECTION H.

G20. What is the primary subject or field of study for this certification or license?
Primary subject or field of study: _____
REFUSE -1

- RECODED
- G20 – Primary subject or field of study
- G20_101 Trade professions
 - G20_102 Arts, humanities and education
 - G20_103 Healthcare and protection services (police, military, security)
 - G20_104 Business, sales, and administration
 - G20_105 Other

SECTION H: YOUNG ADULT'S SYSTEMS INVOLVEMENT

H1. Was there ever a period of time when {YOUNG ADULT} did not live with either of {his/her} biological parents because of the family's involvement with child protective services or a child welfare agency? That is, did child protective services or a child welfare agency ever remove {YOUNG ADULT} from home and put {YOUNG ADULT} in foster care or another out-of-home placement (including with a relative)?

- Yes 1
- No..... 2
- REFUSE -1
- DON'T KNOW..... -2

Box 1:

IF H1 EQUALS 1, GO TO H2 (H2-H4). ELSE, GO TO H5.

H2. What ages was {YOUNG ADULT} when {he/she} was in foster homes or other placements as a result of child protective services or child welfare agency placement?

- Younger than 1..... 0
- 1 year old 1
- 2 years old..... 2
- 3 years old..... 3
- 4 years old..... 4
- 5 years old..... 5
- 6 years old..... 6
- 7 years old..... 7
- 8 years old..... 8
- 9 years old..... 9
- 10 years old..... 10
- 11 years old..... 11
- 12 years old..... 12
- 13 years old..... 13
- 14 years old..... 14
- 15 years old..... 15
- 16 years old..... 16
- 17 years old..... 17
- 18 years old..... 18
- 19 years old..... 19
- 20 years old..... 20
- 21 years old..... 21
- 22 years old..... 22
- 23 years old..... 23
- REFUSE -1

H3. How did {YOUNG ADULT} leave foster care or out of home placement as a result of child protective services or child welfare involvement for the last time?

- Reunified with parents/family 1
- Adopted 2
- Aged out of care/emancipated from care 3
- Juvenile justice detention 4
- Adult criminal justice detention..... 5
- Other 91
- REFUSE -1

H4. Would you consider the place {YOUNG ADULT} returned to a stable living situation?

Yes..... 1
No..... 2
REFUSE -1

H5. Since {MONTH YEAR OF YEAR 15 INTERVIEW}/{YOUNG ADULT} was age 15}, has {YOUNG ADULT} spent any time in a juvenile detention facility?

Yes..... 1
No..... 2
REFUSE -1

Box 2:
IF H5 EQUALS 1, GO TO H6 (H6 & H7). ELSE, GO TO H8.

H6. How many times did {YOUNG ADULT} go to a juvenile detention facility?

NUMBER OF TIMES
REFUSE -1

H7a. Altogether, how much time did {YOUNG ADULT} serve in a juvenile detention facility?

AMOUNT OF TIME
REFUSE -1

H7b. Please choose a unit of time.

Year(s) 1
Month(s)..... 2
Week(s)..... 3
Day(s)..... 4
REFUSE -1

H8. Since {MONTH YEAR OF YEAR 15 INTERVIEW}/{YOUNG ADULT} was age 15}, has {YOUNG ADULT} spent any time in an adult correctional institution like a county, state or federal jail or prison?

Yes..... 1
No..... 2
REFUSE -1

Box 3:
IF H8 EQUALS 1, GO TO H9 (H9-H10). ELSE, GO TO SECTION I.

H9. How many times did {YOUNG ADULT} go to an adult correctional institution?

NUMBER OF TIMES
REFUSE -1

H10a. Altogether, how much time did {YOUNG ADULT} serve in adult institutions, since {MONTH YEAR OF YEAR 15 INTERVIEW}/{YOUNG ADULT} was age 15}?

AMOUNT OF TIME

H10b. Please choose a unit of time.

Year(s) 1
Month(s) 2
Week(s) 3
Day(s) 4
REFUSE -1

SECTION I: YOUNG ADULT'S HEALTH

11. Now I have a few questions about {YOUNG ADULT}'s health. Would you say {his/her} health in general is excellent, very good, good, fair, or poor?

Excellent.....	1
Very good.....	2
Good.....	3
Fair.....	4
Poor.....	5
REFUSE.....	-1
DON'T KNOW.....	-2

12. Does {YOUNG ADULT} have any physical or nervous condition that limits the type of work or the amount of work {he/she} can do?

Yes.....	1
No.....	2
REFUSE.....	-1
DON'T KNOW.....	-2

13. Has a doctor or other health professional ever told you or {YOUNG ADULT} that {he/she} has any of the following conditions? SELECT ALL THAT APPLY.

Asthma.....	1
Diabetes.....	2
High blood pressure or hypertension.....	3
High level of cholesterol.....	4
A problem with his/her heart.....	5
A learning disorder.....	6
Cancer or malignant tumor.....	7
ADHD.....	8
Depression.....	9
Anxiety.....	10
Any other emotional, nervous or psychiatric problem.....	11
NONE OF THE ABOVE.....	12
REFUSE.....	-1

14. Has {YOUNG ADULT} ever been hospitalized for an emotional, nervous, or psychiatric problem?

Yes.....	1
No.....	2
REFUSE.....	-1

15. Has {YOUNG ADULT} ever received treatment or counseling for {his/her} use of alcohol or any drug, not counting cigarettes?

Yes.....	1
No.....	2
REFUSE.....	-1

SECTION J: YOUNG ADULT'S RELATIONSHIPS

- J1. What is {YOUNG ADULT}'s current relationship status?
- Married 1
 - Engaged 2
 - In a romantic relationship and living together 3
 - In a romantic relationship and not living together 4
 - Casually dating 5
 - Single 6
 - REFUSE -1
 - DON'T KNOW -2

Box 1:

IF J1 EQUALS 1, GO TO J2. ELSE GO TO BOX 2.

- J2. In what month and year was {YOUNG ADULT} married?
- J2a. | | |
MONTH OF MARRIAGE
REFUSE -1
- J2b. | | | | |
YEAR OF MARRIAGE
REFUSE -1

Box 2:

IF J1 IS LESS THAN 5, GO TO J3a. ELSE, GO TO E4.

- J3a. How long have {YOUNG ADULT} and this person been romantically involved?
- | | | | |
AMOUNT OF TIME
REFUSE -1
- J3b. Please choose unit of time.
- Year(s) 1
 - Month(s) 2
 - Week(s) 3
 - Day(s) 4
 - REFUSE -1
- J4. How many biological children does {YOUNG ADULT} have?
- | | |
NUMBER OF BIOLOGICAL CHILDREN
REFUSE -1

Box 3:

IF J4>0, BEGIN LOOP (MAX NUMBER OF 30) AND DISPLAY J5 REPEATED FOR EACH NUMBER
IN J4 ELSE, GO TO SECTION K.

J5. What is the {first/second/third/etc.} child's name or nickname? We ask for names/nicknames so that we can ask questions about this person in the survey. You may provide nicknames or initials if you prefer as long as they are different for each child.

Name of nickname: _____ REFUSE
..... -1
DON'T KNOW..... -2

Note: Not included in public data.

Box 4:
IF ANY CHILDREN HAVE NOT BEEN ASKED ABOUT IN J5, UP TO THE NUMBER LISTED IN J4, LOOP BACK TO BOX 3. EXCLUDE ANY NONRESPONSE ANSWER IN J5 (SKIP, DK, RF). BEGIN LOOP OF J6a-J8 FOR EACH NAME IN J5.

J6. What is {CHILD}'s birthday?

J6a. |__|__|
BIRTH MONTH
REFUSE -1

Note: Not included in public data.

J6b. |__|__|__|__|
BIRTH YEAR

REFUSE -1

Note: Not included in public data.

J7. What is {CHILD}'s sex?

Male 1
Female 2
REFUSE -1

J8. Who is the {CHILD}'s other biological parent?

{YOUNG ADULT}'s current partner..... 1
Someone else (Specify) 2
Don't know 3
REFUSE -1

Box 5:
IF J8 EQUALS 2, GO TO J8OS. ELSE, GO TO BOX 6.

J8_OS. Who is {CHILD}'s other biological parent?

Someone else (Specify): _____
REFUSE -1

Note: Not included in public data.

J8 has no additional recodes

Box 6:

IF ANY CHILD LISTED IN J5 WAS NOT ASKED J6a THROUGH J8, LOOP BACK TO BOX 4, EXCLUDE ANY NONRESPONSE ANSWER IN J5 (SKIP, DK, RF). ELSE, BEGIN LOOP TO ASK J9-J10 FOR EACH CHILD NAME IN J5.

J9. Which best describes {YOUNG ADULT}'s relationship with {his/her current partner/{OTHER PARENT FILL FROM J8OS}/the other parent} when {CHILD} was born?

- Married 1
- Separated..... 2
- Divorced 3
- Cohabiting, or living together..... 4
- Romantically involved, but living apart 5
- Just friends..... 6
- Not in any kind of relationship 7
- Other parent deceased 8
- Other parent unknown..... 9
- REFUSE -1

J10. Who does {CHILD} live with most of the time?

- {YOUNG ADULT} and {his/her current partner/{OTHER PARENT FILL FROM J8OS}/the other parent} together 1
- {YOUNG ADULT} some of the time and {OTHER PARENT} some of the time..... 2
- {YOUNG ADULT}, but not {his/her current partner/{OTHER PARENT FILL FROM J8OS}/the other parent} 3
- Other parent, but not {YOUNG ADULT}..... 4
- Adoptive parent..... 5
- Foster parent..... 6
- Someone else 7
- Child is deceased..... 8
- REFUSE -1
- DON'T KNOW..... -2

Box 7:

IF J10 EQUALS 9, GO TO J11a (J11a-J12). ELSE, GO TO BOX 8.

J11. We are sorry for your loss. When did {CHILD} pass away?

- J11a.
MONTH
REFUSE -1

- J11b.
YEAR
REFUSE -1

J12. What was the cause of {CHILD's} death?

- Illness 1
- Accident 2
- Other 91

REFUSE -1

Box 8:

IF ANY CHILD LISTED IN J5 WAS NOT ASKED ABOUT IN J9-J10, LOOP BACK TO BOX 6. ELSE,
GO TO SECTION K.

SECTION K: YOUNG ADULT'S EMPLOYMENT

K1. Now I'd like to ask you about {YOUNG ADULT}'s current work status. Last week, did {YOUNG ADULT} do any regular work for pay? Include any work {he/she} might have done in their own business or military service where they got a regular paycheck.

Yes 1
No..... 2
REFUSE -1
DON'T KNOW..... -2

Box 1:

IF K1 EQUALS 1, GO TO K4. ELSE, GO TO K2.

K2. Is {YOUNG ADULT} currently looking for a regular job?

Yes 1
No..... 2
REFUSE -1

Box 2:

IF K2 EQUALS 1, GO TO K3. ELSE, GO TO BOX 3.

K3. How long has {YOUNG ADULT} been looking for a regular job?

Less than a week 1
More than a week, but less than a month 2
Between a month and six months 3
Between six months and a year 4
More than a year 5
REFUSE -1

Box 3:

IF K1 EQUALS 1, GO TO K4. ELSE, GO TO K5.

K4. In the past 12 months, did {YOUNG ADULT} work in {his/her} job or jobs for the entire year? If {he/she} worked the entire year, but used paid vacation time or sick time, {he/she} worked the entire year.

Yes 1
No..... 2
REFUSE -1

K5. Other than regular paid employment, does {YOUNG ADULT} engage in any activities in order to generate income, or in exchange for meals, clothing, a place to live or other basic necessities?

Yes 1
No..... 2
REFUSE -1

SECTION L: HEALTH AND BEHAVIOR

L1. Now we have some more questions about you, starting with a few questions about your health. Would you say your health in general is...?

- Excellent..... 1
- Very good..... 2
- Good 3
- Fair 4
- Poor..... 5
- REFUSE -1
- DON'T KNOW..... -2

L2. Has a doctor or other health professional ever told you that you have any of the following conditions:

		YES	NO	REFUSE
L2a.	Asthma	1	2	-1
L2b.	Diabetes	1	2	-1
L2c.	High blood pressure or hypertension	1	2	-1
L2d.	High level of cholesterol	1	2	-1
L2e.	A problem with your heart	1	2	-1
L2f.	A learning disorder	1	2	-1
L2g.	Cancer or malignant tumor	1	2	-1
L2h.	ADHD	1	2	-1
L2i.	Depression	1	2	-1
L2j.	Anxiety	1	2	-1
L2k.	Any other emotional, nervous, or psychiatric problem.	1	2	-1

L3. Is there any other serious, chronic condition that a doctor or other health professional ever told you that you have or had?

- Yes 1
- No..... 2
- REFUSE -1

Box 1:
IF L3 EQUALS 1, GO TO L3a. ELSE, GO TO L4.

L3a. What is that condition?

- Condition: _____
- REFUSE -1

RECODE

L3a - Condition

- L3a_102 Blood/immune
- L3a_103 Circulatory system
- L3a_104 Digestive system
- L3a_105 Genitourinary system
- L3a_106 Musculoskeletal system and connective tissue
- L3a_107 Nervous system
- L3a_108 Respiratory system
- L3a_109 Endocrine/nutritional/metabolic
- L3a_110 Mental/behavioral/neurodevelopmental
- L3a_111 Multiple chronic diagnoses
- L3a_112 Other chronic pain
- L3a_113 Other

L4. Do you have any physical or nervous condition that limits the type of work or the amount of work you can do?

- Yes 1
- No..... 2
- REFUSE -1
- DON'T KNOW..... -2

Box 2:

IF L4 EQUALS 1, GO TO L5. ELSE, GO TO L6.

L5. For work you can do, how much does it limit the amount of work you can do?

- A lot 1
- Somewhat 2
- Just a little 3
- Not at all 4
- REFUSE -1

L6. About how much do you weigh?

- |_|_|_|
NUMBER OF POUNDS
- REFUSE -1

L7. How tall are you?

- L7a. |_|_|
NUMBER OF FEET
- REFUSE -1

- L7b. |_|_|
NUMBER OF INCHES
- REFUSE -1

- L8. How would you describe your typical sleep schedule?
- Very regular: I go to bed and get up about the same time on most days 0
 - Fairly regular: I go to bed and get up about the same time on many days, but sometimes my schedule varies 1
 - A little regular: I go to bed and get up around the same time on some days, but a lot of the time my schedule varies 2
 - Not regular: My schedule of when I go to bed and get out of bed can vary quite a bit from one day to the next 3
 - Very irregular: My schedule of when I go to bed and when I get out of bed often varies a lot and/or is very unpredictable 4
 - REFUSE -1

- L9. Are you satisfied with your sleep?
- Rarely or never 0
 - Sometimes 1
 - Usually or always 2
 - REFUSE -1

- L10. During the past twelve months, has there ever been a time when you felt sad, blue, or depressed for two or more weeks in a row?
- Yes 1
 - No 2
 - No, on anti-depressants 3
 - REFUSE -1

Box 3:

IF L10 EQUALS 1, GO TO L11A (L11A-L13). ELSE, GO TO L14.

L11A. For the next two questions, please think of the two-week period during the past twelve months when these feelings were worst.

- L11b. During that time, did the feelings of being sad, blue, or depressed usually last ...
- All day long 1
 - Most of the day 2
 - About half of the day 3
 - Less than half the day 4
 - REFUSE -1

Box 4:

IF L11b EQUALS 4, GO TO L14 (DO NOT DISPLAY L12 & L13). ELSE, GO TO L12.

- L12. During those two weeks, did you feel this way. . .
- Every day 1
 - Almost every day 2
 - Less often 3
 - REFUSE -1

Box 5:

IF L12 EQUALS 3, GO TO BOX 6 (DO NOT DISPLAY L13). ELSE, GO TO L13.

L13. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

- Yes 1
- No..... 2
- REFUSE -1

Box 6:

IF L12 EQUALS 1 or 2, GO TO L17. ELSE, GO TO L14.

L14. During the past twelve months, has there ever been a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- Yes 1
- No..... 2
- No, on anti-depressants 3
- REFUSE -1

Box 7:

IF L14 EQUALS 1, GO TO L15a (L15a-L24). ELSE, GO TO L25.

L15a. For the next few questions, please think of the two-week period during the past twelve months when you had the most complete loss of interest in things.

L15b. During that two-week period, did the loss of interest usually last ?

- All day long..... 1
- Most of the day..... 2
- About half of the day 3
- Less than half the day 4
- REFUSE -1

Box 8:

IF L15b EQUALS 1,2, OR 3, GO TO L16 (L16-24). ELSE, GO TO L25.

L16. Did you feel this way every day, almost every day, or less often during the two weeks?

- Every day 1
- Almost every day..... 2
- Less often..... 3
- REFUSE -1

Box 9:

IF L16 EQUALS 1 OR 2, GO TO L17 (L17-L24). ELSE, GO TO L25.

L17. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

- Yes 1
- No..... 2
- REFUSE -1

L18. During these two weeks, did you gain or lose weight without trying, or did you stay about the same? We are still talking about the same two weeks.

- Gain..... 1
- Lose 2
- Both gained and lost weight 3
- Stayed about the same 4
- {IF VOLUNTEERED: WAS ON A DIET/Was on a diet}..... 5
- REFUSE -1
- DON'T KNOW..... -2

Box 10:

IF L18 EQUALS 1, 2, OR 3, GO TO L19. ELSE, GO TO L20.

L19. About how much did {you gain/you lose/your weight change} during these two weeks?

NUMBER OF POUNDS

- REFUSE -1

L20. Did you have more trouble falling asleep than you usually do during those two weeks?

- Yes 1
- No..... 2
- REFUSE -1

Box 11:

IF L20 EQUALS 1, GO TO L21. ELSE, GO TO L22.

L21. Did that happen every night, nearly every night, or less often during those two weeks?

- Every night 1
- Nearly every night 2
- Less often..... 3
- REFUSE -1

L22. During those two weeks, did you have a lot more trouble concentrating than usual?

- Yes 1
- No..... 2
- REFUSE -1

L23. People sometimes feel down on themselves, no good, or worthless. During that two-week period, did you feel this way?

- Yes 1
- No..... 2
- REFUSE -1

L24. Did you think a lot about death--either your own, someone else's, or death in general during those two weeks?

- Yes..... 1

No 2
REFUSE -1

L25. During the past 12 months, did you have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

Yes 1
No..... 2
REFUSE -1

Box 12:
IF L25 IS NOT EQUAL TO 1, GO TO L26. ELSE GO TO BOX 13.

L26. People differ a lot in how much they worry about things. Did you ever have a time in the past 12 months when you worried a lot more than most people would in your situation?

Yes 1
No..... 2
REFUSE -1

Box 13:
IF L25 EQUALS 1 OR L26 EQUALS 1, GO TO L27 (L27-L42). ELSE, GO TO L43.

L27. Is that period still going on?

Yes 1
No..... 2
REFUSE -1

L28. How many months or years {has it been going on/did it go on before it ended}?

L28a. | | | |
YEARS
REFUSE -1

L28b. | | | |
MONTHS
REFUSE -1

Box 14:
IF L28a IS GREATER THAN 0 OR L28b IS GREATER THAN OR EQUAL TO 6, GO TO L29,
ELSE GO TO L43.

L29. During {this period, is/that period, was} your worry stronger than in other people?

Yes 1
No 2
REFUSE -1

L30. {Do/Did} you worry most days?

Yes 1
No..... 2
REFUSE -1

L31. {Do/Did} you worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

One thing 1
More than one thing 2
REFUSE -1

L32. {Do/Did} you find it difficult to stop worrying?

Yes 1
No..... 2
REFUSE -1

L33. {Do/Did} you have different worries on your mind at the same time?

Yes 1
No..... 2
REFUSE -1

L34. How often {is/was} your worry so strong that you {can't/couldn't} put it out of your mind no matter how hard you {try/tried}? {Is/Was} this...?

Every day 1
Almost every day..... 2
Less often..... 3
REFUSE -1

L35. How often {do/did} you find it difficult to control your worry? {Is/Was} this...?

Every day 1
Almost every day..... 2
Less often..... 3
REFUSE -1

L36. When you {are/were} anxious, {are/were} you also restless?

Yes 1
No..... 2
REFUSE -1

L37. {Are/Were} you keyed up or on edge?

Yes 1
No..... 2
REFUSE -1

L38. {Are/Were} you easily tired?

Yes 1
No..... 2
REFUSE -1

L39. {Do/Did} you have difficulty keeping your mind on what you {are/were} doing?

Yes 1
No..... 2
REFUSE -1

L40. {Are/Were} you more irritable than usual?

Yes 1
No..... 2
REFUSE -1

L41. {Do/Did} you have tense, sore or aching muscles?

Yes 1

No 2
REFUSE -1

L42. {Do/Did} you have trouble falling asleep or staying asleep?

Yes 1
No..... 2
REFUSE -1

L43. Next, please think about your health insurance, including coverage obtained through employment, or purchased directly, or through a government program like Medicare and Medicaid. Do you currently have health insurance or healthcare coverage?

Yes 1
No..... 2
REFUSE -1

L44. Has there been a period since {{YEAR 15 INTERVIEW}}/{MONTH YEAR YA WAS 15}}, when you have not been covered by any type of health insurance?

Yes 1
No..... 2
REFUSE -1

SECTION M: SUBSTANCE USE

- M1. During the past 30 days, on how many days did you smoke cigarettes?
- | | |
|-----------------------------|----|
| None..... | 0 |
| Once or twice per week..... | 1 |
| 3-5 days per week..... | 2 |
| 6-7 days per week..... | 3 |
| REFUSE | -1 |

Box 1:

IF M1 EQUALS SKIPPED (SK) GO TO M3.
ELSE M1 IS NOT EQUAL TO 0 (M1 DOES NOT EQUAL 0), GO TO M2. ELSE, GO TO M3.

- M2. During the past 30 days, on the days you smoked, how many cigarettes did you smoke each day?
- | | |
|---|----|
| 5 or fewer cigarettes per day..... | 1 |
| About a half a pack, that is, 10 cigarettes per day | 2 |
| About a pack, that is, 20 cigarettes per day, or | 3 |
| More than 1 pack per day..... | 4 |
| REFUSE | -1 |

- M3. In the past 12 months, on how many days did you drink alcohol?
- | | |
|------------------------------------|----|
| Never..... | 0 |
| 1 to 3 days per month..... | 1 |
| 1 or 2 days per week..... | 2 |
| 3 to 4 days per week..... | 3 |
| Every day or nearly every day..... | 4 |
| REFUSE | -1 |

Box 2:

IF M3 DOES NOT EQUAL 0, GO TO M4 (M4-M5). ELSE, GO TO M5.

- M4. Think about all the times you have had a drink during the past year. How many drinks did you usually have each time? A "drink" is a glass of wine, a can of beer or hard seltzer, a wine cooler, a shot glass of liquor, or a mixed drink.

NUMBER OF DRINKS
REFUSE

- M5. During the past 12 months, how often did you use marijuana?
- | | |
|------------------------------|----|
| Never..... | 1 |
| Once a month or less | 2 |
| 2 or 3 days a month..... | 3 |
| 1 to 2 days a week, or | 4 |
| 3 days a week or more..... | 5 |
| REFUSE | -1 |

Box 3:

IF M5 EQUALS 2, 3, 4 OR 5, GO TO M6. ELSE, GO TO M7

M6. Was any of your marijuana use in the past 12 months recommended by a doctor or other health care professional?

- Yes, all 1
- Yes, some 2
- No..... 3
- REFUSE -1

M7. Besides marijuana, have you ever tried any other type of illicit drug? This may include heroin, methamphetamines/meth, hallucinogens, cocaine, cough or cold medicine used to get high, inhalants, or something else.

- Yes 1
- No..... 2
- REFUSE -1

Box 4:

IF M7 EQUALS 1, GO TO M8 (M8-M9). ELSE, GO TO M10.

M8. In the past 12 months, have you ever used any illicit drugs, besides marijuana? This may include heroin, methamphetamines/meth, hallucinogens, cocaine, cough or cold medicine used to get high, inhalants, or something else.

- Yes 1
- No..... 2
- REFUSE -1

Box 4a:

IF M8 EQUALS 2, GO TO M10. ELSE, GO TO M9.

M9. During the past 12 months, how often did you use any of these drugs?

- Once a month or less 2
- 2 to 3 days a month..... 3
- 1 to 2 days a week 4
- 3 days a week or more 5
- REFUSE -1

M10. Have you ever taken prescription drugs that were not prescribed for you or that you took in greater amounts, more often, or longer than you were told to take it?

- Yes 1
- No..... 2
- REFUSE -1

Box 5:

IF M10 EQUALS 1, GO TO M11. ELSE, GO TO BOX 6.

M11. In the past 12 months, have you taken prescription drugs that were not prescribed for you or that you took in greater amounts, more often, or longer than you were told to take it?

- Yes 1
- No..... 2

REFUSE -1

Box 6:
IF M11 EQUALS 1, GO TO M12. ELSE, GO TO BOX 7.

M12. In the past 12 months, how often did you use those prescription drugs that were not prescribed for you or that you took only for the experience or feeling they caused?

- Never..... 1
- Once a month or less 2
- 2 to 3 days a month..... 3
- 1 to 2 days a week, or 4
- 3 days a week or more..... 5
- REFUSE -1

Box 7:
IF M3 IS GREATER THAN 0 OR M5 IS GREATER THAN 1 OR M7 EQUALS 1 OR M10 EQUALS 1,
GO TO M13. ELSE, GO TO BOX 8.

M13. Have you ever received treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

- Yes..... 1
- No..... 2
- REFUSE -1

Box 8:
IF M13 EQUALS 1, GO TO M14. ELSE, GO TO SECTION N.

M14. During the past 12 months, have you received treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

- Yes..... 1
- No..... 2
- REFUSE -1

SECTION N: IDENTITY

N1. Which of these categories best describes your gender?

Male	1
Female	2
Other (Specify)	91
REFUSE	-1

Box 1:

IF N1 EQUALS 91, GO TO N1_OS. ELSE, GO TO N2.

N1_OS. What best describes your gender?

Other (Specify): _____

RECODE

N1 - Other, Specify Recoded

N1_101 Non-binary

N1_102 Other

N2. What is your present religion?

None/Atheist/Agnostic	0
Protestant	1
Catholic	2
Other Christian	3
Jewish	4
Buddhist	5
Hindu	6
Muslim	7
Other (Specify)	91
REFUSE	-1

Box 2:

IF N2 EQUALS 91, GO TO N2_OS. ELSE, GO TO N3.

N2_OS. What is your present religion?

Please describe your religion: _____

RECODE

N2 – Describe religion

N2_101 Spiritual

N2_102 Jehovah's Witness

N2_103 Believe in God

N2_104 Non-denominational

N2_105 Other religion

N3. How important is your religious faith to you?

Extremely important	1
Very important.....	2
Moderately important	3
Slightly important.....	4
Not important at all	5
REFUSE	-1

N4. How important is your spiritual life to you?

Extremely important	1
Very important.....	2
Moderately important	3
Slightly important.....	4
Not important at all	5
REFUSE	-1

N5. In the past 12 months, how often have you attended church, synagogue, temple, mosque, or religious services?

Never.....	1
A few times.....	2
Once a month.....	3
2 or 3 times a month.....	4
Once a month.....	5
More than once a week.....	6
REFUSE	-1

N6. Did you vote in the national election in November 2020 that was held to elect the President?

Yes	1
No.....	2
REFUSE	-1

Box 3:
IF N6 EQUALS 1, GO TO N6a. ELSE, GO TO BOX 3a.

N6a. What method did you use to cast your vote?

Absentee	1
Vote by mail.....	2
In-person, early voting.....	3
In-person on election day	4
Provisional ballot	5
REFUSE	-1

Box 3a:
IF N6 EQUALS 2, GO TO N6b. ELSE, GO TO N7.

N6b. Why didn't you vote?

Chose not to.....	1
Tried to vote absentee/by mail, but did not receive ballot in time to vote.....	2
Tried to vote in person and was turned away.....	3
Other (specify).....	4

REFUSE -1

Box 4:
IF N6b EQUALS 4, GO TO N6b_OS. ELSE, GO TO N7.

N6b_OS. Why didn't you vote? Please explain (specify):

Type answer here: _____

REFUSE -1

RECODE
N6b – Reason didn't vote
N6b_101 Ineligible due to felony
N6b_102 Ineligible due to immigration status
N6b_103 Other/unclear ineligible
N6b_104 Religious reasons
N6b_105 Health or health of family, Covid concerns
N6b_106 Conflict with transport, polling location, childcare, work and/or out of town
N6b_107 Not registered to vote
N6b_108 Did not support candidates
N6b_109 Other reason

N7. In terms of politics, do you consider yourself conservative, liberal or middle-of-the-road? Would you say...

Very Conservative 1
Conservative 2
Middle-of-the-road 3
Liberal 4
Very liberal 5
Not political..... 6
REFUSE -1

N8. With which political party do you identify?

Democrat..... 1
Republican 2
Reform 3
Libertarian 4
Green 5
Socialist..... 6
Independent 7
None..... 8
Other 91
REFUSE -1

N9. The next two questions are about how you're doing right now and where you see yourself in the future.

N10. Please imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

N10a. On which step of the ladder do you personally feel you stand at this time?

N10a.	On which step of the ladder do you personally feel you stand at this time?	10	9	8	7	6	5	4	3	2	1	0
N10b.	On which step do you think you will stand five years from now?	10	9	8	7	6	5	4	3	2	1	0

REFUSE..... -1

SECTION O: COVID-19 OUTBREAK

O1. Let's start with your housing. What city and state were you living in at the start of the COVID-19 outbreak in March 2020?

REFUSE -1

Note: Not included in public data.

REFUSE -1

Note: Not included in public data.

O2. Have you moved since the COVID-19 outbreak started in March 2020?

Yes 1
 No..... 2
 REFUSE -1

Box 1:
IF O2 EQUALS 1, GO TO O2a. ELSE GO TO O10.

O2a. Had you planned this move prior to the COVID-19 outbreak?

Yes 1
 No..... 2
 REFUSE -1

O2b. Was this move due to the COVID-19 outbreak?

Yes 1
 No..... 2
 REFUSE -1

O3. Was this move to a different city or state?

Yes 1
 No..... 2
 REFUSE -1

Box 2:
IF O3 EQUALS 1, GO TO O4a. ELSE GO TO O5a.

O4. What city and state did you move to?

O4a. Enter city of residence:
 REFUSE -1

Note: Not included in public data.

O4b. Enter state of residence:
 REFUSE -1

Note: Not included in public data.

O5. When did you move?

O5a. | | |
MONTH
REFUSE -1

O5b. | | | | |
YEAR
REFUSE -1

O6. Did you move again after that?

Yes 1
No..... 2
REFUSE -1
DON'T KNOW..... -2

Box 3:
IF O6 EQUALS 1, GO TO O6a. ELSE GO TO O10.

O6a. Had you planned this move prior to the COVID-19 outbreak?

Yes 1
No..... 2
REFUSE -1

O6b. Was this move due to the COVID-19 outbreak?

Yes 1
No..... 2
REFUSE -1

O7. Was this move to a different city or state?

Yes 1
No..... 2
REFUSE -1

Box 4:
IF O7 EQUALS 1, GO TO O8a. ELSE GO TO O9a.

O8. What city and state did you move to?

O8a. Enter city of residence: _____
REFUSE -1

Note: Not included in public data.

REFUSE..... -1

Note: Not included in public data.

O9. When did you move?

O9a. | | |
MONTH

REFUSE..... -1

O9b. | | | | |

YEAR

REFUSE -1

O10. Did {YOUNG ADULT} live with you temporarily because of the COVID-19 outbreak?

Yes 1

No..... 2

{YOUNG ADULT} was already living with me 3

REFUSE -1

O10a. Did {YOUNG ADULT} live with someone else temporarily because of the COVID-19 outbreak?

Yes 1

No..... 2

REFUSE -1

Box 5:

IF O10a EQUALS 1, GO TO O10b. ELSE GO TO O11.

O10b. Who else did {YOUNG ADULT} live with temporarily because of the COVID-19 outbreak?

Select all that apply.

{YOUNG ADULT}'s spouse..... 1

{YOUNG ADULT}'s partner, boyfriend, or girlfriend 2

{YOUNG ADULT}'s mother 3

{YOUNG ADULT}'s father 4

{YOUNG ADULT}'s mother's partner/spouse..... 5

{YOUNG ADULT}'s father's partner/spouse..... 6

{YOUNG ADULT}'s parent in-law..... 7

{YOUNG ADULT}'s biological child 8

{YOUNG ADULT}'s stepchild 9

{YOUNG ADULT}'s adopted child 10

{YOUNG ADULT}'s foster child 11

{YOUNG ADULT}'s sibling (brother/sister) 12

{YOUNG ADULT}'s grandmother 13

{YOUNG ADULT}'s grandfather 14

{YOUNG ADULT}'s aunt/uncle 15

{YOUNG ADULT}'s cousin 16

{YOUNG ADULT}'s niece/nephew 17

Not-related adult..... 18

Not-related child 19

REFUSE -1

O11. Did anyone else besides {YOUNG ADULT} live with you temporarily because of the COVID-19 outbreak?

Yes 1

No..... 2

REFUSE -1

Box 6:

IF O11 EQUALS 1, GO TO O12. IF O11 EQUALS 2 AND O10 DOES NOT EQUAL 3 (O10 NOT EQUAL TO 3), (SOMEONE ELSE DID NOT LIVE WITH PCG TEMPORARILY AND YA DOES NOT CURRENTLY LIVE WITH PCG) GO TO O13.

IF O11 EQUALS 2 AND O10 EQUALS 3, (SOMEONE ELSE DID NOT LIVE WITH PCG TEMPORARILY AND YA DOES CURRENTLY LIVE WITH PCG) GO TO O14. ELSE GO TO O13.

O12. Who else lived with you temporarily because of the COVID-19 outbreak? Select all that apply.

- Your spouse 1
- Your partner, boyfriend, or girlfriend..... 2
- Your mother 3
- Your father 4
- Your mother's partner/spouse 5
- Your father's partner/spouse 6
- Your partner in-law 7
- Your biological child 8
- Your stepchild 9
- Your adopted child 10
- Your foster child 11
- Your sibling (brother/sister) 12
- Your grandmother 13
- Your grandfather 14
- Your aunt/uncle 15
- Your cousin 16
- Your grandchild/niece/nephew 17
- Not-related adult..... 18
- Not-related child 19
- REFUSE -1

O13. During the COVID-19 outbreak, did you move in with {YOUNG ADULT} temporarily?

- Yes 1
- No..... 2
- REFUSE -1

O14. During the COVID-19 outbreak, did you move in with someone else temporarily?

- Yes 1
- No..... 2
- REFUSE -1

Box 7:

IF O14 EQUALS 1, GO TO O15. ELSE GO TO O16.

O15. Who else did you live with temporarily during the COVID-19 outbreak? Select all that apply.

- Your spouse 1
- Your partner, boyfriend, or girlfriend..... 2
- Your mother 3
- Your father 4
- Your mother's partner/spouse 5
- Your father's partner/spouse 6
- Your partner in-law 7
- Your biological child 8
- Your stepchild 9
- Your adopted child 10
- Your foster child 11
- Your sibling (brother/sister) 12
- Your grandmother 13
- Your grandfather 14
- Your aunt/uncle 15
- Your cousin 16
- Your grandchild/niece/nephew 17
- Not-related adult..... 18

Not-related child 19
 REFUSE -1

O16. Now we would like to ask you about your employment during the COVID-19 outbreak. Were you working in March 2020 when the COVID-19 outbreak started?

Yes 1
 No..... 2
 REFUSE -1

Box 8:
 IF O16 EQUALS 1, GO TO O16a. ELSE GO TO O17

O16a. What type of job were you working in when the COVID-19 outbreak started? Were you...

Working for an employer 1
 Doing gig work/temporary work..... 2
 Self-employed 3
 REFUSE -1

O16b. What type of hours were you working when the COVID-19 outbreak started? If you worked more than one job at a time, answer about the one you usually worked the most hours. Were you working...

Full-time..... 1
 Part-time voluntarily..... 2
 Part-time involuntarily 3
 REFUSE -1

O16c. In which sector were you working when the outbreak started?

Retail 1
 Health care 2
 Food service..... 3
 Factory/manufacturing..... 4
 Warehouse..... 5
 Delivery 6
 Office/desk job..... 7
 Teaching 8
 Other, please specify..... 9
 REFUSE -1

Box 9:
 IF O16c EQUALS 9, GO TO O16c_OS. ELSE GO TO O17.

O16c_OS. In which sector were you working when the COVID-19 outbreak started?

Name of the sector: _____
 REFUSE -1

RECODE

O16c – Name of work sector

- O16c_101 Building and Grounds cleaning
- O16c_102 Personal Care and Service: Hair, Makeup, Nails, Childcare, Petcare
- O16c_103 School, library, Community programming
- O16c_104 Military, Protective Service, Government
- O16c_105 Construction and Extraction
- O16c_106 Maintenance, Repair
- O16c_107 Transportation
- O16c_108 Entertainment (e.g. bowling alley, movie theater, casino, hospitality)
- O16c_109 Finance, Banking, Insurance
- O16c_110 Social work, social services
- O16c_111 Other, Unspecified

O17. What impact did the COVID-19 outbreak have on your employment situation?

- Lost job..... 1
- Had hours cut..... 2
- Had wages cut 3
- Asked to work from home..... 4
- Unable to find employment 5
- IT HAD NO IMPACT 6
- REFUSE -1

Box 10:

IF O17 EQUALS 1, GO TO O18. ELSE GO TO BOX 11.

O18. Did you eventually get your job back?

- Yes..... 1
- No..... 2
- REFUSE -1

Box 11:

IF O17 EQUALS 2, GO TO O19. ELSE GO TO BOX 12.

O19. Did you eventually get your hours restored to their normal level?

- Yes..... 1
- No..... 2
- REFUSE -1

Box 12:

IF O17 EQUALS 3, GO TO O20. ELSE GO TO BOX 13.

O20. Did you eventually get your wages restored to their normal level?

- Yes..... 1
- No..... 2
- REFUSE -1

Box 13:

IF O17 EQUALS 4, GO TO O21. ELSE GO TO O22.

O21. Did you eventually return to your workplace?

- Yes 1
- No..... 2
- REFUSE -1

O22. Now we would like to know about {YOUNG ADULT}'s education and employment during the COVID-19 outbreak starting in March 2020. Was {YOUNG ADULT} enrolled in school or a training program in March 2020 at the time of the COVID-19 outbreak?

- Yes 1
- No..... 2
- REFUSE -1
- DON'T KNOW..... -2

Box 14:

IF O22 EQUALS 1, GO TO O22a. ELSE GO TO O23.

O22a. How did the COVID-19 outbreak affect {YOUNG ADULT}'s enrollment in this program?

- It did not affect their experience 1
- Stopped their schooling temporarily 2
- Changed college or program..... 3
- Switched to online learning 4
- Ended their schooling..... 5
- REFUSE -1

O23. Was {YOUNG ADULT} working in March 2020 when the COVID-19 outbreak started?

- Yes 1
- No..... 2
- REFUSE -1
- DON'T KNOW..... -2

Box 15:

IF O23 EQUALS 1, GO TO O23a. ELSE GO TO O24.

O23a. What type of job was {YOUNG ADULT} working in when the COVID-19 outbreak started? Select all that apply. Was {he/she}...

- Working for an employer 1
- Doing gig work/temporary work..... 2
- Self-employed 3
- REFUSE -1

O23b. What type of hours was {YOUNG ADULT} working when the COVID-19 outbreak started? If {YOUNG ADULT} worked more than one job at a time, answer about the one {he/she} usually worked the most hours. Was {he/she} working...

- Full-time..... 1
- Part-time voluntarily..... 2
- Part-time involuntarily 3

REFUSE -1

O23c. In which sector was {YOUNG ADULT} working when the COVID-19 outbreak started? Was {he/she} working in...

Retail 1
Healthcare..... 2
Food service..... 3
Factory/manufacturing..... 4
Warehouse..... 5
Delivery 6
Office/desk job..... 7
Teaching 8
Other, please specify 9
REFUSE -1

Box 16:

IF O23c EQUALS 9, GO TO O23c_OS. ELSE GO TO O24.

O23c_OS. In which sector was {YOUNG ADULT} working when the COVID-19 outbreak started?

Name of sector: _____
REFUSE -1

RECODE

O23c – Name of YA work sector

O23c_101 Arts, Design, Media, Sports
O23c_102 Building and Grounds cleaning
O23c_103 Personal Care and Service: Hair, Makeup, Nails, Childcare, Petcare
O23c_104 School, Library, Community programming
O23c_105 Military, Protective Service, Government
O23c_106 Construction and Extraction
O23c_107 Maintenance, Repair
O23c_108 Transportation
O23c_109 Other, Unspecified

O24. What impact did the COVID-19 outbreak have on {YOUNG ADULT}'s employment situation?
Select all that apply.

Lost job..... 1
Had hours cut..... 2
Had wages cut 3
Asked to work from home..... 4
Unable to find employment 5
IT HAD NO IMPACT 6
REFUSE -1
DON'T KNOW..... -2

Box 17:

IF O24 EQUALS 1, GO TO O25. ELSE GO TO BOX 18.

O25. Did {YOUNG ADULT} eventually get {his/her} job back?

Yes 1
No..... 2

REFUSE -1

Box 18:
IF O24 EQUALS 2, GO TO O26. ELSE GO BOX 19

O26. Did {YOUNG ADULT} eventually get {his/her} hours restored to their normal level?

Yes 1
No..... 2
REFUSE -1

Box 19:
IF O24 EQUALS 3, GO TO O27. ELSE GO TO BOX 20.

O27. Did {YOUNG ADULT} eventually get {his/her} wages restored to their normal level?

Yes 1
No..... 2
REFUSE -1

Box 20:
IF O24 EQUALS 4, GO TO O28. ELSE GO TO O29.

O28. Did {YOUNG ADULT} eventually return to {his/her} workplace?

Yes 1
No..... 2
REFUSE -1

O29. We would like to ask you some questions about your health and wellbeing during the COVID-19 outbreak. Have you ever been sick due to COVID-19?

Yes 1
No..... 2
REFUSE -1
DON'T KNOW..... -2

O30. Were you ever tested for COVID-19?

Yes 1
No..... 2
REFUSE -1

Box 21:
IF O30 EQUALS 1, GO TO O31. ELSE GO TO BOX 22.

O31. Did you ever test positive for COVID-19?

Yes 1
No..... 2
REFUSE -1

DON'T KNOW-2

Box 22:
IF O29 EQUALS 1, GO TO O32. ELSE GO TO O33.

O32. Were you ever hospitalized due to COVID-19?

Yes 1
No..... 2
REFUSE -1

O33. Did you live with someone who died of COVID-19?

Yes 1
No..... 2
REFUSE -1

O34. Did a close friend or family member who you did not live with, die due to COVID-19?

Yes 1
No..... 2
REFUSE -1

O35-37. Due to COVID-19 did you experience...

		YES	NO	REFUSE
O35.	an increase in mental health problems or symptoms (e.g., mood, anxiety, stress)?	1	2	-1
O36.	an increase in sleep problems or poor sleep quality?	1	2	-1
O37.	increase your use of alcohol or drugs?	1	2	-1

O38. Now we would like to ask you about {YOUNG ADULT}'s health and wellbeing during the COVID-19 outbreak starting in March 2020. Was {YOUNG ADULT} ever sick due to COVID-19?

Yes 1
No..... 2
Don't Know..... 3
REFUSE -1

O39. Was {YOUNG ADULT} ever tested for COVID-19?

Yes 1
No..... 2
REFUSE -1
DON'T KNOW..... -2

Box 23:
IF O39 EQUALS 1, GO TO O40. ELSE GO TO BOX 24

O40. Did {YOUNG ADULT} ever test positive for COVID-19?

Yes 1
No..... 2

Don't know 3
 REFUSE -1

Box 24:
 IF O38 EQUALS 1, GO TO O41. ELSE GO TO O42.

O41. Was {YOUNG ADULT} ever hospitalized due to COVID-19?
 Yes 1
 No..... 2
 REFUSE -1
 DON'T KNOW..... -2

O42. Did {YOUNG ADULT} live with someone who died of COVID-19?
 Yes 1
 No..... 2
 REFUSE -1
 DON'T KNOW..... -2

O43. Did a close friend or family member of {YOUNG ADULT}, who {he/she} did not live with, die due to COVID-19?
 Yes 1
 No..... 2
 REFUSE -1
 DON'T KNOW..... -2

O44-46. Due to COVID-19 did {YOUNG ADULT} experience...

		YES	NO	REFUSE	DON'T KNOW
O44.	an increase in mental health problems or symptoms (e.g., mood, anxiety, stress)?	1	2	-1	-2
O45.	an increase in sleep problems or poor sleep quality?	1	2	-1	-2
O46.	increase {his/her} use of alcohol or drugs?	1	2	-1	-2

O47. We are going to ask you some questions about your income, assistance you gave and received, and your finances during the COVID-19 outbreak that started in March 2020. Did you get any stimulus checks from the federal government during the COVID-19 outbreak that started in March 2020?
 Yes 1
 No..... 2
 REFUSE -1

Box 25:
 IF O47 EQUALS 1, GO TO O47a. ELSE GO TO O47b.

O47a. What did you use the money you received for? Select all that apply.
 Rent or mortgage payments..... 1

Food	2
Cellphone, internet/cable, or other utility bills	3
Transportation	4
Tuition or other education costs	5
Childcare	6
To pay off credit card debt or other debt	7
Saved it	8
Something else	9
REFUSE	-1

O47b. We are also interested in some of the problems that families faced making ends meet during the Covid-19 outbreak that started in March 2020.

O48-58. During the COVID-19 outbreak, did you do any of the following because there wasn't enough money?

		YES	NO	REFUSE
O48.	Did you receive free food or meals that you otherwise couldn't afford?	1	2	-1
O49.	Were you ever hungry, but didn't eat because you couldn't afford enough food?	1	2	-1
O50.	Did you ever not pay the full amount of rent or mortgage payments?	1	2	-1
O51.	Were you evicted from your home or apartment for not paying the rent or mortgage?	1	2	-1
O52.	Did you not pay the full amount of gas, oil, or electricity bill?	1	2	-1
O53.	Were your gas or electric services ever turned off, or the heating oil company did not deliver oil, because there wasn't enough money to pay the bills?	1	2	-1
O54.	Did you borrow money from friends or family to help pay bills?	1	2	-1
O55.	Did you move in with other people even for a little while because of financial problems?	1	2	-1
O56.	Did you stay at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing, even for one night?	1	2	-1
O57.	Was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?	1	2	-1
O58.	Was your telephone service (mobile or landline) cancelled or disconnected by the telephone company because there wasn't enough money to pay the bill?	1	2	-1

O59. Now we would like to know about your relationships during the COVID-19 outbreak starting in March 2020. During the COVID-19 outbreak, were you in a romantic relationship?
 If you were in multiple relationships during this time, please refer to the relationship you consider most serious for the following questions.

- Yes 1
- No..... 2
- REFUSE -1
- DON'T KNOW..... -2

Box 26:
 IF O59 EQUALS 2 GO TO BOX 27. ELSE GO TO O60.

O60. In general, during the COVID-19 outbreak, would you say that your relationship with your partner or spouse was excellent, very good, good, fair, or poor?

- Excellent..... 1
- Very good..... 2
- Good 3
- Fair 4
- Poor..... 5
- REFUSE -1

O60a. In general, during the COVID-19 outbreak, did you experience an increase in verbal arguments or conflict with your partner or spouse?

- Yes 1
- No..... 2
- REFUSE -1

O60b. In general, during the COVID-19 outbreak, did you experience an increase in physical conflict with your partner or spouse?

- Yes 1
- No..... 2
- REFUSE -1

Box 27:
 IF RESPONDENT IS BIOMOTHER OR BIOFATHER (ID ENDS IN -01 OR -02) AND OTHER BIOPARENT (-01 OR -02) IS NOT DECEASED NOR UNKNOWN, GO TO O61. ELSE GO TO O62.

O61. In general, during the COVID-19 outbreak, would you say that your relationship with {YOUNG ADULT'S OTHER PARENT} was excellent, very good, good, fair, or poor?

- Excellent..... 1
- Very good..... 2
- Good 3
- Fair 4
- Poor..... 5
- REFUSE -1

O62. In general, during the COVID-19 outbreak, how close did you feel to {YOUNG ADULT}?
 Would you say...?

- Extremely close..... 1
- Quite close 2
- Fairly close 3
- Not very close 4

REFUSE -1

O63. Now we are going to ask about help you might have GIVEN to anyone living outside your household during the COVID-19 outbreak that started March 2020. During the COVID-19 outbreak, did you help anyone living outside your household, such as a parent, other relatives, or friends... SELECT ALL THAT APPLY.

		Yes, {YOUNG ADULT}	Yes, someone else	No	REFUSE
O63a.	With errands, shopping, rides, or chores?	1	2	3	-1
O63b.	With money or paying their bills?	1	2	3	-1
O63c.	With childcare or elder care?	1	2	3	-1
O63d.	With advice, encouragement, moral or emotional support?	1	2	3	-1

O64. Now we are going to ask about help you might have RECEIVED from anyone living outside your household during the COVID-19 outbreak. During the COVID-19 outbreak, did anyone living outside your household, such as a parent, other relatives, or friends... SELECT ALL THAT APPLY

		Yes, {YOUNG ADULT}	Yes, someone else	No	Not Applicable	REFUSE
O64a.	help you with errands, shopping, rides, or chores?	1	2	3	Option not provided	-1
O64b.	help you with money or by paying your bills?	1	2	3	Option not provided	-1
O64c.	help you with childcare or elder care?	1	2	3	4	-1
O64d.	give you advice, encouragement, moral, or emotional support?	1	2	3	Option not provided	-1

O65. Have you been vaccinated against COVID-19?

- Yes 1
- No..... 2
- REFUSE -1
- DON'T KNOW..... -2

Box 28:
IF O65 EQUALS 2 GO TO O66. ELSE GO TO BOX 29.

O66. What is the main reason why you have not been vaccinated?

- Lack of access to the vaccine 1
- Safety or trust concerns 2
- Don't need/want 3
- Need more information..... 4
- Concerns about effectiveness 5
- Religious concerns 6
- Prior negative experiences with vaccines 7

Already had COVID-19	8
Other	9
REFUSE	-1

O68. Thank you for your responses. We really appreciate you sharing your experiences with us.