

The Future of Families and Child Wellbeing Study

22-Year Follow-Up Young Adult Survey

Public Use Version

Updated:

September 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 |
| Dormitory (include fraternity/sorority) or 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 |
| REFUSED..... | -1 |
| DON'T KNOW..... | -2 |
- A2. How long have you been living in this place?
- | | |
|--|----|
| Less than 1 week..... | 1 |
| At least a week but less than a month..... | 2 |
| One to three months..... | 3 |
| More than 3 months but less than a year..... | 4 |
| One year or more..... | 5 |
| REFUSED..... | -1 |
- A3. Do you consider the place you are currently living your primary residence?
- | | |
|--------------|----|
| Yes..... | 1 |
| No | 2 |
| REFUSED..... | -1 |

Box 1a

IF A3 EQUALS 2, GO TO A3a.
ELSE, GO TO Box 1b.

- A3a. Are you temporarily staying with family or friends?
- | | |
|--------------|----|
| Yes | 1 |
| No | 2 |
| REFUSED..... | -1 |

Box 1b

IF A3 EQUALS 1 AND A1 EQUALS 6, 7, 9 OR 10, GO TO A7.
ELSE, GO TO A4.

- A4. {Thinking about your primary residence, not/Not} including yourself, how many people are currently living with you? Please include people who sleep in this home most nights.

_ _ _	
NUMBER OF PEOPLE CURRENTLY LIVING WITH YOU	
REFUSED.....	-1
DON'T KNOW.....	-2

Box 1c
IF A4 EQUALS 0, GO TO A7.
ELSE, GO TO A5.

- A5. 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 |
| Parent 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 |
| Niece/nephew | 17 |
| Not-related adult | 18 |
| Not-related child..... | 19 |
| REFUSED | -1 |

Box 1d
BEGIN LOOP, FOR EACH RESPONSE IN A5 THAT IS GREATER THAN 6, DISPLAY A5_#_2
ASKING ABOUT THAT RELATIONSHIP INDICATED IN A5.

- A5_#_2. How many {OPTION FROM A5} live with you?
- | | |
|--|----|
| _ _ | |
| NUMBER OF {OPTION FROM A5} living with you | |
| REFUSED | -1 |

Box 1e
RETURN TO BOX 1d UNTIL ALL RESPONSE IN A5 GREATER THAN 6 HAVE BEEN ASKED IN
A5_#. WHEN THERE ARE NO MORE RESPONSES TO ASK IN A5_#_2, GO TO BOX 1f.

Box 1f
IF ANY A5 EQUAL 8, 9, 10, 11, 12, 16, 17, 19, GO TO A6.
ELSE, GO TO A7.

- A6. In total, how many children under 18 live with you?
- | | |
|---|----|
| _ _ | |
| NUMBER OF CHILDREN UNDER 18 LIVING WITH YOU | |
| REFUSED..... | -1 |

- A7. How many times have you moved since {YEAR 15 INTERVIEW}/you were age 15}?
- | | |
|-----------------|----|
| _ _ | |
| NUMBER OF MOVES | |
| REFUSED..... | -1 |

A8a. Which city were you living in at the start of the COVID-19/coronavirus outbreak in March 2020?

ENTER CITY OF RESIDENCE: _____
 REFUSED.....-1

Note: Not included in public data.

A8b. Which state were you living in at the start of the COVID-19/coronavirus outbreak in March 2020?

ENTER STATE OF RESIDENCE: _____
 REFUSED.....-1

Note: Not included in public data.

A9. Did you move to a different city or state since then?

Yes..... 1
 No2
 REFUSED.....-1

Box 2

IF A9 EQUALS 1, GO TO A10a.
 ELSE, GO TO SECTION B.

A10a. Which city did you move to?

ENTER CITY OF RESIDENCE: _____
 REFUSED.....-1

Note: Not included in public data.

A10b. Which state did you move to?

ENTER STATE OF RESIDENCE: _____
 REFUSED.....-1

Note: Not included in public data.

A11a. When did you move (Month)?

____|____|
 MONTH
 REFUSED.....-1

A11b. When did you move (Year)?

____|____|____|____|
 YEAR
 REFUSED.....-1

A12. Did you move to a different city or state after that?

Yes..... 1
 No2
 REFUSED.....-1

Box 3
IF A12 EQUALS 1, GO TO A13a.
ELSE, GO TO SECTION B.

A13a. Which city did you move to?
ENTER CITY OF RESIDENCE: _____
REFUSED..... -1

Note: Not included in public data.

A13b. Which state did you move to?
ENTER STATE OF RESIDENCE: _____
REFUSED -1

Note: Not included in public data.

A14a. When did you move (Month)?
|_|_|
MONTH
REFUSED -1

A14b. When did you move (Year)?
|_|_|_|_|
YEAR
REFUSED -1

Section B: Education

Now we'd like to ask about your education.

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

1st Grade	1
2nd Grade	2
3rd Grade	3
4th Grade	4
5th Grade	5
6th Grade	6
7th Grade	7
8th Grade	8
9th Grade	9
10th Grade	10
11th Grade	11
12th Grade (No diploma/GED)	12
High school diploma	13
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 (Specified)	91
REFUSED	-1
DON'T KNOW	-2

Note: Responses to B1 in categories 16 and 17 have been combined into one general category of "Bachelor's Degree" with code 16

Box 1
IF B1 EQUALS 91, GO TO B1_OS.
ELSE, GO TO BOX 2.

B1_OS. What is the highest grade or educational degree you have ever completed?
GRADE OR DEGREE COMPLETED: _____
REFUSED..... -1

RECODED
B1 – Highest grade or degree completed
 B1_101. Trade school or certificate program
 B1_102. Some college
 B1_103 Other

Box 2
IF B1 IS GREATER THAN 12, GO TO B2.
ELSE, GO TO BOX 3.

B2. How many years of college have you completed?

NUMBER OF YEARS OF COLLEGE COMPLETED

REFUSED -1

Box 3

IF B1 EQUALS 19 OR 20, (DOCTORAL DEGREE (PHD), OR PROFESSIONAL DEGREE (MD, LLD, DDS)), GO TO B7.
ELSE, GO TO B3.

B3. How far would you like to go in school?

Less than high school graduation 1
GED or other equivalency only 2
High school graduation only 3
Attend or complete a 1- or 2-year program in a community
college or vocational school..... 4
Attend college, but not complete a 4- or 5-year degree 5
Graduate from college (4- or 5-year degree)..... 6
Obtain a Master's degree or equivalent..... 7
Obtain a PhD, MD, or other advanced degree 8
REFUSED -1

Box 4

IF B3 EQUALS 7 OR 8, GO TO B4.
ELSE, GO TO B7.

B4. What type of degree do you want?

Master's Degree (MA or MS) 1
Doctor of Philosophy (PhD) 2
Medical Doctorate (MD) 3
Law Degree (JD)..... 4
Another Degree..... 5
REFUSED -1

B5, B6, AND BOX 5 REMOVED FROM FINAL SURVEY

B7. What kind of school was the last high school you attended?

Public school..... 1
Technical or vocational high school..... 2
Catholic school..... 3
Private school – other religious affiliation 4
Private school – no religious affiliation 5
On-line school 6
Alternative school 7
Home school 8
Other 91
REFUSED -1

Box 6
 IF B7 NOT EQUAL TO 8 HOME SCHOOL, GO TO B8a.
 ELSE, GO TO B9a.

B8a. What was the name of the last high school you attended? Please write out the full name of your school. Please do not use acronyms or abbreviations.

ENTER SCHOOL NAME: _____
 REFUSED -1

Note: Not included in public data.

Box 7
 IF B7 NOT EQUAL TO 6 ON-LINE SCHOOL, GO TO B8b AND B8c.
 ELSE, GO TO B9a. DISPLAY B8a, B8b AND B8c ON THE SAME SCREEN.

B8b. What was the city of the last high school you attended?

ENTER CITY OF SCHOOL: _____
 REFUSED -1

Note: Not included in public data.

B8c. What was the state of the last high school you attended?

ENTER STATE OF SCHOOL: _____
 REFUSED -1

Note: Not included in public data.

B9a. What was the starting date of your enrollment in {{SCHOOL}}/the last high school you attended/home schooling)? (Month)

____|____|
 MONTH ENROLLMENT STARTED
 REFUSED -1

B9b. What was the starting date of your enrollment in {{SCHOOL}}/the last high school you attended/home schooling)? (Year)

____|____||____|____|
 YEAR ENROLLMENT STARTED
 REFUSED -1

B10a. What was the ending date of your enrollment in {{SCHOOL}}/the last high school you attended/home schooling)? (Month)

|_|_|

MONTH ENROLLMENT STARTED

REFUSED -1

B10b. What was the ending date of your enrollment in {{SCHOOL}}/the last high school you attended/home schooling)? (Year)

|_|_|_|_|

YEAR ENROLLMENT ENDED

REFUSED -1

B11. What was the main reason you left at that time?

Received degree, completed course work	1
Hardships related to the coronavirus/COVID-19 crisis	2
Expelled/suspended	3
Got married	4
Pregnant	5
School was too dangerous	6
Poor grades	7
Did not like school.....	8
Offered job	9
Entered military	10
Entered job training program or vocational school	11
Financial difficulties, couldn't afford to go.....	12
Child care responsibilities	13
Home responsibilities.....	14
Moved away from school	15
Didn't get along with other students	16
My friends had dropped out of school	17
Had a problem with drugs or alcohol	18
Became the father/mother of a baby	19
Had a health problem	20
Other	91
REFUSED	-1

B12. Did you attend another high school before that?

Yes..... 1

No..... 2

REFUSED -1

Box 8

IF B12 EQUALS 1, GO TO B12a.
ELSE, GO TO B13 (B12 EQUALS 2 NO OR SKIP).

B12a. How many other high schools did you attend before that?

|_|_|

NUMBER OF HIGH SCHOOLS ATTENDED BEFORE LAST

REFUSED -1

B13. What best represents your grades in high school?

Mostly below D's	1
Mostly D's.....	2
About half Ds and half C's.....	3
Mostly C's.....	4
About half Bs and half C's.....	5
Mostly B's.....	6
About half As and B's.....	7
Mostly A's.....	8
School was Ungraded.....	9
REFUSED.....	-1
DON'T KNOW.....	-2

Now, we're going to ask you a few questions about classes you took in 7th through 12th grade.

B14. What subjects did you take and pass in Math in grades 7th through 12th? Did you take and pass... (SELECT ALL THAT APPLY)

General, Basic or Vocational Math.....	1
Algebra I or Elementary Algebra	2
Geometry.....	3
Algebra II or Intermediate Algebra	4
Trigonometry.....	5
Pre-calculus or Advanced Algebra.....	6
Calculus.....	7
Other Advanced Math.....	8
Other Math Class.....	9
None of the above.....	10
REFUSED.....	-1

B15. What subjects did you take and pass in Science in grades 7th through 12th? (SELECT ALL THAT APPLY)

Biology.....	1
Chemistry.....	2
Physics.....	3
Other science class.....	4
None of the above.....	5
REFUSED.....	-1

B16. What other Science, Technology, Engineering and Mathematics (STEM) classes did you take and pass in grades 7th through 12th? (SELECT ALL THAT APPLY)

Engineering.....	1
General Introductory course in computer literacy.....	2
Computer Science/Programming/Coding.....	3
Other Technology classes.....	4
None of the above.....	5
REFUSED.....	-1

B17. Have you ever been in a Special Education program in grades 7th through 12th?

Yes.....	1
No.....	2
REFUSED.....	-1

B18a. Have you ever taken the SAT test?

Yes.....	1
No.....	2
REFUSED.....	-1

B18b. Have you ever taken the ACT test?

- Yes..... 1
- No 2
- REFUSED..... -1

Box 9
 IF B18a EQUALS 1, GO TO B19.
 ELSE, GO TO BOX 10.

B19. What was the highest combined score that you received on the SAT test?

- HIGHEST SAT SCORE
- REFUSED..... -1

Box 10
 IF B18b EQUALS 1, GO TO B20.
 ELSE, GO TO B21.

B20. What was the highest score that you received on the ACT test?

- HIGHEST ACT SCORE
- REFUSED..... -1

B21. How many Honors courses did you take in high school?

- NUMBER OF HONORS COURSES TAKEN
- REFUSED..... -1

B22. How many Advanced Placement (AP) courses did you take in high school?

- NUMBER OF AP COURSES TAKEN
- REFUSED..... -1

Box 11
 IF B22 IS GREATER THAN 0, GO TO B23.
 ELSE, GO TO BOX 12.

B23. In which subjects did you take AP Courses? (SELECT ALL THAT APPLY)

- Math..... 1
- Science..... 2
- English..... 3
- History/Government/Social Studies..... 4
- Other..... 91
- REFUSED..... -1

Box 12
 IF B1 IS GREATER THAN 14 (AA OR HIGHER), GO TO B24.
 ELSE, GO TO BOX 12a.

B24. Have you received a regular high school diploma or General Educational Development (GED) certificate?

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

Box 12a
 IF B1 IS GREATER THAN 12 AND B24 IS NOT EQUAL TO 3 OR SKIPPED, GO TO B25a.
 ELSE, GO TO BOX 13.

B25a. When did you receive your {high school diploma/GED}? (Month)

- MONTH RECEIVED
- REFUSED..... -1

B25b. When did you receive your {high school diploma/GED}? (Year)

- YEAR RECEIVED
- REFUSED..... -1

Box 13
 IF B24 EQUALS 2 OR B1 EQUALS 14, GO TO B26.
 ELSE, GO TO B27a.

B26. How did you earn the GED? What program or school were you enrolled in, if any?

- No program, just took exam..... 1
- Part of a job training program 2
- Enrolled through adult education 3
- Part of a child care program or early childhood program 4
- Other 91
- REFUSED..... -1

B27a. Did you ever participate in any of these programs through your high school? (SELECT ALL THAT APPLY)

- Job shadowing, spending time following workers at a work site 1
- Mentoring - being matched with an individual in an occupation 2
- Cooperative education - combining academic and vocational studies with a job in a related field 3
- School-sponsored enterprise - students producing goods or services for sale to or use by others 4
- Tech prep - a planned program of study with a defined career focus that links high school and

post-high school education	5
Internship or apprenticeship - working for an employer to learn about a particular occupation or industry.....	6
None of the above.....	7
REFUSED	-1

B27b. After high school, did you ever participate in any of these programs? (SELECT ALL THAT APPLY)

Job shadowing - spending time following workers at a work site	1
Mentoring - being matched with an individual in an occupation	2
Cooperative education - combining academic and vocational studies with a job in a related field	3
School-sponsored enterprise - students producing goods or services for sale to or use by others.....	4
Tech prep - a planned program of study with a defined career focus that links high school and post-high school education	5
Internship or apprenticeship - working for an employer to learn about a particular occupation or industry.....	6
None of the above.....	7
REFUSED	-1

B28. While you were in high school, how often did you spend time on each of the following?

	NEVER	LESS THAN ONCE A MONTH	AT LEAST ONCE A MONTH	ONCE A WEEK	SEVERAL TIMES A WEEK	REFUSED
B28a. Athletic or sports teams?	0	1	2	3	4	-1
B28b. Group performance activities such as orchestra, band, choir, dance, or theater?	0	1	2	3	4	-1
B28c. Scouts or hobby clubs?	0	1	2	3	4	-1
B28d. School activities such as clubs or student government?	0	1	2	3	4	-1
B28e. Religious services?	0	1	2	3	4	-1
B28f. Volunteer service activities?	0	1	2	3	4	-1

B29. While you were in high school, did you work for pay for anyone outside your home? This includes both regular jobs and things like baby-sitting or yard work.

Yes.....	1
No.....	2
REFUSED	-1

Box 14
 IF B29 EQUALS 1, GO TO B30.
 ELSE, GO TO B32.

B30. When you were working, how many hours, if any, did you spend working for pay in a typical week during the school year?

 |_|_|_|
 HOURS PER WEEK
 REFUSED -1

B32. During high school, did you have access to a guidance counselor or college counselor at school, to discuss your post-high-school plans?

 Yes 1
 No 2
 REFUSED -1

B33. After high school, who did you discuss schooling issues with most often?

 College Professor 1
 Career Services Counselor/Staff 2
 Coach 3
 High School Teacher 4
 High School Guidance Counselor 5
 Other college/school administrator 6
 Your biological mother 7
 Your biological father 8
 Your step parent 9
 Your brother or sister 10
 Another relative 11
 Your spouse, partner, boyfriend, or girlfriend 12
 Another friend or personal acquaintance 13
 No one 14
 REFUSED -1

Box 15
 IF B33 EQUALS 14, GO TO B35a.
 ELSE, IF B2 IS GREATER THAN 0 (AT LEAST ONE YEAR OF COLLEGE) OR B1 EQUALS 15, 16,
 17, 18, 19 OR 20 (AA DEGREE OR HIGHER), GO TO B34a.
 ELSE, GO TO B34b.

B34a. After high school, did you talk with anyone about course selection?

 Yes 1
 No 2
 REFUSED -1

B34b. After high school, did you talk with anyone about anticipated career outcomes?

 Yes 1
 No 2
 REFUSED -1

Box 15a

IF B2 IS GREATER THAN 0 (AT LEAST ONE YEAR OF COLLEGE) OR B1 EQUALS 15, 16, 17, 18,
19 OR 20 (AA DEGREE OR HIGHER), GO TO B34c.
ELSE, GO TO B34d.

B34c. After high school, did you talk with anyone about timeline for completion?

Yes. 1
No 2
REFUSED -1

B34d. After high school, did you talk with anyone about financial aid and scholarships?

Yes. 1
No 2
REFUSED -1

Box 15b

IF B2 IS GREATER THAN 0 (AT LEAST ONE YEAR OF COLLEGE) OR B1 EQUALS 15, 16, 17, 18,
19 OR 20 (AA DEGREE OR HIGHER), GO TO B34e.
ELSE, GO TO B35a.

B34e. After high school, did you talk with anyone about transferring?

Yes. 1
No 2
REFUSED -1

B35a. From kindergarten to the end of high school, did you ever receive an in-school suspension?

Yes. 1
No 2
REFUSED -1

B35b. From kindergarten to the end of high school, did you ever receive an out-school suspension?

Yes. 1
No 2
REFUSED -1

B35c. From kindergarten to the end of high school, did you ever receive an expulsion?

Yes. 1
No 2
REFUSED -1

Box 16

IF B35a EQUALS 1, GO TO B36.
ELSE, GO TO BOX 17.

B36. How many times did you receive an in-school suspension?

NUMBER OF IN-SCHOOL SUSPENSIONS
 REFUSED -1

B37. In what grades did the in-school suspension occur? (SELECY ALL THAT APPLY)

Kindergarten 0
 1st Grade 1
 2nd Grade 2
 3rd Grade 3
 4th Grade 4
 5th Grade 5
 6th Grade 6
 7th Grade 7
 8th Grade 8
 9th Grade 9
 10th Grade 10
 11th Grade 11
 12th Grade 12
 REFUSED -1

Box 17
 IF B35b EQUALS 1, GO TO B38.
 ELSE, GO TO BOX 18.

B38. How many times did you receive an out-of-school suspension?

NUMBER OF OUT-OF-SCHOOL SUSPENSIONS
 REFUSED-1

B39. In what grades did the out-of-school suspension occur? (SELECT ALL THAT APPLY)

Kindergarten 0
 1st Grade 1
 2nd Grade 2
 3rd Grade 3
 4th Grade 4
 5th Grade 5
 6th Grade 6
 7th Grade 7
 8th Grade 8
 9th Grade 9
 10th Grade 10
 11th Grade 11
 12th Grade 12
 REFUSED -1

Box 18
 IF B35c EQUALS 1, GO TO B40.
 ELSE, GO TO B42.

B40. How many times did you receive an expulsion?

NUMBER OF EXPULSIONS
 REFUSED -1

B41. In what grades did the expulsion occur? (SELECT ALL THAT APPLY)

Kindergarten 0
 1st Grade 1
 2nd Grade 2
 3rd Grade 3
 4th Grade 4
 5th Grade 5
 6th Grade 6
 7th Grade 7
 8th Grade 8
 9th Grade 9
 10th Grade 10
 11th Grade 11
 12th Grade 12
 REFUSED -1

B42. Did you ever go to a disciplinary school?

Yes 1
 No 2
 REFUSED -1

Box 19

IF B42 EQUALS 1, GO TO B43.
 ELSE, GO TO B44.

B43. In what grades did you go to a disciplinary school? (SELECY ALL THAT APPLY)

Kindergarten 0
 1st Grade 1
 2nd Grade 2
 3rd Grade 3
 4th Grade 4
 5th Grade 5
 6th Grade 6
 7th Grade 7
 8th Grade 8
 9th Grade 9
 10th Grade 10
 11th Grade 11
 12th Grade 12
 REFUSED -1

B44. Are you currently attending college or university, or graduate school, including medical and law school?

Yes 1
 No 2
 REFUSED -1
 DON'T KNOW -2

Box 20

IF B44 EQUALS 2, GO TO B45.
ELSE, GO TO BOX 22.

B45. Have you ever been enrolled in college or university, or graduate school, including medical and law school?

- | | |
|-----------------|----|
| Yes | 1 |
| No..... | 2 |
| REFUSED..... | -1 |
| DON'T KNOW..... | -2 |

Box 20a

IF B45a EQUALS 1, GO TO B46.
ELSE, GO TO BOX 21.

B46. Can you tell me the reasons you are not currently enrolled in college? (SELECT ALL THAT APPLY)

- | | |
|--|----|
| Received degree, completed course work | 1 |
| Hardships related to the coronavirus/COVID-19 crisis | 2 |
| Expelled/suspended | 3 |
| Got married | 4 |
| Pregnant | 5 |
| School was too dangerous | 6 |
| Poor grades | 7 |
| Did not like school..... | 8 |
| Offered job | 9 |
| Entered military | 10 |
| Financial difficulties, couldn't afford to go..... | 11 |
| Child care responsibilities | 12 |
| Home responsibilities..... | 13 |
| Moved away from school | 14 |
| Didn't get along with other students | 15 |
| My friends had dropped out of school | 16 |
| Had a problem with drugs or alcohol | 17 |
| Became the father/mother of a baby | 18 |
| Had a health problem | 19 |
| Other | 20 |
| REFUSED | -1 |

Box 21

IF B45 EQUALS 2, GO TO B47.
ELSE, GO TO BOX 22.

B47. We're interested in the reasons that people your age may or may not go to college. Can you share the reasons that you are not currently enrolled in college? (SELECT ALL THAT APPLY)

- | | |
|---|---|
| It's just not for me | 1 |
| It will not help me get a good-paying job | 2 |
| It will not teach me the skills I need | 3 |

What I want to do does not require a college degree 4
 The debt that comes with it is not worth it 5
 I have to work to support myself or my family 6
 Other 7
 REFUSED -1

Box 22
 IF B44 EQUALS 1, GO TO B48 (DISPLAY B48-B65).
 ELSE, GO TO BOX 25.

B48. We would like to know about the colleges and universities you have attended since high school. Let's begin with the name of your current college or university. What is the name of your current college or university? Please write out the full name of your college. Please do not use acronyms or abbreviations.

NAME OF CURRENT COLLEGE OR UNIVERSITY _____
 REFUSED-1

Note: Not included in public data.

B49. In what city is it?

CITY OF COLLEGE OR UNIVERSITY _____
 REFUSED-1

Note: Not included in public data.

B50. In what state is it?

ENTER STATE _____
 REFUSED-1

Note: Not included in public data.

B51a. In what month did you first enroll at {CURRENT COLLEGE}?

____|____|
 MONTH FIRST ENROLLED
 REFUSED-1

B51b. In what year did you first enroll at {CURRENT COLLEGE}?

____|____|____|____|
 YEAR FIRST ENROLLED
 REFUSED-1

B52. What is your major or area of study at {{CURRENT COLLEGE}/your current college}?

MAJOR OR AREA OF STUDY _____
 REFUSED-1

RECODED	
B52 – Major or area of study	
B52_101. Administration	B52_107 Health and Medical
B52_102. Arts	B52_108 Interdisciplinary
B52_103. Business	B52_109 Liberal Arts
B52_104. Communications	B52_110 Sciences
B52_105 Criminal Justice	B52_111 Social Science
B52_106 Education	B52_112 Technology
	B52_113 Other

B53. Is your major at {{CURRENT COLLEGE}}/your current college part of a long-term career goal?

- Yes 1
- No 2
- REFUSED -1

B54. Are you going to school full-time or part-time?

- Full-time 1
- Part-time 2
- REFUSED -1

B55. What is your GPA at {{CURRENT COLLEGE}}/your current college?

|_|_|

CURRENT GPA

- REFUSED -1

Box 23
 IF B55 EQUALS SKIPPED, GO TO B55a.
 ELSE, GO TO BOX 24.

B55a. Can you just give us a range?

- Mostly below D's 1
- Mostly D's 2
- About half C's and half D's 3
- Mostly C's 4
- About half B's and half C's 5
- Mostly B's 6
- About half A's and B's 7
- Mostly A's 8
- REFUSED -1

Box 24
 IF B55 IS NOT EQUAL TO SKIPPED, GO TO B56.
 ELSE IF B55 IS EQUAL TO SKIPPED, GO TO B57.

B56. What is the highest possible GPA at {{CURRENT COLLEGE}}/your current college?

|_|_|

HIGHEST POSSIBLE GPA

- REFUSED -1

B65. Were you enrolled in a college or university before {{CURRENT COLLEGE}}/your current college?
 Yes 1
 No 2
 REFUSED -1

Box 25
 IF B65 EQUALS 1 (ENROLLED IN COLLEGE BEFORE CURRENT COLLEGE) OR B45 EQUALS 1 (EVER ENROLLED IN COLLEGE), GO TO B66 (PREVIOUS COLLEGE NAME).
 ELSE GO TO BOX 83a.

Box 25a
 BEGIN LOOP OF ADDITIONAL COLLEGES OR UNIVERSITIES ATTENDED.

B66. What is the name of the college or university you attended? Please write out the full name of your college. Please do not use acronyms or abbreviations.
 COLLEGE OR UNIVERSITY NAME _____
 REFUSED -1

Note: Not included in public data.

Box 26
 DISPLAY B66 RESPONSE FOR {COLLEGE} IN THIS SECTION (B67-B82),
 ELSE IF B66 IS SKIP, DISPLAY "your previous college or university".

B67. In what month did you first enroll at {{COLLEGE}}/your previous college or university?
 | | |
 MONTH FIRST ENROLLED
 REFUSED -1

B67b. In what year did you first enroll at {{COLLEGE}}/your previous college or university?
 | | | | |
 YEAR FIRST ENROLLED
 REFUSED -1

B68. In what month did your enrollment at {{COLLEGE}}/your previous college or university end?
 | | |
 MONTH ENROLLMENT ENDED
 REFUSED -1

B68b. In what year did your enrollment at {{COLLEGE}}/your previous college or university end?
 | | | | |
 YEAR ENROLLMENT ENDED
 REFUSED -1

- B69. Did you receive a degree from {{COLLEGE}}/your previous college or university?
- Yes 1
 - No 2
 - REFUSED -1

Box 27
 IF B69 EQUALS 1 (YES RECEIVED DEGREE) GO TO B70 (DEGREE RECEIVED).
 ELSE GO TO B71.

- B70. What was the degree you received from {{COLLEGE}}/your previous college or university?
- Associate's degree 1
 - Bachelor's degree 2
 - Master's degree 3
 - Doctoral degree 4
 - Medical degree 5
 - Law degree (JD) 6
 - Other 91
 - REFUSED -1

Box 28
 IF B69 EQUALS 2 GO TO B71. ELSE GO TO B29.

- B71. Why did you stop attending {{COLLEGE}}/your previous college or university?
- Expelled/suspended 1
 - Hardships related to the coronavirus/COVID-19 crisis 2
 - Got married 3
 - Pregnant 4
 - School was too dangerous 5
 - Poor grades 6
 - Did not like school 7
 - Offered job 8
 - Entered military 9
 - Financial difficulties, couldn't afford to go 10
 - Child care responsibilities 11
 - Home responsibilities 12
 - Moved away from school 13
 - Didn't get along with other students 14
 - My friends had dropped out of school 15
 - Had a problem with drugs or alcohol 16
 - Became the father/mother of a baby 17
 - Had a health problem 18
 - Other 91
 - REFUSED -1

Box 29
 IF B69 EQUALS 1 (RECEIVED DEGREE), GO TO B75 (MAJOR/AREA STUDY AT COLLEGE).
 ELSE GO TO B72.

B72. Were you seeking a 2-yr degree, a 4-yr degree or a graduate degree from {{COLLEGE}/your previous college or university}?

2-yr degree 1
 4-yr degree 2
 Graduate degree 3
 REFUSED -1

B73. How many **college level** credits did you have at {{COLLEGE}/your previous college or university}?

 NUMBER OF COLLEGE LEVEL CREDITS
 REFUSED -1

B74. How many **total** credits did you get at {{COLLEGE}/your previous college or university}?

 NUMBER OF TOTAL CREDITS
 REFUSED -1

B74a. How many credits were required for your degree?

 NUMBER OF CREDITS REQUIRED
 REFUSED -1

B75. What was your {major /area of study} at {COLLEGE}/your previous college or university?

MAJOR OR AREA OF STUDY _____
 REFUSED -1

RECODED	
B75 – Major or area of study	B75_108 Interdisciplinary
B75_101 Administration	B75_109 Law
B75_102 Arts	B75_110 Liberal Arts
B75_103 Business	B75_111 Science
B75_104 Communications	B75_112 Social Science
B75_105 Education	B75_113 Technology
B75_106 Engineering	B75_114 Undeclared
B75_107 Health and Medical	B75_115 Other

B76. What was your GPA at {{COLLEGE}/your previous college or university}?

 ENTER GPA
 REFUSED -1

Box 30
 IF B76 EQUALS SKIPPED, GO TO B76a. ELSE GO TO BOX 31.

B76a. Can you just give us a range?

Mostly below D's 1
 Mostly D's 2
 About half C's and half D's 3
 Mostly C's 4
 About half B's and half C's 5
 Mostly B's 6

About half A's and B's	7
Mostly A's	8
REFUSED	-1

Box 31

IF B76 EQUALS VALID RESPONSE (NOT SKIPPED) FOR GPA AT COLLEGE, GO TO B77.
ELSE GO TO B78.

B77. What is the highest possible GPA at {{COLLEGE}/your previous college or university}?

_ _	
ENTER GPA	
REFUSED	-1

B78. At {{COLLEGE}/your previous college or university}, did you take any developmental education, remedial or college readiness courses in English/writing or math, as a prerequisite for the college-level courses in these subjects?

Yes, English/writing only	1
Yes, Math only	2
Yes, both English/writing and Math.....	3
No.....	4
REFUSED	-1

B79. Were you taking classes on campus, online or both?

All on campus.....	1
Mostly on campus	2
Evenly split between campus and online	3
Mostly online	4
All online.....	5
REFUSED	-1

B80. What kinds of financial aid did {{COLLEGE}/your previous college or university} offer you for the first academic year? (SELECT ALL THAT APPLY)

Scholarship or grant	1
Loan	2
Work Study job.....	3
Tuition waiver or discount	4
None of the above.....	5
REFUSED	-1

B81. What is the total amount of money you borrowed in student loans to pay for {{COLLEGE}/your previous college or university}?

\$ _ _ _ _ _ , _ _ _ _ _	
TOTAL AMOUNT BORROWED IN STUDENT LOANS	
REFUSED	-1

B82. Have you attended any other colleges or universities?

Yes	1
No	2

ENTER TOTAL AMOUNT
 REFUSED -1

84b. Were the courses or trainings for {this/the second/the third/...etc.} program in person, online, or both?

All in person 1
 Mostly in person 2
 Evenly split between in person and online 3
 Mostly online 4
 All online 5
 REFUSED -1

B84c. Did you ultimately receive a professional certification or a state or industry license from {this/the second/third/etc.} program?

Yes 1
 No 2
 REFUSED -1

Box 33b:
 IF B84c EQUALS 1 GO TO B85
 ELSE GO TO BOX 35

B85. In what month did you receive this certification or license?

 ENTER MONTH
 REFUSED -1

B85b. In what year did you receive this certification or license?

 ENTER YEAR
 REFUSED -1

B86. Who issued this certification or license?

Federal, state, or local government 1
 Community college 2
 A vocational, technical, trade, or business school 3
 Professional or trade association 4
 Business or company 5
 Other group or organization 101
 REFUSED -1

Box 34:
 If B86 EQUALS 91 GO TO B86_OS
 ELSE GO TO B87

B86_OS. Who issued {this/the second/third/etc.} certification or license?

NAME OF GROUP OR ORGANIZATION _____
 REFUSED -1

B86_OS has been recoded back to B86

B87. Have you used your {PRIMARY SUBJECT OR FIELD OF STUDY} certification or license in your current or past jobs?

Yes..... 1
 No 2
 REFUSED..... -1

Box 35:

If B84C EQUALS 2 GO TO B88. ELSE GO TO B89.

B88. Why did you stop this program?

Completed program, but did not pass
 certification exam..... 1
 Hardships related to the coronavirus/COVID-19
 crisis..... 2
 Did not like the program 3
 Poor grades 4
 Offered job 5
 Entered military..... 6
 Financial difficulties, couldn't afford to complete 7
 Child care responsibilities 8
 Home responsibilities 9
 Had a problem with drugs or alcohol 10
 Became the father/mother of a baby 11
 Had a health problem 12
 Others 91
 REFUSED -1

B89. Did you ever attend another program in order to receive a certification or license?

Yes..... 1
 No 2
 REFUSED..... -1

Box 36:

LOOP BACK TO B83b UNTIL B89 EQUALS 2, OR MAX NUMBER OF 5 TIMES.
 DISPLAY B83b-B89 AGAIN IF B89_1 EQUALS 1, USE “_2” SUFFIX ON VARIABLE NAMES
 DISPLAY B83b-B89 AGAIN IF B89_2 EQUALS 1, USE “_3” SUFFIX ON VARIABLE NAMES....
 IF LOOPING THROUGH AGAIN, DISPLAY {the second/third/etc.}

Box 37:

IF B44 EQUALS 2, (NOT CURRENTLY ATTENDING HIGHER ED)
 & B45 EQUALS 2 (NOT EVER BEEN ENROLLED HIGHER ED)
 & B83a EQUALS 2 (NEVER ATTENDED PROFESSIONAL CERTIFICATION/LICENSE),
 GO TO B95. ELSE, GO TO B89a.

B89a. What type(s) of loan(s) did you take to help pay for your education? (SELECT ALL THAT APPLY)

No loans taken 0
 Federal student loan (e.g. Safford or Perkins loans) 1
 State student loans 2
 Private student loan (e.g. Sallie Mae,
 Citibank, Wells Fargo)..... 3

B93. What is your current loan repayment status?

- In active repayment..... 1
- Currently delinquent on payments 2
- Currently in forbearance/deferment 3
- Currently in default..... 4
- REFUSED -1

B94. Did you ever use a credit card to pay for educational expenses?

- Yes..... 1
- No..... 2
- REFUSED -1

B95. During your time in school did anyone associated with your school help you get a job or internship related to your career? For example, work in a lab, in the industry, as a Teaching Assistant (TA).

- Yes..... 1
- No..... 2
- REFUSED -1

Box 41

IF B95 EQUALS 2 (NO ONE HELPED GET A JOB), GO TO SECTION C.
ELSE GO TO B96.

B96. Please indicate which of the following people associated with your school helped you to get a job or internship related to your career.

- School guidance counselor..... 1
- Career-center advisor 2
- Vocational-technical teacher/professor..... 3
- Other teacher/professor..... 4
- Coach or other activity leader..... 5
- Other school staff or administrator..... 6
- Classmate 7
- Alumni 8
- REFUSED -1

Section C: Employment

C1. Now we'd like to ask you about your current work status. 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
REFUSED.....	-1
DON'T KNOW.....	-2

Box 1:
IF C1 EQUALS 2, GO TO C2.
ELSE GO TO BOX 2.

C2. Are you currently looking for a regular job?

Yes.....	1
No	2
REFUSED.....	-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
REFUSED.....	-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 on temporary layoff)	2
In school or training program	3
Disabled	4
Don't want/need to work	5
Personal/family reasons	6
Believe no work available	7
In jail/prison.....	8
Stay at home parent	9
Other	91
REFUSED.....	-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

Never worked for two consecutive weeks..... -10
 REFUSED..... -1

Box 5:
 IF C5c IS NOT EQUAL TO 10 NEVER WORKED FOR 2 CONSECUTIVE WEEKS, GO TO C6
 THROUGH C25/C25a.
 DISPLAY PRESENT TENSE AND "current" IF C1 EQUALS 1.
 ELSE DISPLAY PAST TENSE AND "most recent" JOB.
 ELSE, GO TO C25b.

C6. My next few questions are about your (current/most recent) job. 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.

HOUR WORKED PER WEEK
 REFUSED..... -1

Box 6:
 IF C1 IS EQUAL TO 1, GO TO C6A AND C6B.
 ELSE GO TO BOX 7.

C6a. In the last month, what is the greatest number of hours you've worked in a week at this current job? Please consider all hours, including extra hours, overtime, work you did at home, and so forth. Please enter a number between 0 and 100 hours.

GREATEST HOURS PER WEEK
 REFUSED..... -1

C6b. In the last month, what is the fewest number of hours you've worked in a week at this current job? Please consider all hours, including extra hours, overtime, work you did at home, and so forth. Please enter a number between 0 and 100 hours.

FEWEST HOURS PER WEEK
 REFUSED..... -1

Box 7:
 IF C6 IS LESS THAN OR EQUAL TO 35, GO TO C7 (C7 & C8).
 ELSE GO TO C9.

C7. (Do/Did) you want to work a full-time work week?

Yes 1
 No..... 2
 REFUSED -1

C8. Some people work part time because they cannot find full time work or because business is poor. Others work part time because of family obligations or other personal reasons. What (is/was) your main reason for working part time?

Slack work/business conditions 1
 Could only find part-time work 2
 Seasonal work 3
 Child care problems 4
 Other family/personal obligations 5
 Health/medial limitations 6
 School/training 7
 Full-time work week is less than 35 hours 8
 Other 91
 REFUSED -1

C9. (Do/Did) you work for yourself or for someone else in this job?

Self 1
 Someone else 2

C10. What (do/did) you do at (this/that) job?

JOB TASKS/RESPONSIBILITIES _____

REFUSED -1

RECODED

C10 – Job tasks/responsibilities

C10_101 Management
 C10_102 Business, Finance
 C10_103 Computer, Mathematical
 C10_104 Architecture, Engineering
 C10_105 Life, Physical, Social Sciences
 C10_106 Community, Social Services
 C10_107 Legal
 C10_108 Education, Training, Library
 C10_109 Arts, Design, Entertainment, Sports, Media
 C10_110 Healthcare Practitioners, Technical Occupations
 C10_111 Healthcare Support
 C10_112 Protective Service
 C10_113 Food Preparation and Service
 C10_114 Building, Grounds Cleaning, Maintenance

RECODED

C10 – Job tasks/responsibilities (continued)

C10_115	Personal Care and Service
C10_116	Sales and Related
C10_117	Office and Admin Support
C10_118	Farming, Fishing, Forestry
C10_119	Construction and Extraction
C10_120	Installation, Maintenance, Repair
C10_121	Production
C10_122	Transportation, Material Moving
C10_123	Military
C10_124	Other, Unspecified

C11. What (is/was) your job title?

JOB TITLE _____
 REFUSED -1

RECODED

C11 – Job title

C11_101	Management
C11_102	Business, Finance
C11_103	Computer, Mathematical
C11_104	Architecture, Engineering
C11_105	Life, Physical, Social Sciences
C11_106	Community, Social Services
C11_107	Legal
C11_108	Education, Training, Library
C11_109	Arts, Design, Entertainment, Sports, Media
C11_110	Healthcare Practitioners, Technical Occupations
C11_111	Healthcare Support
C11_112	Protective Service
C11_113	Food Preparation and Service
C11_114	Building, Grounds Cleaning, Maintenance
C11_115	Personal Care and Service
C11_116	Sales and Related
C11_117	Office and Admin Support
C11_118	Farming, Fishing, Forestry
C11_119	Construction and Extraction
C11_120	Installation, Maintenance, Repair
C11_121	Production
C11_122	Transportation, Material Moving
C11_123	Military
C11_124	Other, Unspecified
C11_125	No Job Title Reported

C12a. About how much (do/did) you usually earn in (this/that) job before taxes and deductions?

\$ _____
 EARNINGS BEFORE TAXES AND DEDUCTIONS
 REFUSED -1

- C12b. 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 |
| REFUSED..... | -1 |
- C13. Please tell me if you (are/were) offered any of the following benefits at your (current/most recent) job. (SELECT ALL THAT APPLY)
- | | |
|---|----|
| Receive paid sick days | 1 |
| Receive paid vacation or personal days..... | 2 |
| Employer provides health plan or medical insurance..... | 3 |
| Employer provides dental insurance | 4 |
| Employer provides paid maternity or paternity leave | 5 |
| Employer provides a retirement plan..... | 6 |
| None of the above | 7 |
| REFUSED..... | -1 |
- C14. (Is/was) there room for advancement in your (current/most recent) job (e.g., promotion path, learning new skills)?
- | | |
|--------------|----|
| Yes..... | 1 |
| No | 2 |
| REFUSED..... | -1 |
- C15. In your (current/most recent) job, what type of on-the-job training (have/did) you received?
- | | |
|--|----|
| Formal on-the-job training..... | 1 |
| Informal on-the-job training..... | 2 |
| Both formal and informal on-the-job training | 3 |
| None of the above..... | 4 |
| REFUSED..... | -1 |
- C16a. 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 |
| REFUSED..... | -1 |
- C16b. Which of the following best {describes/described} your work location?
- | | |
|---------------------------------|----|
| Work on-site | 1 |
| Work remotely (from home) | 2 |
| Mix of on-site and remote..... | 3 |
| REFUSED | -1 |
- C17. 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
REFUSED	-1

Box 8:

IF C17 EQUALS 1 GO TO C18. ELSE GO TO C19.

C18. How many days in advance (do/did) you usually know your work schedule?

Less than 1 day.....	0
1 day	1
2 days	2
3 days	3
4 days	4
5 days	5
6 days	6
REFUSED.....	-1

C19. 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
REFUSED.....	-1

Box 9:

IF C19 EQUALS 1 GO TO C20. ELSE GO TO C21.

C20. 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	
REFUSED.....	-1

C21. In all, how satisfied (are/were) you with your work schedule?

Very satisfied	1
Somewhat satisfied.....	2
Not too satisfied	3
Not at all satisfied.....	4
REFUSED	-1

C22. 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	
NOTHING/DID NOT WORK LAST 12 MONTHS.....	0
REFUSED.....	-1
DON'T KNOW	-2

Box 10:
IF C22 EQUALS SKIPPED, REFUSED OR DON'T KNOW, GO TO C23
ELSE GO TO C24.

- C23. I just need to have a range. Can you tell me 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 |
| REFUSED | -1 |

- C24. 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
- REFUSED -1

- C25. In the last 3 years, how many regular jobs have you had that lasted 2 weeks or more?
- |_|_|_|
- NUMBER OF REGULAR JOBS
- REFUSED -1

Box 11:
IF C25 EQUALS SKIPPED GO TO C25a
ELSE GO TO C25b.

- C25a. All I need is a range. Would you say it was . . .
- | | |
|----------------------------|----|
| 1 to 2 jobs, | 1 |
| 3 to 5 jobs, | 2 |
| 5 to 10 jobs, | 3 |
| 10 to 20 jobs | 4 |
| Or more than 20 jobs | 5 |
| REFUSED | -1 |

C25b. We are interested in finding out about some ways, other than regular work, in which people make money. This kind of activity may be paid for in cash, or done in exchange for meals, or clothing, a place to live, or something else.

- C26. During the past 12 months, did you work off the books or under the table? Please do not include work you already told me about. Include under the table work in someone else's business, or work like housecleaning, household repairs, child care, or providing transportation or some other personal service.
- | | |
|-----------|---|
| Yes | 1 |
| No | 2 |

REFUSED.....-1

Box 12a:
IF C26 EQUALS 1 GO TO C26a1. ELSE GO TO C33.

C26a1. What kind of work?

DESCRIBE YOUR WORK _____

REFUSED.....-1

- RECODED
C26a1 – Describe your work
- C26A1_101 Management
 - C26A1_102 Business, Finance
 - C26A1_103 Computer, Mathematical
 - C26A1_104 Architecture, Engineering
 - C26A1_105 Life, Physical, Social Sciences
 - C26A1_106 Community, Social Services
 - C26A1_107 Legal
 - C26A1_108 Education, Training, Library
 - C26A1_109 Arts, Design, Entertainment, Sports, Media
 - C26A1_110 Healthcare Practitioners, Technical Occupations
 - C26A1_111 Healthcare Support
 - C26A1_112 Protective Service
 - C26A1_113 Food Preparation and Service
 - C26A1_114 Building, Grounds Cleaning, Maintenance
 - C26A1_115 Personal Care and Service
 - C26A1_116 Sales and Related
 - C26A1_117 Office and Admin Support
 - C26A1_118 Farming, Fishing, Forestry
 - C26A1_119 Construction and Extraction
 - C26A1_120 Installation, Maintenance, Repair
 - C26A1_121 Production
 - C26A1_122 Transportation, Material Moving
 - C26A1_123 Military
 - C26A1_124 Other, Unspecified
 - C26A1_125 No Job Title Reported

C27. In the last 12 months, about how many weeks did you {ACTIVITY FROM C26a1}?

WEEKS IN LAST 12 MONTHS

REFUSED.....-1

Box 12b:
IF C27 EQUALS 0 OR SKIPPED, GO TO C33.
ELSE GO TO C28.

C28. And, during {those {NUMBER FROM C27} weeks/that 1 week}, about how many hours per week did you {{{ACTIVITY}}}?

HOURS PER WEEK

REFUSED.....-1

- C29. 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 |
| REFUSED | -1 |

Box 13:
IF C29 EQUALS 1 OR C29 EQUALS 3 GO TO C30
ELSE GO TO BOX 14.

- C30. How much did you receive in the last 12 months, for this activity?
- \$
- | | |
|-----------------------------------|----|
| AMOUNT RECEIVED IN LAST 12 MONTHS | |
| REFUSED | -1 |

Box 14:
IF C30 IS SKIPPED GO TO C31
ELSE GO TO BOX 15.

- C31. We just need to know a range. Please tell me 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 |
| REFUSED | -1 |

Box 15:
IF C29 EQUALS 2 OR 3, GO TO C32. ELSE GO TO C33.

- C32. What (else) did you get in exchange for this? (SELECT ALL THAT APPLY)
- | | |
|---------------------|----|
| Meals | 1 |
| Clothing | 2 |
| Place to live | 3 |
| Child care | 4 |
| Other | 91 |
| REFUSED | -1 |

- C33. During the past 12 months, did you work in your own business? This could include things such as doing other people's hair or doing repairs, either in your home or theirs. Please do not include work you already told me about.
- | | |
|---------------|----|
| Yes | 1 |
| No | 2 |
| REFUSED | -1 |

Box 16a:
 IF C33 EQUALS 1 GO TO C33a1.
 ELSE GO TO C40.

C33a1. What kind of work?
 DESCRIBE YOUR WORK _____
 REFUSED-1

- RECODED
 C33A1 – Other, Specified Recoded
- C33A1_101 Management
 - C33A1_102 Business, Finance
 - C33A1_103 Computer, Mathematical
 - C33A1_104 Architecture, Engineering
 - C33A1_105 Life, Physical, Social Sciences
 - C33A1_106 Community, Social Services
 - C33A1_107 Legal
 - C33A1_108 Education, Training, Library
 - C33A1_109 Arts, Design, Entertainment, Sports, Media
 - C33A1_110 Healthcare Practitioners, Technical Occupations
 - C33A1_111 Healthcare Support
 - C33A1_112 Protective Service
 - C33A1_113 Food Preparation and Service
 - C33A1_114 Building, Grounds Cleaning, Maintenance
 - C33A1_115 Personal Care and Service
 - C33A1_116 Sales and Related
 - C33A1_117 Office and Admin Support
 - C33A1_118 Farming, Fishing, Forestry
 - C33A1_119 Construction and Extraction
 - C33A1_120 Installation, Maintenance, Repair
 - C33A1_121 Production
 - C33A1_122 Transportation, Material Moving
 - C33A1_123 Military
 - C33A1_124 Other, Unspecified
 - C33A1_125 No Job Title Reported

C34. In the last 12 months, about how many weeks did you {ACTIVITY FROM 33a1}?
 |_|_|_|_|
 WEEKS IN LAST 12 MONTHS
 REFUSED-1

Box 16b:
 IF C34 EQUALS 0 OR SKIPPED, GO TO C40.
 ELSE GO TO C35.

C35. And, during {those {NUMBER FROM C34} weeks/that 1 week}, about how many hours per week did you {ACTIVITY FROM C33a1}? {DISPLAY "work in your own business" if C33a1 IS BLANK}
 |_|_|_|_|
 HOURS PER WEEK
 REFUSED-1

and whether to work; and (4) may do these short jobs, projects, or tasks in person or online.

Yes 1
 No 2
 REFUSED -1

Box 20a:
 IF C40 EQUALS 1 GO TO C40a1 (C40a1-C46).
 ELSE GO TO C47.

C40a1. What app or company do you work for and what kind of work do you do? Describe your work:

DESCRIBE YOUR WORK _____
 REFUSED -1

RECODED
 C40a1 - Other, Specify Recoded (Check all that apply)
 C40a1a Gig work: Door Dash
 C40a1b Gig work: Instacart
 C40a1c Gig work: Uber Driver
 C40a1d Gig work: Uber Eats
 C40a1e Gig work: Other delivery app
 C40a1f Gig work: Other task app
 C40a1g Gig work: Others

C40a2. Was this a job you previously mentioned?

Yes 1
 No 2
 REFUSED -1

Box 20a1:
 IF C40a2 EQUALS 1 (JOB ALREADY MENTIONED), GO TO C47.
 ELSE, GO TO C41.

C41. In the last 12 months, about how many weeks did you {ACTIVITY FROM C40a1}?

 WEEKS IN LAST 12 MONTHS
 REFUSED -1

Box 20b:
 IF C41 EQUALS 0 OR SKIPPED, GO TO C47.
 ELSE GO TO C42.

C42. And, during {those {NUMBER FROM C41} weeks/that 1 week}, about how many hours per week did you {ACTIVITY FROM C40a1}?

 HOURS PER WEEK
 REFUSED -1

C43. 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
- REFUSED -1

Box 21:
IF C43 EQUALS 1 OR 3 GO TO C44.
ELSE GO TO BOX 22

C44. How much did you receive in the last 12 months, for this activity?

- \$ |__| |__| |__| |__, |__| |__| |__| |__|
- AMOUNT RECEIVED IN LAST 12 MONTHS
- REFUSED -1

Box 22:
IF C44 IS SKIPPED GO TO C45.
ELSE GO TO BOX 23.

C45. We just need to know a range. Please tell me 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
- REFUSED -1

Box 23:
IF C43 EQUALS 2 OR 3, GO TO C46.
ELSE GO TO C47.

C46. What {else} did you get in exchange for this?

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

C47. During the past 12 months, did you do anything else to earn money?

- Yes 1
- No 2
- REFUSED -1

Box 24:
 IF C47 EQUALS 1 DISPLAY C47a1 THROUGH C53.
 ELSE GO TO C54.

C47a1. What kind of work?
 DESCRIBE OUR WORK _____
 REFUSED -1

- RECODED
 C47A1 – Other, Specified Recoded
- C47A1_101 Management
 - C47A1_102 Business, Finance
 - C47A1_103 Computer, Mathematical
 - C47A1_104 Architecture, Engineering
 - C47A1_105 Life, Physical, Social Sciences
 - C47A1_106 Community, Social Services
 - C47A1_107 Legal
 - C47A1_108 Education, Training, Library
 - C47A1_109 Arts, Design, Entertainment, Sports, Media
 - C47A1_110 Healthcare Practitioners, Technical Occupations
 - C47A1_111 Healthcare Support
 - C47A1_112 Protective Service
 - C47A1_113 Food Preparation and Service
 - C47A1_114 Building, Grounds Cleaning, Maintenance
 - C47A1_115 Personal Care and Service
 - C47A1_116 Sales and Related
 - C47A1_117 Office and Admin Support
 - C47A1_118 Farming, Fishing, Forestry
 - C47A1_119 Construction and Extraction
 - C47A1_120 Installation, Maintenance, Repair
 - C47A1_121 Production
 - C47A1_122 Transportation, Material Moving
 - C47A1_123 Military
 - C47A1_124 Other, Unspecified
 - C47A1_125 No Job Title Reported

C48. In the last 12 months, about how many weeks did you {ACTIVITY FROM C47a1}?
 | | | |
 NUMBER OF WEEKS
 REFUSED -1

Box 24b:
 IF C48 EQUALS 0, GO TO C54.
 ELSE GO TO C49.

C49. And, during {those {NUMBER FROM C48} weeks/that 1 week}, about how many hours per week did you do this activity {ACTIVITY FOR C47a1}?
 | | | |
 HOURS PER WEEK
 REFUSED -1

- C50. 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
 - REFUSED -1

Box 25:
 IF C50 EQUALS 1 OR 3 GO TO C51.
 ELSE GO TO BOX 26

- C51. How much did you receive in the last 12 months, for this activity?
- \$ | | | | | , | | | | |
- AMOUNT RECEIVED IN LAST 12 MONTHS
- REFUSED -1

Box 26:
 IF C51 IS SKIPPED GO TO C52.
 ELSE GO TO BOX 27

- C52. We just need to know a range. Please tell me 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
 - REFUSED -1

Box 27:
 IF C50 EQUALS 2 OR 3, GO TO C53
 ELSE GO TO C54.

- C53. What {else} did you get in exchange for this?
- Meals 1
 - Clothing 2
 - Place to live 3
 - Child care 4
 - Other 91
 - REFUSED -1

- C54. Are you currently serving in any branch of the Armed Services?
- No, not currently serving in Armed Services 0
 - Yes, Army 1
 - Yes, Air Force 2
 - Yes, Marines 3
 - Yes, Navy 4
 - Yes, Coast Guard 5
 - REFUSED -1

Box 27a:
 IF C54 EQUALS 0 GO TO C55.
 ELSE GO TO C56a.

- C55. Have you ever served in any branch of the Armed Services?
- No, Never served in the Armed Services 0
 - Yes, Army 1
 - Yes, Air Force 2
 - Yes, Marines 3
 - Yes, Navy 4
 - Yes, Coast Guard 5
 - REFUSED -1

C56a. We are now going to ask you about your experiences from when you were age 18 to {CURRENT AGE minus 1}.

- C56b. Since you were 18, how many regular jobs have you had?
- |_|_|_|_|
 REGULAR JOBS SINCE AGE 18
- REFUSED -1

Box 28:
 IF CURRENT AGE EQUALS 22 OR YOUNGER, DISPLAY LOOPS FOR AGES 18-21
 IF CURRENT AGE EQUALS 23 DISPLAY LOOPS FOR AGES 18-22
 IF CURRENT AGE EQUALS 24 OR OLDER, DISPLAY LOOPS FOR AGES 18-23

- C57. At age 18, what were you doing most of the time? (SELECT ALL THAT APPLY)
- Working for pay 1
 - In school 2
 - In active military service 3
 - Looking for work 4
 - Unable to work/disabled 5
 - Taking care of your own children 6
 - Taking care of your 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
 - REFUSED -1

Box 29:
 IF C57 EQUALS 1 GO TO C58-C59
 ELSE GO TO C60.

- C58. At age 18, how many different jobs did you work?
- |_|_|_|_|
 NUMBER OF JOBS AT AGE 18
- REFUSED -1

- C59. When you were age 18, about what was your annual income from work?
- 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
 - REFUSED -1

- C60. At age 19, what were you doing most of the time? (SELECT ALL THAT APPLY)
- Working for pay 1
 - In school 2
 - In active military service 3
 - Looking for work 4
 - Unable to work/disabled 5
 - Taking care of your own children 6
 - Taking care of your 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
 - REFUSED -1

Box 30:
 IF C60 EQUALS 1 GO TO C61.
 ELSE GO TO C63.

- C61. At age 19, how many different jobs did you work?
-
- NUMBER OF JOBS AT AGE 19
- REFUSED -1

- C62. When you were age 19, about what was your annual income from work?
- 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
 - REFUSED -1

- C63. At age 20, what were you doing most of the time? (SELECT ALL THAT APPLY)
- Working for pay 1
 - In school 2
 - In active military service 3
 - Looking for work 4
 - Unable to work/disabled 5

Taking care of your own children.....	6
Taking care of your 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
REFUSED.....	-1

Box 31:
 IF C63 EQUALS 1 GO TO C64.
 ELSE GO TO C66.

C64. At age 20, how many different jobs did you work?

<input type="text"/> <input type="text"/> <input type="text"/>	
NUMBER OF JOBS AT AGE 20	
REFUSED.....	-1

C65. When you were age 20, about what was your annual income from work?

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
REFUSED.....	-1

C66. At age 21, what were you doing most of the time? (SELECT ALL THAT APPLY)

Working for pay.....	1
In school.....	2
In active military service.....	3
Looking for work.....	4
Unable to work/disabled	5
Taking care of your own children.....	6
Taking care of your 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
REFUSED.....	-1

Box 32:
 IF C66 EQUALS 1 GO TO C67.
 ELSE GO TO BOX 33.

C67. At age 21, how many different jobs did you work?

<input type="text"/> <input type="text"/> <input type="text"/>	
NUMBER OF JOBS AT AGE 21	
REFUSED.....	-1

C68. When you were age 21, about what was your annual income from work?

- 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
- REFUSED -1

Box 33:
 IF CURRENT AGE EQUALS 22 OR LESS, GO TO C75.
 ELSE GO TO C69.

C69. At age 22, what were you doing most of the time? (SELECT ALL THAT APPLY)

- Working for pay 1
- In school 2
- In active military service 3
- Looking for work 4
- Unable to work/disabled 5
- Taking care of your own children 6
- Taking care of your 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
- REFUSED -1

Box 34:
 IF C69 EQUALS 1 GO TO C70.
 ELSE GO TO BOX 35.

C70. At age 22, how many different jobs did you work?

- ENTER NUMBER
- REFUSED -1

C71. When you were age 22, about what was your annual income from work?

- 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

REFUSED -1

Box 35:
 IF CURRENT AGE EQUALS 23 GO TO C75.
 ELSE GO TO C72.

C72. At age 23, what were you doing most of the time? (SELECT ALL THAT APPLY)

- Working for pay 1
- In school 2
- In active military service 3
- Looking for work 4
- Unable to work/disabled 5
- Taking care of your own children 6
- Taking care of your 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
- REFUSED -1

Box 36:
 IF C72 EQUALS 1 GO TO C73.
 ELSE GO TO C75.

C73. At age 23, how many different jobs did you work?

NUMBER OF JOBS AT AGE 23
 REFUSED -1

C74. When you were age 23, about what was your annual income from work?

- 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
- REFUSED -1

C75. Were you working in March 2020 when the COVID-19/coronavirus outbreak hit?

- Yes 1
- No 2
- REFUSED -1

Box 37:
 IF C75 EQUALS 1 GO TO C76.
 ELSE GO TO SECTION D.

C76. What impact did it have on your employment situation? (SELECT ALL THAT APPLY)

- Lost job 1
- Had hours cut 2
- Had wages cut 3
- Asked to work from home 4
- It had no impact 5
- REFUSED -1

Box 38:
IF C76 EQUALS 2 GO TO C77.
ELSE GO TO BOX 39.

C77. Did you eventually get your hours restored to their normal level?

- Yes 1
- No 2
- REFUSED -1

Box 39:
IF C76 EQUALS 3 GO TO C78.
ELSE GO TO BOX 40.

C78. Did you eventually get your wages restored to their normal level?

- Yes 1
- No 2
- REFUSED -1

Box 40:
IF C76 EQUALS 1 GO TO C79.
ELSE GO TO BOX 41.

C79. Did you eventually get your job back?

- Yes 1
- No 2
- REFUSED -1

Box 41:
IF C76 EQUALS 1,2,3, OR 4 GO TO C80.
ELSE GO TO SECTION D.

C80. Was there another time after spring 2020 when your employment was affected by the COVID-19/coronavirus outbreak?

- Yes 1
- No 2
- REFUSED -1

Box 42:
IF C80 EQUALS 1 GO TO C81.
ELSE GO TO SECTION D.

C81a. What month was your employment affected by the COVID-19/coronavirus pandemic?
 | | | |
 ENTER MONTH
 REFUSED -1

C81b. What year was your employment affected by the COVID-19/coronavirus pandemic?
 | | | | | | | |
 ENTER YEAR
 REFUSED -1

C82. What impact did it have on your employment situation? (SELECT ALL THAT APPLY)

Lost job	1
Had hours cut.....	2
Had wages cut	3
Asked to work from home	4
It had no impact	5
REFUSED	-1

Box 43:
 IF C82 EQUALS 2 GO TO C83.
 ELSE GO TO BOX 44.

C83. Did you eventually get your hours restored to their normal level?
 Yes..... 1
 No..... 2
 REFUSED -1

Box 44:
 IF C82 EQUALS 3 GO TO C84.
 ELSE GO TO BOX 45.

C84. Did you eventually get your wages restored to their normal level?
 Yes..... 1
 No..... 2
 REFUSED -1

Box 45:
 IF C82 EQUALS 1 GO TO C85.
 ELSE GO TO SECTION D.

C85. Did you eventually get your job back?
 Yes..... 1
 No..... 2
 REFUSED -1

Section D: Income, Assistance, and Finances

We would now like to ask you some questions about your income 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 FROM A4} people/was 1 person} living with you{, including {TYPES OF HOUSEHOLD MEMBERS FROM A5}}.} Please include money from jobs and public assistance programs, as well as any sources we haven't discussed, such as rent, interest, and dividends.

\$|_|_|_|_|_|, |_|_|_|_|_|
ENTER AMOUNT

REFUSED -1
DON'T KNOW -2
REFUSED -1

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

- D2. I just need to have a range. Can you tell me if it was . . .
- | | |
|----------------------------|----|
| Less than \$5,000..... | 1 |
| \$5,000 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 |
| REFUSED | -1 |
| DON'T KNOW | -2 |

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

		YES	NO	REFUSED
D3a1.	TANF or General Assistance?	1	2	-1
D3a2.	Unemployment Insurance or Workers Compensation?	1	2	-1
D3a3.	SNAP, formerly known as Food Stamps, or EBT (Electronic Benefits Transfer)?	1	2	-1
D3a4.	Supplemental Security Income, SSI or Social Security Disability Insurance, SSDI?	1	2	-1
D3a5.	Other cash aid?	1	2	-1

Box 2:
 Display D4a1 through D4a5 FOR EACH PROGRAM IN D3a1 through D3a5 EQUALS 1.
 ELSE IF NONE of D3a1-5 EQUALS 1 GO TO D5.

D4a1-5. In the past twelve months, approximately how much did you receive from {INSERT PROGRAM NAME FROM D3a1-5}?

\$|_|_|_|_|_|_|_|, |_|_|_|_|_|_|_|_|
 AMOUNT RECEIVED IN PAST 12 MONTHS
 REFUSED..... -1

D5. We are also interested in some of the problems that families face making ends meet.

In the past twelve months, did you do any of the following because there wasn't enough money?

	YES	NO	REFUSED
D6. In the past twelve months, did you receive free food or meals?	1	2	-1
D7. In the past twelve months, were you ever hungry, but didn't eat because you couldn't afford enough food?	1	2	-1
D8. In the past twelve months, did you ever not pay the full amount of rent or mortgage payments?	1	2	-1
D9. In the past twelve months, were you evicted from your home or apartment for not paying the rent or mortgage?	1	2	-1
D10. In the past twelve months, did you not pay the full amount of gas, oil, or electricity bill?	1	2	-1
D11. 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
D12. In the past twelve months, did you borrow money from friends or family to help pay bills?	1	2	-1
D13. In the past twelve months, did you move in with other people even for a little while because of financial problems?	1	2	
D14. 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
D15. 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
D16. 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

D17. Now I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you/your household in that last 12 months.

NEVER TRUE	SOMETIMES TRUE	OFTEN TRUE	REFUSE
------------	----------------	------------	--------

D17a.	I/We worried whether my/our food would run out before I/we got money to buy more	1	2	3	-1
D17b.	The food that I/we bought just didn't last, and I/we didn't have enough money to get more	1	2	3	-1

D17c. If you experienced a hardship, what was the main reason you experienced these financial and material hardships?

DESCRIBE THE REASON _____
 REFUSED..... -1

- RECODED**
 D17c – Other, Specify Recoded
- D17c_101 Did not Experience any hardships
 - D17c_102 Experienced a hardship related to: Family issues
 - D17c_103 Experienced a hardship related to: Caregiver responsibilities
 - D17c_104 Experienced a hardship related to: Relationship issues
 - D17c_105 Experienced a hardship related to: Housing
 - D17c_106 Experienced a hardship related to: Unemployment
 - D17c_107 Experienced a hardship related to: Physical or mental health condition
 - D17c_108 Experienced a hardship related to: COVID-19
 - D17c_109 Experienced a hardship related to: Income not covering living expenses
 - D17c_110 Experienced a hardship related to: In school
 - D17c_111 Experienced a hardship related to: Unexpected expense
 - D17c_112 Experienced a hardship related to: Hours cut at work
 - D17c_113 Experienced a hardship related to: Injury or accident
 - D17c_114 Experienced a hardship related to: Trouble with budgeting
 - D17c_115 Experienced a hardship related to: Vehicle and transportation issues
 - D17c_116 Experienced a hardship related to: Debts and loans
 - D17c_117 Experienced a hardship related to: Other

D18. Did you file a federal tax return for the previous tax year?
 Yes..... 1
 No 2
 REFUSED..... -1

Box 4:
 IF D18 EQUALS 1 GO TO D19
 ELSE GO TO BOX 5

D19. Did you get a tax refund?
 Yes..... 1
 No 2
 REFUSED..... -1

Box 5:
 IF D19 EQUALS 1 GO TO D20
 ELSE GO TO BOX 6

D20. How much was it?

Less than \$500	1
\$501-\$1,000.....	2
\$1,001 to \$2,000.....	3
\$2,001 to \$3,000.....	4
\$3,001 to \$4,000.....	5
\$4,001 to \$5,000.....	6
\$5,001 to \$6,000.....	7
More than \$6,000.....	8
REFUSED.....	-1

Box 6:
IF D19 EQUALS 1 GO TO D21.
ELSE GO TO D21a.

D21. Did you also get a state tax refund as part of your state tax return?	
Yes.....	1
No.....	2
REFUSED.....	-1

D21a. Did you get a stimulus check during the COVID-19 outbreak starting in March 2020? This is coronavirus relief money from the federal government (\$1,200 per individual and \$500 for qualifying children).	
Yes.....	1
No.....	2
REFUSED.....	-1

Box 6a:
IF D21a EQUALS 1 GO TO D21b.
ELSE GO TO D22.

D21b. How did you spend the stimulus check? (SELECT ALL THAT APPLY)	
Food.....	1
Rent/Mortgage payments.....	2
Other household bills.....	3
Car payments.....	4
Paying down credit card debt.....	5
Paying down student loan debt.....	6
Put it in savings.....	7
Other.....	8
REFUSED.....	-1

D22. What is your current housing situation? Do you...	
Rent your own apartment or house.....	1
Live with family or friends who rent and you contribute part of the rent.....	2
Live with family or friends who rent but you do not pay rent.....	3
Own your own home.....	4
Live in a house or condo owned by another family member.....	5
Live in temporary housing or a group shelter.....	6
Live in some other housing arrangement?.....	7

REFUSED.....-1

Box 7:
 IF D22 IS NOT EQUAL TO 3, GO TO D23.
 ELSE GO TO D24.

D23. How much do you personally pay in rent or mortgage each month?
 \$|_|_|,|_|_|_|_|_|_|_|_|
 MONTHLY RENT OR MORTGAGE AMOUNT
 REFUSED -1

D24. How much do you pay towards household bills each month?
 \$|_|_|,|_|_|_|_|_|_|_|_|
 MONTHLY AMOUNT OF BILLS
 REFUSED.....-1

Box 8:
 IF D22 EQUALS 1, 2, 4, OR 5 GO TO D25.
 ELSE GO TO D26.

D25. Whose name is on the lease for this apartment/house/condo?
 Your name only 1
 Your current partner or spouse's name only 2
 Your name and current partner or spouse's name 3
 Family members on your side..... 4
 Family members on current partner/spouse's side..... 5
 Other 91
 REFUSED.....-1

D26. Is this home in public housing?
 Yes 1
 No 2
 REFUSED.....-1

Box 9:
 IF D22 EQUALS 3, 4 OR 5, (IF RESPONDENT DOES NOT PAY RENT), GO TO D28.
 ELSE, GO TO D27.

D27. Do you have a Section 8 certificate, or are you receiving rent assistance through other programs?
 Yes 1
 No 2
 REFUSED -1

D28. How many credit cards do you (and your spouse) have?
 |_|_|_|
 NUMBER OF CREDIT CARDS
 REFUSED.....-1

D29. Do you (or your spouse) have any debt from credit cards or department store cards?

- Yes 1
- No 2
- REFUSED -1

Box 10:
IF D29 EQUALS 1 GO TO D30.
ELSE GO TO D31.

D30. How much do you (or your spouse) owe in credit card debt?

- \$|_|_|,|_|_|_|_|
AMOUNT OWED IN CREDIT CARD DEBT
REFUSED -1

D31. Do you (or your spouse) have a bank account?

- Yes 1
- No 2
- REFUSED -1

The next questions are about financial help that you might have received during the last year. This could be in the form of money given to you or money paid on your behalf.

D32. During the past 12 months, did your parents or other relatives...

This could be in the form of money given to you or money paid on your behalf.

	YES	NO	REFUSE
D32a. Help(ed) you purchase a house or condominium?	1	2	-1
D32b. Help(ed) you pay your rent or mortgage?	1	2	-1
D32c. Help(ed) you pay for the security deposit of your home?	1	2	-1
D32d. Help(ed) you purchase or make payments on a personal vehicle, such as a car?	1	2	-1
D32e. Help(ed) you pay your tuition and school fees including room and board?	1	2	-1
D32f. Help(ed) you pay your student loans?	1	2	-1
D32g. Give you a personal loan?	1	2	-1
D32h. Help(ed) you with any other expense or bills (such as cell phone bills, insurance, and groceries)?	1	2	-1
D32i. Give you any other financial help?	1	2	-1

D33. In the past 12 months, have you received any financial help or money from anyone other than your parents or other relatives? Don't include help from any government or private agency.

- Yes 1
- No 2
- REFUSED -1

Box 11:
IF D33 EQUALS 1 GO TO D34 & D35.
ELSE GO TO BOX 12.

D34. Who gave you financial help or money? (SELECT ALL THAT APPLY)

- Friends 1
- Your partner/boy or girlfriend 2
- Your partner's/boyfriend's or girlfriend's family 3
- Other 91
- REFUSED -1

D35. About how much financial help or money were you given in the past 12 months?

- \$|_|_|_|,|_|_|_|_|
- AMOUNT OF FINANCIAL HELP IN LAST 12 MONTHS
- REFUSED -1

Box 12:
 IF D35 IS SKIPPED GO TO D36.
 ELSE GO TO D37.

D36. I just need to know a range. Can you tell me if it was...

- Less than \$500, 1
- \$500 to \$1000, 2
- \$1,001 to \$2,000, 3
- \$2,001 to \$3,000, 4
- \$3,001 to \$4,000, 5
- \$4,001 to \$5,000, 6
- \$5,001 to \$10,000 7
- More than \$10,000 8
- REFUSED -1

D37. Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense? If you would use more than one method to cover this expense, select all that apply.

- 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
- REFUSED -1

Box 13:
 IF D37 EQUALS 91 OR IS SKIPPED (SK) GO TO D37_OS.
 ELSE GO TO D38.

D37_OS. How would you pay for a \$400 emergency expense?

- PLEASE DESCRIBE _____
- REFUSED -1

	YES	NO	REFUSED
D42a. Help someone outside of your household with errands, shopping, rides, or chores?	1	2	-1
D42b. Help someone outside of your household with money or paying their bills?	1	2	-1
D42c. Help someone outside of your household with child care or elder care?	1	2	-1
D42d. Give anyone living outside your household advice, encouragement, moral or emotional support?	1	2	-1

D43. 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 a spouse, partner, parent, relative or friend? (Do not include people you take care of as part of your job).

- Yes 1
- No 2
- REFUSED -1

Box 15:
 IF D43 EQUALS 1 GO TO D44.
 ELSE GO TO SECTION E.

D44. 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
- Other relative 8
- Non-relative 9
- Other 91
- REFUSED -1

Section E: Relationships

E1. Next, we'd like to ask about your family relationships. How involved was your biological mother when you were growing up?

- Very involved..... 1
- Somewhat involved..... 2
- Not at all involved..... 3
- Never knew my mother..... 4
- REFUSED..... -1

Box 1:

IF E1 IS NOT EQUAL TO 4, & "MOTHERSTATUS" FROM PRELOAD DOES NOT INDICATE
BIOLOGICAL MOTHER IS DECEASED GO TO E2 (E2-E6).
ELSE GO TO E7.

E2. Have you communicated with your biological mother -- either in-person, on the phone, texting, emailing, on a video call (e.g. Zoom or FaceTime) or through social media -- in the last year?

- Yes..... 1
- No..... 2
- She is deceased..... 3
- REFUSED..... -1

Box 2:

IF E2 EQUALS 2 GO TO E5, ELSE GO TO E3

E3. During the past 30 days, on how many days have you seen your biological mother?

- NUMBER OF DAYS
- REFUSED..... -1

E4. During the past 30 days, on how many days have you communicated with your biological mother -- either on the phone, texting, emailing, on a video call (e.g. Zoom or FaceTime) or through social media?

- NUMBER OF DAYS
- REFUSED..... -1

E5. How close do you feel to your biological mother? Would you say...

- Extremely close..... 1
- Quite close..... 2
- Fairly close, or..... 3
- Not very close?..... 4
- REFUSED..... -1

E6. How well do you and your biological mother share ideas or talk about things that really matter? Would you say...

- Extremely well..... 1
- Quite well..... 2
- Fairly well, or..... 3
- Not very well?..... 4
- REFUSED..... -1

- E7. How involved was your biological father when you were growing up?
- | | |
|---------------------------|----|
| Very involved..... | 1 |
| Somewhat involved..... | 2 |
| Not at all involved..... | 3 |
| Never knew my father..... | 4 |
| REFUSED..... | -1 |

Box 3:
 IF E7 IS NOT EQUAL TO 4, AND "FATHERSTATUS" FROM PRELOAD DOES NOT INDICATE
 BIOLOGICAL FATHER IS DECEASED, INELIGIBLE, INELIGIBLE/DNA-NOT-DAD, OR UNKNOWN
 GO TO E8 THROUGH E12.
 ELSE GO TO BOX 5.

- E8. Have you communicated with your biological father -- either in-person, on the phone, texting, emailing, on a video call (e.g. Zoom or FaceTime) or through social media -- in the last year?
- | | |
|---------------------|----|
| Yes..... | 1 |
| No..... | 2 |
| He is deceased..... | 3 |
| REFUSED..... | -1 |

Box 4:
 IF E8 EQUALS 2 GO TO E11, ELSE GO TO E9

- E9. During the past 30 days, on how many days have you seen your biological father?
- | | |
|---|----|
| <input type="text"/> <input type="text"/> | |
| NUMBER OF DAYS | |
| REFUSED..... | -1 |
- E10. During the past 30 days, on how many days have you communicated with your biological father -- either on the phone, texting, emailing, on a video call (e.g. Zoom or FaceTime) or through social media?
- | | |
|---|----|
| <input type="text"/> <input type="text"/> | |
| NUMBER OF DAYS | |
| REFUSED..... | -1 |
- E11. How close do you feel to your biological father? Would you say...
- | | |
|-----------------------|----|
| Extremely close..... | 1 |
| Quite close..... | 2 |
| Fairly close, or..... | 3 |
| Not very close?..... | 4 |
| REFUSED..... | -1 |
- E12. How well do you and your biological father share ideas or talk about things that really matter? Would you say...
- | | |
|----------------------|----|
| Extremely well..... | 1 |
| Quite well..... | 2 |
| Fairly well, or..... | 3 |
| Not very well?..... | 4 |
| REFUSED..... | -1 |

Box 5:

IF THERE WAS A NON-PARENTAL PCG AT YEAR 15 (YR15PCGCOMP EQUALS 1 YES AND YR15PCGTYPE EQUALS "Other/Nonparent PCG")

OR

IF YEAR 15 IS NON-COMPLETE AND YEAR 9 PCG IS COMPLETE WITH NON-PARENTAL PCG, ((YR15PCGCOMP<>1 and YR9PCGCOMP EQUALS 1 AND YR9PCGTYPE EQUALS "Other/Nonparent PCG"). GO TO E13-E17. ELSE GO TO E18.

E13. Now we are going to ask about your relationship with your {PCG RELATIONSHIP}, {PCG}. Have you communicated with {PCG} -- either on the phone, texting, emailing, on a video call (e.g. Zoom or FaceTime) or through social media, like Facebook -- in the last year?

Yes 1
 No 2
 {PCG} is deceased 3
 REFUSED -1

Box 6:

IF E13 EQUALS 2 GO TO E16, IF E13 EQUALS 3 GO TO E18
 ELSE GO TO E14

E14. During the past 30 days, on how many days have you seen {PCG}?

|_|_|
 NUMBER OF DAYS
 REFUSED -1

E15. During the past 30 days, on how many days have you communicated with {PCG} -- either on the phone, texting, emailing, on a video call (e.g. Zoom or FaceTime) or through social media?

|_|_|
 NUMBER OF DAYS
 REFUSED -1

E16. How close do you feel to {PCG}? Would you say... extremely close, quite close, fairly close, or not very close?

Extremely close 1
 Quite close 2
 Fairly close, or 3
 Not very close? 4
 REFUSED -1

E17. How well do you and {PCG} share ideas or talk about things that really matter? Would you say...

Extremely well 1
 Quite well 2
 Fairly well, or 3
 Not very well? 4
 REFUSED -1

E18. Did you have another parent-like figure when you were growing up?

Yes 1
 No 2

REFUSED -1

Box 7:

IF E18 EQUALS 1 GO TO E19 (E19-E24)
ELSE GO TO E25.

E19. Who was this person? (SELECT ALL THAT APPLY)

Stepmother 1
Stepfather 2
Foster mother 3
Foster father 4
Aunt 5
Uncle 6
Grandmother 7
Grandfather 8
Cousin 9
Friend's mother 10
Friend's father 11
Minister 12
Teacher 13
Neighbor 14
Other 91
REFUSED -1

E20. Have you communicated with your {RESPONSE FROM E19} -- either on the phone, texting, emailing, on a video call (e.g. Zoom or Facetime) or through social media, like Facebook -- in the last year? If you selected more than one person as a parent-like figure, please refer to the most important one.

Yes 1
No 2
They are deceased 3
REFUSED -1

Box 8:

IF E20 EQUALS 3 GO TO E25,
IF E20 EQUALS 2 GO TO E23,
ELSE GO TO E21.

E21. During the past 30 days, on how many days have you seen your {RESPONSE FROM E19}? If you selected more than one person as a parent-like figure, please refer to the most important one.

NUMBER OF DAYS
REFUSED -1

E22. During the past 30 days, on how many days have you communicated with your {RESPONSE FROM E19} -- either on the phone, texting, emailing, on a video call (e.g. Zoom or Facetime) or through social media? If you selected more than one person as a parent-like figure, please refer to the most important one.

NUMBER OF DAYS
REFUSED -1

E23. How close do you feel to your {RESPONSE FROM E19}? If you selected more than one person as a parent-like figure, please refer to the most important one. Would you say...

Extremely close 1
 Quite close 2
 Fairly close, or 3
 Not very close? 4
 REFUSED -1

E24. How well do you and your {RESPONSE FROM E19} share ideas or talk about things that really matter? If you selected more than one person as a parent-like figure, please refer to the most important one. Would you say...

Extremely well 1
 Quite well..... 2
 Fairly well, or 3
 Not very well? 4
 REFUSED -1

E25. How many full, half, and step siblings do you have?

NUMBER OF FULL, HALF, AND STEP SIBLING
 REFUSED -1

Box 9:

DISPLAY NUMBER OF LOOPS (FOR E25a-E29) THAT CORRESPOND TO THE TOTAL NUMBER OF SIBLINGS LISTED IN E25, UP TO 10 LOOPS;
 IF E25 IS GREATER THAN 0 or E25 EQUALS SKIPPED (SK) GO TO E25a.
 ELSE IF E25 EQUALS 0 GO TO E30 TO SKIP SIBLING LOOP.

E25a. Please tell us the name or initials of one of your full, step or halfsiblings. We will ask about the next sibling later. We ask for first names so that we can ask questions about each sibling in the survey. You may provide nicknames or initials if you prefer.

SIBLING'S NAME/INITIALS _____

REFUSED -1

Note: Not included in public data.

E26. What is {{SIBLING'S NAME FROM E25a}'s/this sibling's} gender?

Male..... 1
 Female 2
 Other 91
 REFUSED -1

E27. How old is {{SIBLING'S NAME FROM E25a}/this sibling}?

AGE OF SIBLING
 Sibling is deceased 101
 REFUSED -1

E28. Who are {{SIBLING'S NAME FROM E25a}'s/this sibling's} biological parents? Check both that apply.

- Your biological mother 1
 Your biological father 2
 Your mother's current partner 3
 Your father's current partner 4
 A former partner of your mother..... 5
 A former partner of your father..... 6
 Someone else (specify)..... 91
 REFUSED -1

Box 10a:

IF E28 EQUALS 91, GO TO E28_OS
 ELSE GO TO BOX 10a2

E28_OS. Who are {{SIBLING'S NAME}'s/this sibling's} biological parents?

- SOMEONE ELSE (SPECIFY) _____
 REFUSED -1

ALL RESPONSES RECODED INTO THE RESPONSE OPTIONS FOR E28.

Box 10a2:

IF E27 EQUALS Sibling is deceased, GO TO BOX 10b
 ELSE GO TO E29.

E29. How close do you feel with {{SIBLING'S NAME FROM E25a}/this sibling}?

- Extremely close 1
 Quite close 2
 Fairly close, or 3
 Not very close 4
 REFUSED -1

Box 10b:

LOOP BACK TO BOX 9, TO ASK ABOUT THE NEXT SIBLING, UNTIL ALL SIBLINGS HAVE BEEN ASKED OR A MAX NUMBER OF 10 LOOPS/SIBLINGS.

E30. During the COVID-19 outbreak starting in March 2020, did anyone living outside your household, such as a parent, other relatives, or friends, help you with errands, shopping, rides, or chores?

- Yes 1
 No 2
 REFUSED -1

E31. Did anyone living outside your household, such as parents, other relatives, or friends, help you with money or by paying your bills?

- Yes 1
 No 2
 REFUSED -1

E31a. Did anyone outside your household such as parents, other relatives or friends help you with child care or elder care?

Yes 1
 No 2
 REFUSED -1

E31b. Did anyone living outside your household such as parents, other relatives or friends give you advice, encouragement, moral, or emotional support?

Yes 1
 No 2
 REFUSED -1

E32. Sometimes people lose someone who is really important to them. Since you were 15, has anyone important to you passed away?

No 1
 Yes, one person 2
 More than one person 3
 REFUSED -1

Box 10c:

IF E32 EQUALS 2, 3 (ONE OR MORE DECEASED PEOPLE) GO TO E33.
 ELSE, GO TO E36.

E33. Were any of these deaths due to COVID-19/coronavirus?

Yes 1
 No 2
 REFUSED -1

Box 11:

IF E32 EQUALS 2, (ONE DECEASED PERSON) GO TO E34
 IF E32 EQUALS 3 (MORE THAN ONE DECEASED PERSON) GO TO E35
 ELSE GO TO E36

E34. What was your relationship with this person?

PLEASE DESCRIBE RELATIONSHIP _____
 REFUSED -1

Box 12:

IF E32 EQUALS 2, (ONE DECEASED PERSON) TO E36
 ELSE GO TO E35

E35. What were your relationship(s) with these people?

PLEASE DESCRIBE RELATIONSHIP _____

REFUSED -1

RECODED

E34 and E35 – Relationship – Responses from both question E34 and E35 were coded into variables k7e34_1-k7e34_17.

- E34_1 YA reported losing their Mother
- E34_2 YA reported losing their Father
- E34_3 YA reported losing their Grandmother
- E34_4 YA reported losing their Grandfather
- E34_5 YA reported losing their Great Grandmother
- E34_6 YA reported losing their Great Grandfather
- E34_7 YA reported losing their Aunt
- E34_8 YA reported losing their Uncle
- E34_9 YA reported losing their Sibling
- E34_10 YA reported losing their Cousin
- E34_11 YA reported losing their Niece or Nephew
- E34_12 YA reported losing an Other family member
- E34_13 YA reported losing their Partner
- E34_14 YA reported losing their Friend
- E34_15 YA reported losing an Other adult
- E34_16 YA reported losing their Pet
- E34_17 YA reported losing Someone else

E36. What is your current relationship status?

- Married 1
- Engaged 2
- In a romantic relationship 3
- Casually dating 4
- Single 5
- REFUSED -1
- DON'T KNOW -2

Box 13:

IF E36 EQUALS 1 GO TO E37 (E37 & E38).
ELSE GO TO BOX 14.

E37. In what month were you married?

-
- MONTH MARRIED
- REFUSED -1

E38. In what year were you married?

-
- YEAR MARRIED
- REFUSED -1

Box 14:

IF E36 EQUALS 1, 2 OR 3 GO TO E39
ELSE GO TO E53

E39. Think of the person you are {currently dating/engaged to/married to}. What is this person's first name or initials? We ask for first names so that we can ask additional questions about them in the survey. You may provide nicknames or initials if you prefer.

NAME OR INITIALS _____
 REFUSED -1

Note: Not included in public data.

E40. Are you and {{PARTNER IN E39}/your partner} living together?

Yes 1
 No 2
 REFUSED -1

Box 15:

IF E40 EQUALS 1 GO TO E41
 ELSE GO TO E43

E41. In what month did you and {{PARTNER IN E39}/your partner} start living together?

 MONTH STARTED LIVING TOGETHER
 REFUSED -1

E42. In what year did you and {{PARTNER IN E39}/your partner} start living together?

 YEAR STARTED LIVING TOGETHER
 REFUSED -1

E43a. How long have you and {{PARTNER IN E39}/your partner} been romantically involved?

 NUMBER OF YEARS ROMANTICALLY INVOLVED
 REFUSED -1

E43b. How many months have you and {{PARTNER IN E39}/your partner} been romantically involved?

 NUMBER OF MONTHS ROMANTICALLY INVOLVED
 REFUSED -1

E44. How old is your {{PARTNER IN E39}/your partner}?

 PARTNER'S AGE
 REFUSED -1

E45. Which of the following best describes {{PARTNER}/your partner}'s race?

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

E46. Is {{PARTNER IN E39}}/your partner} of Hispanic or Latino origin or descent?

Yes 1
 No..... 2
 REFUSED -1

E47. Was {{PARTNER IN E39}}/your partner} born in the United States?

Yes 1
 No..... 2
 REFUSED -1

E48. What is your {{PARTNER IN E39}}/your partner}'s gender?

Male..... 1
 Female 2
 Other 91
 REFUSED -1

Box 16:

IF E48 EQUALS 91 GO TO E48_OS
 ELSE GO TO E49

E48_OS. What is {{PARTNER IN E39}}/your partner}'s gender?

PLEASE SPECIFY _____

All responses to E48_OS were coded into the provided options for E48.

E49. Please think about {PARTNER IN E39}'s education. What is the highest grade or educational degree, {PARTNER IN E39} has completed or received?

1st Grade..... 1
 2nd Grade..... 2
 3rd Grade 3
 4th Grade 4
 5th Grade 5
 6th Grade 6
 7th Grade 7
 8th Grade 8
 9th Grade 9
 10th Grade 10
 11th Grade 11
 12th Grade (no diploma/GED) 12
 High school diploma 13
 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 (Specified) 91
 REFUSED -1

DON'T KNOW-2

Note: Responses to E49 in categories 16 and 17 have been combined into one general category of “Bachelor’s Degree” with code 16

Box 17:
IF E49 EQUALS 91 GO TO E49_OS
ELSE GO TO E50.

E49_OS. What is the highest grade or educational degree, {PARTNER IN E39} has completed or received?

OTHER (SPECIFY) _____
REFUSED -1

RECODED
E49 – Other, Specified Recoded
E49_101 Trade school or certificate program

E50. How satisfied are you with your current relationship in general? Would you say...

- Completely satisfied 1
- Very satisfied 2
- Somewhat satisfied 3
- Not very satisfied 4
- Not at all satisfied 5
- REFUSED -1

E51. You're making great progress through the survey. This is helpful information.

Box 18:
IF E36 EQUALS 1,2,3 GO TO E52a (E52a-E52o,).
ELSE IF E36 DOES NOT EQUAL 1,2,3, GO TO E53.

E52. Now, think about how {PARTNER} behaves towards you. For each statement, how often do they...

		OFTEN	SOMETIMES	NEVER	REFUSED
E52a.	Compromise when you have a disagreement	1	2	3	-1
E52b.	Express affection or love for you	1	2	3	-1
E52c.	Encourage or help you to do things that are important to you	1	2	3	-1
E52d.	Insult or criticize you or your ideas	1	2	3	-1
E52e.	Slap or kick you	1	2	3	-1
E52f.	Hit you with a fist or an object that could hurt you	1	2	3	-1
E52g.	Try to make you have sex or do sexual things you don't want to do	1	2	3	-1
E52h.	Throw something at you	1	2	3	-1
E52i.	Push, grab, or shove you.....	1	2	3	-1
E52j.	Pressure you to sext (sending a sexual text or naked photo of yourself).....	1	2	3	-1

E52k.	Send a sexual text or naked photo or video of you to others without your permission	1	2	3	-1
E52l.	Post a mean or hurtful PUBLIC message about you that others can see using social media (such as group text, subtweet, etc.)	1	2	3	-1
E52m.	Pressure you to respond quickly to calls, texts, or other messages	1	2	3	-1
E52n.	Look at your private information (text messages, emails, etc.) to check up on you without your permission	1	2	3	-1
E52o.	Pressure you to share your location using social media (such as a Snapchat)	1	2	3	-1

E53. Since {MONTH, YEAR OF YEAR 15 INTERVIEW}/you were age 15} how many romantic or intimate relationships have you had that lasted for at least one month?

____|____|

NUMBER OF ROMANTIC RELATIONSHIPS

REFUSED -1

Box 19:

IF E53 IS SKIPPED GO TO E54
ELSE GO TO BOX 20

E54. I just need to have a range. Can you tell me if it was...

No relationships 1
One or two relationships 2
Three or four relationships 3
Five or six relationships 4
More than six relationships 5
REFUSED -1

Box 20:

IF E53 IS GREATER THAN 0 OR E54 EQUALS 2,3,4,5 GO TO E55
ELSE GO TO BOX 21

E55. Since {{MONTH, YEAR OF YEAR 15 INTERVIEW}/you were age 15}? How many different partners, boyfriends, or girlfriends, have you lived with for one month or more?

____|____|

NUMBER LIVED WITH FOR ONE MONTH OR MORE

REFUSED -1

BOX 21:

IF E55 IS GREATER THAN 0 GO TO E56 & E57
ELSE GO TO E58

E56. In what month did you start living with your first partner, boyfriend, or girlfriend (for one month or more)?

____|____|

MONTH STARTED LIVING WITH PARTNER
REFUSED -1

E57. In what year did you start living with your first partner, boyfriend, or girlfriend (for one month or more)?

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

E58. Have you ever had sex?

Yes 1
No 2
REFUSED -1

Box 22:
IF E58 EQUALS 2 GO TO E63.
ELSE GO TO E59

E59. Have you ever had vaginal sexual intercourse?

Yes 1
No 2
REFUSED -1

Box 23:
IF E59 EQUALS 1 GO TO E60.
ELSE GO TO E62.

E60. How old were you when you had vaginal sex for the first time?

|_|_|
AGE OF FIRST VAGINAL SEX
REFUSED -1

E61. Which would you say comes closest to describing how much you wanted that first sexual intercourse to happen?

I really didn't want it to happen at the time 1
I had mixed feelings - part of me wanted it to happen
at the time and part of me didn't 2
I really wanted it to happen at the time 3
REFUSED -1

E62. In your lifetime, how many sex partners have you had?

|_|_|
NUMBER OF SEX PARTNERS
REFUSED -1

E63. Have you ever been forced to have any type of sex against your will? (Whatever it means to you is allowed)

Yes 1
No 2
REFUSED -1

Box 24:
IF E58 EQUALS 2 GO TO SECTION F.
ELSE, GO TO E64.

- E64. In the past year who have you had sex with?
- | | |
|--------------------------|----|
| Men only | 1 |
| Women only | 2 |
| Both men and women | 3 |
| I have not had sex | 4 |
| Other (Specify) | 91 |
| REFUSED | -1 |

Box 25:
IF E64 EQUALS 91 GO TO E64_OS.
ELSE, GO TO E65.

- E64_OS. OTHER (SPECIFY) _____
- | | |
|---------------|----|
| REFUSED | -1 |
|---------------|----|

E64 has no additional recodes.

- E65. Are you and your partner using condoms or another form of protection or birth control?
- | | |
|-----------------------------|----|
| Yes | 1 |
| No | 2 |
| We are not having sex | 3 |
| Not applicable | 4 |
| REFUSED | -1 |

Box 26:
IF E65 EQUALS 2,3 OR 4 GO TO SECTION F.
ELSE, GO TO E66.

- E66. What types of protection or birth control do you use right now? (SELECT ALL THAT APPLY)
- | | |
|---|----|
| Birth control pills/oral contraceptives | 1 |
| A condom (male or female) | 2 |
| Spermicidal gel, foam, cream, gel or suppository | 3 |
| Diaphragm, sponge or cervical cap | 4 |
| Depo-Provera (3-month shot) | 5 |
| Norplant (6-year arm implant) | 6 |
| IUD (intrauterine device) | 7 |
| Rhythm method (calendar or natural family
planning method) | 8 |
| Withdrawal | 9 |
| Patch | 10 |
| NuvaRing | 11 |
| None | 12 |

REFUSED.....-1

Box 27:

IF E66 EQUALS 12 GO TO SECTION F.
 ELSE BEGIN LOOP AND REPEAT E67 FOR EACH CHOSEN ANSWER OF E66 EQUALS 1, 2, 3, 4,
 8, 9, 10, 11, (E66 DOES NOT EQUAL 5-7).
 MAX NUMBER OF LOOPS IS 8 FOR EACH TYPE OF BIRTH CONTROL.

E67. How often do you and your partner use {BIRTH CONTROL CHOICE} now?

Never 1
 A few times (1-10%)..... 2
 Some of the time (about 20-30%)..... 3
 Half of the time (about 50%) 4
 Most of the time (about 60-80%)..... 5
 Almost every time (about 90%)..... 6
 Every time we have sex 7
 REFUSED -1

Section F: Children

Note: most of the variables in Section F are used to constructed YA level and child level constructed variables. For more detailed information, please see Table 18a and Table 18b in the Year 22 User Guide.

F1. Have you ever {made someone/been} pregnant?

Yes	1
No	2
REFUSED	-1

Note: Not included in public data. Used to construct YA and child level constructed variables.

Box 1:
IF F1 EQUALS 1 GO TO F2.
ELSE, GO TO F10.

F2. How many times?

<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	
NUMBER OF PREGNANCIES	
REFUSED	-1

Note: Not included in public data. Used to construct YA level constructed variables.

Box 2:
BEGIN LOOP FOR PREGNANCIES. REPEAT F3 FOR EACH PREGNANCY IF F2 IS GREATER THAN 1, STARTING WITH THE FIRST PREGNANCY.

F3. What was the outcome of {the/your} {first/second/third/etc.} pregnancy? (SELECT ALL THAT APPLY)

Live birth	1
Miscarriage	2
Abortion.....	3
Still birth	4
Currently pregnant	5
Don't know	6
REFUSED	-1

Note: Not included in public data. Used to construct YA and child level constructed variables.

Box 3:
IF F3 EQUALS 5 GO TO F4a.
IF F3 IS NOT EQUAL TO 5 GO TO BOX 4.

F4a. What is {your/the} estimated due date?

MONTH OF DUE DATE
 REFUSED-1

Note: Not included in public data.

F4b. What is {your/the} estimated due date?

YEAR OF DUE DATE
 REFUSED-1

Note: Not included in public data.

Box 4:

IF F3 EQUALS 2, 3 OR 4. GO TO F5a.
 IF F3 IS NOT EQUAL TO 2, 3, OR 4 GO TO BOX 5.

F5a. In what month and year did that pregnancy end?

MONTH PREGNANCY ENDED
 REFUSED-1

Note: Not included in public data.

F5b. In what month and year did that pregnancy end?

YEAR PREGNANCY ENDED
 REFUSED-1

Note: Not included in public data.

F6. How old were you when that pregnancy ended?

AGE WHEN PREGNANCY ENDED
 REFUSED-1

Note: Not included in public data. Used to construct YA level constructed variables.

Box 5:

IF F3 EQUALS 1 (LIVE BIRTH) GO TO F7.
 IF F3 DOES NOT EQUAL 1 GO TO BOX 6.

F7. How many babies were born at that birth?

NUMBER OF BABIES
 REFUSED-1

Note: Not included in public data. Used to construct YA and child level constructed variables.

- F8. {Was/were} the {baby/babies} adopted by another family?
- Yes 1
 No 2
 REFUSED -1

Box 6:

IF F3 EQUALS 6 FOLLOW INSTRUCTIONS BELOW REGARDING LOOP.
 END LOOP: RETURN TO BOX 2 IF RESPONDENT HAD ANOTHER PREGNANCY.
 IF THERE ARE NO REMAINING PREGNANCIES GO TO BOX 7.

Box 7:

CONSTRUCT TOTAL NUMBER OF RESPONDENT'S CHILDREN, {NUMBER OF CHILDREN}, UP UNTIL THIS POINT BY TOTALING EACH RESPONSE TO F7, IF F8 EQUALS 2 FOR THAT LOOP. MAX NUMBER OF LOOPS IS 10. IF F7 IS SKIPPED, COUNT AS 0 FOR THAT PREGNANCY. IF {NUMBER OF CHILDREN} EQUALS 0 GO TO F10. DISPLAY F9 REPEATED FOR EACH CHILD, STARTING WITH THE FIRST CHILD, IF {NUMBER OF CHILDREN} GREATER THAN OR EQUAL TO 1.

- F9. What is your {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 OR NICKNAME _____
 REFUSED -1
 DON'T KNOW -2

Note: Not included in public data.

- F10. Have you ever adopted a child?
- Yes 1
 No 2
 REFUSED -1

Note: Not included in public data. Used to construct YA level constructed variables.

Box 8:

IF F10 EQUALS 1 GO TO F11.
 ELSE GO TO F13.

- F11. How many children have you adopted?
- NUMBER OF CHILDREN ADOPTED
 REFUSED -1

Note: Not included in public data. Used to construct YA level constructed variables.

Box 9:

DISPLAY F12 REPEATED FOR EACH CHILD, STARTING WITH THE FIRST CHILD, IF F11 IS GREATER THAN OR EQUAL TO 1 AND A NAME HAS BEEN PROVIDED}. IF F11 IS GREATER THAN OR EQUAL TO 1 AND THERE WAS NOT A NAME PROVIDED GO TO BOX 10. ELSE GO TO F13.

F12. What is your {first/second/third/etc.} adopted child's name or nickname? If your child is not listed, select "Name not listed" and you can add the child's name. 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 1}	1
{Name 2}	2
Name not listed	91
REFUSED	-1

Note: Not included in public data.

Box 10:

DISPLAY F12A REPEATED FOR EACH CHILD FOR WHICH F12 EQUALS 91 OR IF F11 IS GREATER THAN OR EQUAL TO 1 AND THERE ARE NO NAMES IN {NAMELIST}, STARTING WITH THE FIRST CHILD. MAX NUMBER OF LOOPS IS 10. ELSE GO TO F13.

F12a. What is your { first/ second/ third/ fourth/....} adopted child's name or nickname?
NAME OR NICKNAME _____

REFUSED	-1
DON'T KNOW	-2

Note: Not included in public data.

F13. Have you ever had a child with the help of a surrogate, egg donor, and/or sperm donor? Please include any children you already mentioned, if applicable.

Yes	1
No	2
REFUSED	-1

Note: Not included in public data. Used to construct YA and child level constructed variables.

Box 11:

IF F13 EQUALS 1 GO TO F14.
IF F13 EQUALS 2 GO TO BOX 13A.

F14. How many children have you had with the help of a surrogate, egg donor and/or sperm donor?

NUMBER OF CHILDREN VIA SURROGATE, EGG OR SPERM DONOR

REFUSED-1

Note: Not included in public data. Used to construct YA and child level constructed variables.

Box 12:

DISPLAY F15 REPEATED FOR EACH CHILD, STARTING WITH THE FIRST CHILD, IF F14 IS GREATER THAN OR EQUAL TO 1 AND THERE ARE NAMES IN {NAMELIST}. IF F14 IS GREATER THAN OR EQUAL TO 1 AND THERE ARE NO NAMES IN {NAMELIST} GO TO BOX 13. ELSE GO TO BOX 13a.

F15. What is this {first/ second/ third/ fourth/...} 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 1} 1
 {Name 2} 2
 Name not listed 91
 REFUSED-1

Note: Not included in public data. Used to construct child level constructed variables.

Box 13:

DISPLAY F16, REPEATED FOR EACH NUMBER IN F14, OR IF F15 EQUALS 91 (Name not listed). MAX NUMBER OF LOOPS IS 10.

F16. What is the {first/second/third/etc.} child's name or nickname?

NAME OR NICKNAME _____
 REFUSED-1
 DON'T KNOW-2

Note: Not included in public data.

Box 13a:

IF THERE ARE NAMES IN {NAMELIST}, GO TO F16A.
 ELSE, GO TO BOX 14

F16a. Thank you for sharing with us the names or nicknames of your children. Your answers are so important. We would like to ask a few questions about each child. To check that we have included all your children, please review the list of children. If any children are missing, please select "Add to List". If all of your children are listed, select "List complete."

Add to list 91
 List Complete 99
 REFUSED-1

Note: Not included in public data. Used to construct child level constructed variables.

Box 13b:
IF F16A EQUALS 91 "ADD TO LIST" GO TO F16A_OS.
ELSE, GO TO BOX 14

F16a_OS. What is the child's name or nickname to add to the list?

NAME OR NICKNAME _____

REFUSED -1

DON'T KNOW -2

Note: Not included in public data.

F16b. Which best describes how you had {{CHILD}/this child}? (SELECT ALL THAT APPLY)

{You/Your partner} gave birth 1

Adoption 2

With the help of a surrogate,

egg donor, and/or sperm donor 3

REFUSED -1

Note: Not included in public data. Used to construct YA and child level constructed variables.

Box 14:
BEGIN LOOP 1 FOR CHILDREN. DISPLAY LOOP OF F17-F20 FOR EACH IN {NAMELIST}.
DISPLAY EACH NAME FROM {NAMELIST} IN PLACE OF {CHILD}.
MAX NUMBER OF LOOPS IS 10.
IF THERE ARE NO NAMES IN {NAMELIST} GO TO BOX 20.

F17. The next questions are about {CHILD}.

		{CHILD 1}	{CHILD 2}	REFUSE
F17a*	What is this child's birthdate?	BIRTH MONTH or Don't know	ENTER MONTH or Don't know	-1
F17b*	What is this child's birthdate?	BIRTH YEAR or Don't know	ENTER YEAR or Don't know	-1
F18.	What is this child's sex?	1: Male 2: Female -2 Don't know	1: Male 2: Female -2: Don't know	-1
F19a*	How much did this child weigh when they were born?	POUNDS AT BIRTH or Don't know	ENTER POUNDS or Don't know	-1
F19b*	How much did this child weigh when they were born?	OUNCES AT BIRTH or Don't know	ENTER OUNCES or Don't know	-1

***Note: Not included in public data. Used to construct YA and child level constructed variables.**

Box 14a:
 IF E36 EQUALS 1, 2, OR 3 (RESPONDENT HAS CURRENT PARTNER), GO TO F20.
 ELSE GO TO F20_OS.

		{CHILD 1}	{CHILD 2}	REFUSE
F20.	Who is this child's other parent?	1: {CURRENT PARTNER} 91: Someone Else -2 Don't know	1: {CURRENT PARTNER} 91: Someone Else -2: Don't know	-1

Note: Not included in public data. Used to construct YA and child level constructed variables.

Box 15:
 IF F20 EQUALS 91 (SOMEONE ELSE SPECIFY) GO TO F20_OS.
 ELSE GO TO BOX 17.

F20_OS. Who is this child's other parent? We ask for first names so that we can ask questions about each person in the survey. You may provide nicknames or initials if you prefer as long as they are different for each parent.

NAME OR NICKNAME _____

Not applicable, had child alone using donor or surrogate..... 0
 REFUSED -1
 DON'T KNOW -2

Note: Not included in public data.

Box 16:
 IF F20_OS WAS ASKED, BUT SKIPPED AND THE RESPONDENT HAS MORE THAN ONE CHILD IN {NAMELIST} GO TO F20A.
 ELSE GO TO BOX 17.

F20a. Is {CHILD}'s other parent the same person as your other {children/child}'s other parent?
 {CHILD 1}'s other parent..... 1
 {CHILD 2}'s other parent..... 2
 No, it's someone else..... 91
 REFUSED..... -1

Note: Not included in public data. Used to construct YA and child level constructed variables.

Box 17:
 END LOOP: RETURN TO BOX 14 UNTIL ALL CHILDREN IN {NAMELIST} HAVE BEEN ASKED IN F17-F20. MAX NUMBER OF LOOPS IS 10. WHEN ALL LOOPS COMPLETE: BEGIN LOOP 2 FOR CHILDREN. REPEAT F21-F24 FOR EACH CHILD IN {NAMELIST}.

- F21. Who does {CHILD} live with most of the time?
- You and {{OTHER PARENT}/another parent} together..... 1
 - You some of the time and {{OTHER PARENT}/another} some of the time 2
 - You, but not {{OTHER PARENT}/another parent}..... 3
 - {{OTHER PARENT}/another parent}, but not you 4
 - Other family member 5
 - Adoptive parent..... 6
 - Foster parent..... 7
 - Someone else 8
 - Child is deceased..... 9
 - Not applicable, had child alone using donor or surrogate..... 0
 - REFUSED -1

Box 18:
 IF F21 EQUALS 9 GO TO F22a
 ELSE IF F21 DOES NOT EQUAL 9 GO TO F24.

F22a. {I am sorry for your loss/Please accept our condolences}. When month did {CHILD} pass away?

-
- MONTH
- REFUSED -1

Note: Not included in public data.

F22b. When year did {CHILD} pass away?

-
- YEAR
- REFUSED -1

Note: Not included in public data.

F23. What was the cause of {CHILD'S} death?

- Illness 1
- Accident 2
- Other 91
- REFUSED -1

Note: Not included in public data.

Box 18a:
 IF F200S EQUALS "Not applicable, had child alone using donor or surrogate." OR "Don't know" GO TO BOX 17 TO REPEAT LOOP WITH NEXT CHILD. ELSE GO TO F24.

F24. Which best describes your relationship with {OTHER PARENT/ 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
REFUSED.....	-1

Box 19:

CREATE LIST OF UNIQUE RESPONSES TO F20 | F200S WHO ARE NOT CURRENT PARTNER AND WHO DO NOT HAVE (F24 EQUALS 8 OR 9 (OTHER PARENT DECEASED/UNKNOWN) OR F200S EQUALS "Don't know" OR "Not applicable, had child alone using donor or surrogate ." (OTHER PARENT UNKNOWN/NA)) AND SAVE IT AS {COPARENTS}.
 BEGIN LOOP FOR COPARENTS, WITH MAX NUMBER OF 5 LOOPS . REPEAT F25-F32 FOR EACH NAME IN {COPARENTS}. DISPLAY NAME IN PLACE OF {COPARENT}.
 DO NOT DISPLAY F25-F26 IF RESPONDENT IS MARRIED OR COHABITING WITH A CURRENT PARTNER. PROCEED TO BOX 20 IF NONE IN {COPARENTS}.

F25. Are you living with {COPARENT}?

Yes.....	1
No.....	2
REFUSED.....	-1

F26. Which best describes your current relationship with {COPARENT}?

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
REFUSED.....	-1

Note: Not included in public data. Used to construct YA and child level constructed variables.

F27. How old is {COPARENT}?

____|____|
 AGE OF COPARENT

F28. What is {COPARENT}'s highest level of education?

None.....	1
Elementary, middle, or junior high school.....	2
Some regular high school.....	3
High school diploma.....	4
GED.....	5
ABE program.....	6
Nursing school (LPN or RN).....	7
Business or secretarial school.....	8
Vocational, technical, or trade school.....	9
Junior/Community college (2-year).....	10
Some college.....	11

College (4-year) degree	12
Graduate or professional school	13
Other type of school	14
REFUSED	-1

F29a. Which of the following best describes {COPARENT}'s race?

White	1
Black or African American	2
Asian or pacific islander	3
Native American or Alaskan native	4
Other	91
REFUSED	-1

F29b. Is {COPARENT} of Hispanic or Latino origin or descent?

Yes	1
No	2
REFUSED	-1

F30. Was {COPARENT} born in the United States?

Yes	1
No	2
REFUSED	-1

F31. What is {COPARENT}'s gender?

Male	1
Female	2
Other	91
REFUSED	-1

F32. Does {COPARENT} have any other children with someone else?

Yes	1
No	2
REFUSED	-1

Box 20:

END LOOP: RETURN TO BOX 19 AND REPEAT F25-F32 UNTIL ASKED ABOUT ALL COPARENTS. WHEN ALL LOOPS COMPLETE:
IF E40 EQUALS 1 (RESPONDENT HAS A CO-RESIDENT CURRENT PARTNER) GO TO F33.
IF E40 DOES NOT EQUAL 1 (RESPONDENT DOES NOT HAVE A CORESIDENT CURRENT PARTNER) GO TO F36.

F33. Does {{CURRENT PARTNER}/your current partner} have any {other} biological children who live with you?

Yes	1
No	2
REFUSED	-1

Box 21:

IF F33 EQUALS 1 GO TO F33a.
IF F33 EQUALS 2 OR SKIPPED GO TO F36.

F33a. How many of {{CURRENT PARTNER}'s/your current partner's} children live with you?

|_|_|

CHILDREN WHO LIVE WITH YOU

REFUSED -1

Box 22:

DISPLAY LOOP OF F34-F35 FOR EACH NUMBER IN F33a UP TO 10.
DISPLAY PARTNER'S NAME IN PLACE OF {CURRENT PARTNER}.

F34. Please answer about {{CURRENT PARTNER}'s/your current partner's} {first/second/...} child. How old is this child?

|_|_|

AGE OF CHILDREN

REFUSED -1

F35. Please answer about {{CURRENT PARTNER}'s/your current partner's} {first/second/...} child. How much of the time does this child live with you?

All or most of the time 1

About half of the time 2

Less than half of the time 3

REFUSED -1

Box 23:

END LOOP: RETURN TO BOX 22 AND REPEAT LOOP UNTIL ALL CHILDREN IN F33a HAVE BEEN ASKED ABOUT.

F36. If you could have just the number you want, what number of children would you have when your family is completed?

|_|_|

NUMBER OF CHILDREN

REFUSED -1

Box 24:

IF F36 EQUALS 0 OR (NUMBER OF IDEAL CHILDREN) F36 IS EQUAL TO CONSTRUCTED VARIABLE {NUMBER OF CHILDREN}, GO TO SECTION G.
ELSE GO TO F37.

F37. If you could {start your family/have your next child} just when you want, how old would you be?

|_|_|

AGE

REFUSED -1

Section G: Systems Involvement

The next set of questions are about your childhood.

- G1. To the best of your knowledge, was child protective services or a child welfare agency ever involved with your family when you were growing up (prior to age 18)? This could include: if your family was ever investigated by child protective services or a child welfare agency, self-referred, involved because children in your family were running away/truant/at-risk for juvenile justice involvement.

Yes 1
 No 2
 REFUSED -1
 DON'T KNOW -2

Box 1:

BOX 1 PROGRAMMER NOTE:
 IF G1 EQUALS 1 or SKIPPED GO TO G2.
 ELSE GO TO G12a.

- G2. Was there ever a period of time when you did not live with either of your biological parents because of your 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 you from home and put you in foster care or another out-of-home placement (including with a relative)?

Yes 1
 No 2
 REFUSED -1
 DON'T KNOW -2

Box 2:

IF G2 EQUALS 1 GO TO G3a (G3a-G11).
 ELSE GO TO G12a.

- G3. Altogether about how much of your childhood did you spend living apart from both of your parents because of your family's involvement with child protective services or a child welfare agency? Your best guess is fine.

G3a.
 AMOUNT OF TIME
 REFUSED -1

G3b. UNIT
 YEAR(S) 1
 MONTH(S) 2
 WEEK(S) 3
 DAY(S) 4
 REFUSED -1

- G3c. Altogether, about how many times did you stop living with your biological parents because of your family's involvement with child protective services or a child welfare agency? Your best guess is fine.

NUMBER OF TIMES

REFUSED -1

Box 3:
IF G3c IS GREATER THAN 0 OR G3c IS SKIPPED GO TO G4.
ELSE GO TO G12a

G4. Altogether, how many foster homes or other placements have you ever had as a result of your family's involvement with child protective services or a child welfare agency?

NUMBER OF PLACEMENTS
REFUSED -1

Box 4:
IF G4 IS GREATER THAN 0, GO TO G4a
ELSE GO TO G12a

G4a. {Was the placement/Were the placements} ever in a... (SELECT ALL THAT APPLY)

Home of a family to
which you are related..... 1
Home of a foster family
to which you are not related..... 2
Group home or group
care setting 3
Supervised independent
living arrangement 4
REFUSED -1

Box 5:
IF G4a EQUALS 1, GO TO G5
ELSE GO TO BOX 6

G5. How many have been in the home of a family to which you are related?

NUMBER OF FAMILY PLACEMENTS
REFUSED -1

Box 6:
IF G4a EQUALS 2, GO TO G6
ELSE GO TO BOX 7

G6. How many have been in the home of a foster family to which you are not related?

NUMBER OF FOSTER FAMILY PLACEMENTS
REFUSED -1

Box 7:
IF G4a EQUALS 3, GO TO G7
ELSE GO TO BOX 8

G7. How many were in group care (for example, group home, shelter, residential treatment center, emergency hospitalization)?

NUMBER OF GROUP CARE PLACEMENTS
 REFUSED -1

Box 8:
 IF G4a EQUALS 4, GO TO G8
 ELSE GO TO G9

G8. How many have been a supervised independent living arrangement?

NUMBER OF SUPERVISED INDEPENDENT LIVING PLACEMENTS
 REFUSED -1

G9. What ages were you when you were in foster homes or other placements as a result of child protective services or child welfare agency placement? (SELECT ALL THAT APPLY)

- 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
- REFUSED -1

G10. How did you 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
- Lived with other relative guardians 2
- Lived with non-relative guardians 3
- Adopted 4
- Aged out of care/emancipated from care 5
- Juvenile justice detention 6
- Adult criminal justice detention 7
- Ran away 8
- Other 91

REFUSED -1

G10a. Would you consider the place you returned to a "stable living situation?" By 'stable living situation' we mean a reliable housing arrangement from which you were able to go to school or work.

Yes 1
 No 2
 REFUSED -1

G11. How old were you when you left foster care or an out of home placement as a result of child protective services or child welfare involvement for the last time?

AGE LEFT FOSTER CARE OR PLACEMENT
 REFUSED -1

Now we would like to know about your experiences with the police and justice system.

G12a. Now we would like to know about your experiences with the police and justice system.

G12b. Have you been stopped by the police since {MONTH, YEAR OF YEAR 15 INTERVIEW}/you were age 15}?

Yes 1
 No 2
 REFUSED -1

G12. Have you ever been arrested?

Yes 1
 No 2
 REFUSED -1
 DON'T KNOW -2

Box 9:
 IF G12 EQUALS 1 GO TO G13 (G13 & G14).
 ELSE GO TO G15.

G13. Were you arrested before age 18, since the age of 18, or both?

Before age 18 1
 Since the age of 18 2
 Both before and since age 18 3
 REFUSED -1
 DON'T KNOW -2

G14. In which states have you been arrested? (SELECT ALL THAT APPLY)

ALABAMA 1
 ALASKA 2
 ARIZONA 3
 ARKANSAS 4
 CALIFORNIA 5
 COLORADO 6
 CONNECTICUT 7
 DELAWARE 8
 FLORIDA 9
 GEORGIA 10
 HAWAII 11
 IDAHO 12

ILLINOIS 13
 INDIANA 14
 IOWA 15
 KANSAS 16
 KENTUCKY 17
 LOUISIANA 18
 MAINE 19
 MARYLAND 20
 MASSACHUSETTS 21
 MICHIGAN 22
 MINNESOTA 23
 MISSISSIPPI 24
 MISSOURI 25
 MONTANA 26
 NEBRASKA 27
 NEVADA 28
 NEW HAMPSHIRE 29
 NEW JERSEY 30
 NEW MEXICO 31
 NEW YORK 32
 NORTH CAROLINA 33
 NORTH DAKOTA 34
 OHIO 35
 OKLAHOMA 36
 OREGON 37
 PENNSYLVANIA 38
 RHODE ISLAND 39
 SOUTH CAROLINA 40
 SOUTH DAKOTA 41
 TENNESSEE 42
 TEXAS 43
 UTAH 44
 VERMONT 45
 VIRGINIA 46
 WASHINGTON 47
 WEST VIRGINIA 48
 WISCONSIN 49
 WYOMING 50
 REFUSED -1

Note: Not included in public data.

G15. Have you ever been involved with the juvenile justice system without being arrested?
 Yes 1
 No 2
 REFUSED -1

Box 10:
 If G13 EQUALS 1 OR G13 EQUALS 3 OR G15 EQUALS 1, GO TO G16 (G16-G32).
 ELSE GO TO G33

- G16. Before you were 18, did you have to go to court?
- Yes 1
 No 2
 REFUSED -1

Box 11:

IF G16 EQUALS 1 GO TO G17 (G17-G19).
 ELSE GO TO G20a.

- G17. Before you were 18, were you held in detention before court?
- Yes 1
 No 2
 REFUSED -1

- G18. What kind of court did you go to? (SELECT ALL THAT APPLY)
- Juvenile court 1
 Family court 2
 Court in the adult criminal justice system 3
 Other 4
 REFUSED -1

- G19. Before the age of 18, were you ordered by the court to... (SELECT ALL THAT APPLY)
- Enroll in services 1
 Do community service 2
 Make restitution 3
 Have a probation officer 4
 Go to a juvenile detention facility 5
 Go to adult criminal justice detention 6
 Go to another out-of-home placement 7
 Go to a diversion program 8
 REFUSED -1

- G20. Altogether about how much of your childhood did you spend living apart from both of your parents because of your offense(s) before the age of 18? Your best guess is fine.

G20a. |__|__|__|
 AMOUNT OF TIME
 REFUSED -1

G20b. UNIT
 YEAR(S) 1
 MONTH(S) 2
 WEEK(S) 3
 DAY(S) 4
 REFUSED -1

- G20c. Altogether, about how many times did you stop living with your biological parents because of your offense(s) before the age of 18? Your best guess is fine.

|__|__|
 NUMBER OF TIMES
 REFUSED -1

Box 12:
 IF G20c IS GREATER THAN 0 OR G20c IS SKIPPED GO TO G21.
 ELSE GO TO G29.

G21. Altogether, how many out of home placements have you ever had as a result of court orders before the age of 18?

NUMBER OF FAMILY PLACEMENTS
 REFUSED-1

Box 13:
 IF G21 IS GREATER THAN 0 , GO TO G21a
 ELSE GO TO G29

G21a. {Was the placement/were the placements} ever in a... (SELECT ALL THAT APPLY)

- Home of a family to which you are related..... 1
- Home of a foster family
to which you are not related 2
- Group home or group care setting 3
- Supervised independent living arrangement 4
- Juvenile detention facility 5
- Adult detention facility 6
- REFUSED -1

Box 14:
 IF G21a EQUALS 1, GO TO G22
 ELSE GO TO BOX 15

G22. How many were in the home of a family to which you are related?

NUMBER OF FAMILY PLACEMENTS
 REFUSED.....-1

Box 15:
 IF G21a EQUALS 2, GO TO G23
 ELSE GO TO BOX 16

G23. How many were in the home of a foster family to which you are not related?

NUMBER OF FOSTER FAMILY PLACEMENTS
 REFUSED.....-1

Box 16:
 IF G21a EQUALS 3, GO TO G24
 ELSE GO TO BOX 17

G24. How many were in group care (for example, group home, shelter, residential treatment center, emergency hospitalization)?

NUMBER OF GROUP CARE PLACEMENTS
 REFUSED.....-1

Box 17:
 IF G21a EQUALS 4, GO TO G25
 ELSE GO TO BOX 18

G25. How many were in a supervised independent living arrangement?

 NUMBER OF SUPERVISED INDEPENDENT LIVING PLACEMENTS
 REFUSED-1

Box 18:
 IF G21a EQUALS 5, GO TO G26
 ELSE GO TO BOX 19

G26. How many were in a juvenile detention facility?

 NUMBER OF JUVENILE DETENTION PLACEMENTS
 REFUSED-1

Box 19:
 IF G21a EQUALS 6, GO TO G27
 ELSE GO TO G28

G27. How many were in an adult detention facility?

 NUMBER OF ADULT DETENTION PLACEMENTS
 REFUSED-1

G28. What ages were you when you were in detention or other out-of-home placements, like with family members, foster family or in group care, as a result of offense(s) before the age of 18? (SELECT ALL THAT APPLY)

- 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
- REFUSED-1

G29. How did you leave the juvenile court or juvenile justice system for the last time?

- Released to parent(s) 1
- Released to foster parents 2
- Released to other relative guardians 3
- Released to non-relative guardians 4
- Released to live independently 5
- Supervised living arrangement 6
- Mental health agency 7
- Adult criminal justice detention 8
- Other 91
- REFUSED -1

G30. Would you consider the place you returned to a "stable living situation?" By 'stable living situation' we mean a reliable housing arrangement from which you were able to go to school or work.

- Yes 1
- No 2
- REFUSED -1

G31. What age were you when you left juvenile court or the juvenile justice system for the last time?

- AGE WHEN LEFT JUVENILE JUSTICE SYSTEM
 REFUSED -1

Box 20:
 ONLY IF G1 EQUALS 1 & (G13 EQUALS 1 OR 3) GO TO G32.
 ELSE, GO TO BOX 21.

G32. Were you involved with juvenile justice at the same time as child protective services or a child welfare agency, before, or after?

- Both at the same time 1
- Juvenile justice **before** child protective services/child welfare 2
- Juvenile justice **after** protective services/child welfare 3
- REFUSED -1

Box 21:
 IF G13 EQUALS 2 OR 3 GO TO G33
 ELSE, GO TO Section H.

G33. Now we want to know about your experiences since you turned 18.

G34. Since you turned 18, have you spent a night or more in jail?

- Yes 1
- No 2
- REFUSED -1

Box 22:
 IF G34 EQUALS 1 GO TO G35
 ELSE, GO TO G36.

G35. Has this happened in the past year?
 Yes 1
 No 2
 REFUSED -1

G36. Since you turned 18, have you been charged with a crime?
 Yes 1
 No 2
 REFUSED -1

Box 23:
 IF G36 EQUALS 1 GO TO G37.
 ELSE, GO TO G38.

G37. Has this happened in the past year?
 Yes 1
 No 2
 REFUSED -1

G38. Since you turned 18, have you pled guilty to a crime in court?
 Yes 1
 No 2
 REFUSED -1

Box 24:
 IF G38 EQUALS 1 GO TO G39.
 ELSE, GO TO G40.

G39. Has this happened in the past year?
 Yes 1
 No 2
 REFUSED -1

G40. Since you turned 18, have you been tried in court?
 Yes 1
 No 2
 REFUSED -1

Box 25:
 IF G40 EQUALS 1 GO TO G41.
 ELSE, GO TO BOX 26.

G41. Has this happened in the past year?
 Yes 1
 No 2
 REFUSED -1

Box 26:
 IF G13 EQUALS 2 OR 3, GO TO G42 (G42-G48).
 ELSE, GO TO SECTION H.

G42. Because of your offense(s) after the age of 18, were you ordered by the court to...
(SELECT ALL THAT APPLY)

- Enroll in services..... 1
- Do community service 2
- Make restitution..... 3
- Have a probation officer..... 4
- Spend time in adult jail or prison..... 5
- Go to another out-of-home placement..... 6
- Go to a diversion program 7
- REFUSED -1

G43. Have you ever had a criminal record sealed or expunged?

- Yes 1
- No 2
- REFUSED -1

Box 27:
IF G13 EQUALS 2 OR 3 & (G34 EQUALS 1 OR G42 EQUALS 5) GO TO G44a (G44a-G50).
ELSE, GO TO G48.

G44. Across all of you experiences with the criminal justice system, since you turned 18, how long have you spent in prison or jail?

- G44a. |__| |__| |__| |__|
AMOUNT OF TIME
REFUSED -1

- G44b. Please choose a unit of time.
- YEAR(S)..... 1
 - MONTH(S) 2
 - WEEK(S)..... 3
 - DAY(S)..... 4
 - REFUSED -1

- G45. How did you leave the adult court or justice system for the last time?
- Released to live independently..... 1
 - Supervised living arrangement 2
 - Mental health agency..... 3
 - Other 91
 - REFUSED -1

G46. Would you consider the place you returned to a "stable living situation?" By 'stable living situation' we mean a reliable housing arrangement from which you were able to go to school or work.

- Yes 1
- No 2
- REFUSED -1

G47. What age were you when you left the adult court or justice system for the last time?

- |__| |__|
AGE WHEN LEFT ADULT SYSTEM
REFUSED -1

G48. Thinking across your experiences with the criminal justice system, how often have judges, attorneys, probation officers, and other officials required you to incur financial costs, such as legal fees or taking unpaid time off of work? Do not include juvenile justice contact prior to age 18.

- Often 1
- Sometimes 2
- Rarely 3
- Never 4
- REFUSED -1

Box 28:
 IF G48 EQUALS 1, 2 OR 3, GO TO G49 (G49-G50).
 ELSE, GO TO SECTION H.

G49. Which of these costs have you faced? Do not include juvenile justice contact prior to age 18. (SELECT ALL THAT APPLY)

- Court filing costs 1
- Attorney's costs 2
- Monitoring or supervision costs 3
- Victim restitution fees 4
- Therapy or substance use treatment costs 5
- I had to miss work and lost wages 6
- Other 91
- REFUSED -1

G50. How much has this cost you altogether?

- Less than \$500 1
- \$501-\$1,000 2
- \$1,001 to \$2,000 3
- \$2,001 to \$3,000 4
- \$3,001 to \$4,000 5
- \$4,001 to \$5,000 6
- \$5,001 to \$6,000 7
- \$6,001 to \$7,000 8
- \$7,001 to \$8,000 9
- \$8,001 to \$9,000 10
- \$9,001 to \$10,000 11
- More than \$10,000 12

Section H: Identity

H1. Thank you for your responses. Now we have some questions about you and who you are.

Which of these categories best describes your race? (SELECT ALL THAT APPLY)

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

H2. Are you of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino origin/descent	1
No, not Hispanic or Latino origin/descent	2
REFUSED	-1

H3. How important to you is your race or ethnic group identity?

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

H4. During the last 12 months, how often were you involved in any political groups, solidarity or support groups, or social-action groups with a focus on ethnic/racial identity or justice?

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

H5. Which of these categories best describes your gender?

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

H5_OS. What best describes your gender?

OTHER (SPECIFY) _____	
REFUSED	-1

RECODED

H5 – Other, Specified Recoded

H5_101 Non-binary

H5_102 Other

Box 1:

IF H5 EQUALS 91 GO TO H5_OS.

ELSE, GO TO H6.

- H6. Do you consider yourself to be....
- Heterosexual or straight..... 1
 - Gay or lesbian..... 2
 - Bisexual 3
 - Prefer not to disclose 4
 - Prefer to self-identify (specify) 5
 - REFUSED -1

RECODED
H6 – Other, Specified Recoded

- H6_101 Asexual
- H6_102 Pansexual or Panromantic
- H6_103 Other

Box 2:
IF H6 EQUALS 5 GO TO H6_OS.
ELSE, GO TO BOX 3.

H6_OS. How do you prefer to self-identify?

- OTHER (SPECIFY): _____
- REFUSED -1

Box 3:
IF H6 EQUALS 2, 3, OR 5 OR H5 EQUALS 91, GO TO H7 (H7 & H8).
ELSE, GO TO H9.

H7. How important to you is your gender or sexual orientation group identity?

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

H8. During the last 12 months, how often were you involved in any political groups, solidarity or support groups, or social-action groups with a focus on LGBT identity or justice?

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

H9. 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
REFUSED	-1

Box 4:
IF H9 EQUALS 91, GO TO H9_OS.
ELSE, GO TO H10.

H9_OS. What is your present religion?	
OTHER (SPECIFY): _____	
REFUSED	-1

RECODED

H9 – Other, Specified Recoded

H9_101	Spiritual
H9_102	Believe in God
H9_103	Other religion

H10. How important is your religious faith to you?	
Extremely important.....	1
Very important.....	2
Moderately important.....	3
Slightly important.....	4
Not at all important.....	5
REFUSED	-1

H11. How important is your spiritual life to you?	
Extremely important.....	1
Very important.....	2
Moderately important.....	3
Slightly important.....	4
Not at all important.....	5
REFUSED	-1

H12. In the past 12 months, how often have you attended church/synagogue/temple/mosque/religious services?	
Never	1
A few times	2
Once a month	3
2 or 3 times a month.....	4
Once a week.....	5
More than once a week.....	6
REFUSED	-1

H13. Did you vote in the national election in November 2020 that was held to elect the President?	
Yes.....	1
No	2
REFUSED	-1

H14. In terms of politics, do you consider yourself conservative, liberal or middle-of-the-road?

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

H15. 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
REFUSED	-1

H16. Now we're going to ask you about hobbies or activities that you are passionate about.

H17. During your middle and high school years, was there a hobby or activity you were really passionate about?

Yes	1
No	2
REFUSED	-1

Box 5:
 IF H17 EQUALS 1 GO TO H18a{1-3}
 ELSE GO TO H19.

H18a. List up to three hobbies or activities you were really passionate about. If you do not have more than one hobby, please leave hobby 2 or 3 blank.

H18a1. HOBBY OR ACTIVITY 1	_____
H18a2. HOBBY OR ACTIVITY 2	_____
H18a3. HOBBY OR ACTIVITY 3	_____
REFUSED	-1

RECODED

H18a – Other, Specified Recoded

H18a_101	Visual arts
H18a_102	Performing arts
H18a_103	Sports and exercise
H18a_104	Cosmetology
H18a_105	Games
H18a_106	STEM
H18a_107	Cooking
H18a_108	Media, movies, TV
H18a_109	Anime, comics, and manga
H18a_110	Handcrafting
H18a_111	Reading and writing
H18a_112	Languages
H18a_113	Working
H18a_114	Leadership, honors, and career prep programs
H18a_115	Fashion and design
H18a_116	Socializing
H18a_117	Animals
H18a_118	Volunteering
H18a_119	Shopping
H18a_120	Debate, speech, or mock trial
H18a_121	Student government and model UN
H18a_122	Other

Box 6:
 BEGIN LOOP. REPEAT H18b, UP TO THREE TIMES FOR EACH ACTIVITY LISTED IN H18a.
 DISPLAY H18b{1} IF H18a1 IS POPULATED AND USE {ACTIVITY in H18a1}
 DISPLAY H18b{2} IF H18a2 IS POPULATED AND USE {ACTIVITY in H18a2}
 DISPLAY H18b{3} IF H18a3 IS POPULATED AND USE {ACTIVITY in H18a3}

		EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT AT ALL IMPORTANT	REFUSE
H18b1.	During those years, how important was {ACTIVITY IN H18a1} in your life?	1	2	3	4	5	-1
H18b2.	During those years, how important was {ACTIVITY IN H18a2} in your life?	1	2	3	4	5	-1
H18b3.	During those years, how important was {ACTIVITY IN	1	2	3	4	5	-1

H18a3} in
your life?

Box 7:
LOOP BACK TO BOX 6, IF THERE ARE MORE ACTIVITES LISTED IN H18a2-3.
ELSE END LOOP, GO TO H19.

H19. Since high school, was there a hobby or activity you were really passionate about?
 Yes 1
 No 2
 REFUSED -1

Box 8:
IF H19 EQUALS 1, GO TO H20a.
ELSE TO H21.

H20a. List up to three hobbies or activities you were really passionate about
 H20a1. HOBBY OR ACTIVITY 1 _____
 H20a2. HOBBY OR ACTIVITY 2 _____
 H20a3. HOBBY OR ACTIVITY 3 _____
 REFUSED -1

- RECODED
 H20a – Other, Specified Recoded
 H20a_101 Visual arts
 H20a_102 Performing arts
 H20a_103 Sports and exercise
 H20a_104 Cosmetology
 H20a_105 Games
 H20a_106 STEM
 H20a_107 Cooking
 H20a_108 Media, movies, TV
 H20a_109 Anime, comics, and manga
 H20a_110 Handcrafting
 H20a_111 Reading and writing
 H20a_112 Languages
 H20a_113 Military and police programs
 H20a_114 Working
 H20a_115 Fashion and design
 H20a_116 Socializing
 H20a_117 Animals
 H20a_118 Volunteering
 H20a_119 Travel
 H20a_120 Shopping
 H20a_121 Social justice, activism, or identity group
 H20a_122 Religion or spirituality
 H20a_123 Other

Box 9:
 BEGIN LOOP AND REPEAT H20b, UP TO THREE TIMES FOR EACH ACTIVITY LISTED IN H20a.
 DISPLAY H20b1 IF H20a1 IS POPULATED AND USE {ACTIVITY in H20a1}
 DISPLAY H20b2 IF H20a2 IS POPULATED AND USE {ACTIVITY in H20a2}
 DISPLAY H20b3 IF H20a3 IS POPULATED AND USE {ACTIVITY in H20a3}

		EXTREMELY IMPORTANT	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT AT ALL IMPORTANT	REFUSE
H20b1	During those years, how important was {ACTIVITY IN H20a1} in your life?	1	2	3	4	5	-1
H20b2	During those years, how important was {ACTIVITY IN H20a2} in your life?	1	2	3	4	5	-1
H20b3	During those years, how important was {ACTIVITY IN H20a3} in your life?	1	2	3	4	5	-1

Box 10:
 LOOP BACK TO BOX 9, IF THERE ARE MORE ACTIVITES LISTED IN H20a2-3.
 ELSE END LOOP, GO TO H21

H21. Which of the following give you a sense of community – that is, a sense of belonging to or connectedness with a group of people? (SELECT ALL THAT APPLY)

- Your friends..... 1
- The people in your neighborhood or in the immediate area where you live 2
- Living in your city 3
- Your place of worship 4
- People who share your ethnic/racial background..... 5
- People who share your sexual orientation or gender identity 6
- People and groups on social media..... 7
- Your American identity..... 8
- None of the above..... 9
- REFUSED -1

H22. Over the next 12 months, do you expect your personal economic situation to...

- Improve a lot 1
- Improve a little..... 2
- Remain the same..... 3
- Worsen a little 4
- Worsen a lot..... 5

REFUSED-1

H23. When children today in the United States grow up, do you think they will be better off, about the same, or worse off financially than their parents?

Better off1
 About the same2
 Worse off.....3
 REFUSED-1

H24. Do you think that the economic system in the United States is basically fair, since all Americans have an equal opportunity to succeed, or basically unfair, since all Americans do not have an equal opportunity to succeed?

Basically fair1
 Basically unfair2
 REFUSED-1

H25. The following questions are about issues that you may have faced in your life.

H25a. For each of the following, please indicate if you've ever personally experienced this.
 Do you believe you have ever experienced discrimination when...? (SELECT ALL THAT APPLY)

Applying for jobs1
 It comes to being paid equally or considered for
 promotions.....2
 Interacting with the police.....3
 Trying to vote or participate in politics.....4
 Going to a doctor or health clinic.....5
 Applying for school or while in school6
 Trying to rent a room, apartment, or house.....7
 Trying to buy an apartment or house8
 None of the above9
 REFUSED-1

Box 11:

IF H25a EQUALS 1, 2, 3, 4, 5, 6, 7, OR 8, GO TO H26.
 ELSE, GO TO SECTION I.

H26. Thinking about the experiences of discrimination that you just mentioned, do you believe that any of the following characteristics played a role? (SELECT ALL THAT APPLY)

Your ancestry or national origin1
 Your gender or sex.....2
 Your race or skin color3
 Your age4
 The way you speak English5
 Your religion6
 Your sexual orientation.....7
 Some other reason8
 REFUSED-1

Section I: Health and Behavior

11. Please think about your life as a whole. How satisfied are you with it? Are you...
- | | |
|--|----|
| Very satisfied with your life overall..... | 1 |
| Somewhat satisfied..... | 2 |
| Somewhat dissatisfied, or..... | 3 |
| Very dissatisfied?..... | 4 |
| REFUSED..... | -1 |
12. Now I have a few questions about your health. Would you say your health in general is...
- | | |
|-----------------|----|
| Excellent | 1 |
| Very good..... | 2 |
| Good | 3 |
| Fair, or..... | 4 |
| Poor? | 5 |
| REFUSED..... | -1 |
| DON'T KNOW..... | -2 |
13. 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 |
| REFUSED..... | -1 |
| DON'T KNOW..... | -2 |
14. Has a doctor or other health professional ever told you that you have 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 your 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 |
| REFUSED..... | -1 |

Note: Survey questions I6 and I27 have been coded into I4. As a result, responses to questions I6 and I27 were both used to create these 100-level codes.

RECODED

I4 – Other, Specified Recoded

- I4_101 Ever been told having health condition: Anemia
- I4_102 Ever been told having health condition: Headaches and Migraines
- I4_103 Ever been told having health condition: Gastrointestinal Diseases
- I4_104 Ever been told having health condition: Gynecological Diseases
- I4_105 Ever been told having health condition: Neurological Diseases
- I4_106 Ever been told having health condition: Other/genetic Disease
- I4_107 Ever been told having health condition: Auditory or Visual Disability
- I4_108 Ever been told having health condition: Other Physical Problem
- I4_109 Ever been told having health condition: Pain
- I4_110 Ever been told having health condition: Respiratory Diseases
- I4_111 Ever been told having health condition: Skin Disease
- I4_112 Ever been told having health condition: Autism Spectrum Disorder
- I4_113 Ever been told having health condition: PTSD
- I4_114 Ever been told having health condition: Bipolar Disorder
- I4_115 Ever been told having health condition: Thyroid Disorder
- I4_116 Ever been told having health condition: Obsessive compulsive disorder
- I4_117 Ever been told having health condition: Borderline personality disorder

15. 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
- REFUSED..... -1

Box 1:
 IF I5 EQUALS 1 GO TO I6
 ELSE GO TO BOX 2

16. What is that condition?

- ENTER CONDITION: _____
- REFUSED.....-1

Note: Survey questions I6 and I27 have been coded into I4. As a result, responses to questions I6 and I27 were both used to create these 100-level codes.

RECODED

I4 – Other, Specified Recoded

- I4_101 Ever been told having health condition: Anemia
- I4_102 Ever been told having health condition: Headaches and Migraines
- I4_103 Ever been told having health condition: Gastrointestinal Diseases
- I4_104 Ever been told having health condition: Gynecological Diseases
- I4_105 Ever been told having health condition: Neurological Diseases
- I4_106 Ever been told having health condition: Other/genetic Disease
- I4_107 Ever been told having health condition: Other Physical Problem
- I4_108 Ever been told having health condition: Pain
- I4_109 Ever been told having health condition: Autism Spectrum Disorder
- I4_110 Ever been told having health condition: PTSD
- I4_111 Ever been told having health condition: Bipolar Disorder
- I4_112 Ever been told having health condition: Thyroid Disorder
- I4_113 Ever been told having health condition: Obsessive compulsive disorder
- I4_114 Ever been told having health condition: Borderline personality disorder

17. How old were you when you were first diagnosed with {{this condition}}/CONDITION FROM I6)?

AGE FIRST DIAGNOSED
 REFUSED.....-1

18. Are you now taking medication for {CONDITION FROM I6}?

Yes1
 No2
 REFUSED.....-1

Box 2:
 IF I4 EQUALS 1 GO TO I19 (I9-I11 ABOUT ASTHMA).
 ELSE GO TO BOX 3.

19. How old were you when you were first diagnosed with asthma?

AGE FIRST DIAGNOSED
 REFUSED.....-1

110. How many times in the past 12 months have you had to go to the Emergency Department, been hospitalized or admitted to a hospital to stay overnight because of asthma?

TIMES ADMITTED IN PAST 12 MONTHS
 REFUSED.....-1

111. Do you currently take prescribed medication for your asthma?

Yes 1
 No 2
 REFUSED..... -1

Box 3:
IF I4 EQUALS 2, GO TO I12 (I12-I15 ABOUT DIABETES).
ELSE GO TO BOX 4.

I12. Do you have Type I or Type II diabetes?
 Type I 1
 Type II 2
 REFUSED-1

I13. How old were you when you were first diagnosed with diabetes?

 AGE FIRST DIAGNOSED

I14. In order to treat or control your diabetes, are you now taking medication that you swallow, or are you using insulin shots or a pump?

Medications 1
 Insulin shots 2
 Insulin pump 3
 REFUSED-1

I15. How often per day do you monitor your insulin?

 TIMES PER DAY YOU MONITOR INSULIN
 REFUSED-1

Box 4:
IF GENDER EQUALS FEMALE GO TO I16,
ELSE GO TO BOX 5

I16. If you have been or are pregnant, were you told that your glucose level was high?

Never been pregnant 0
 Yes 1
 No 2
 REFUSED-1

Box 5:
IF I4 EQUALS 3, GO TO I17 (I17 & I18 ABOUT HIGH BLOOD PRESSURE/HYPERTENSION).
ELSE, GO TO BOX 6.

I17. How old were you when you were first diagnosed with high blood pressure or hypertension?

 AGE FIRST DIAGNOSED
 REFUSED-1

I18. How many different medications are you now taking to lower your blood pressure? If you are not taking medication, enter zero.

 NUMBER OF BLOOD PRESSURE MEDICATIONS

REFUSED.....-1

Box 6:
 IF I4 EQUALS 4, GO TO I19 (ABOUT HIGH LEVEL OF CHOLESTEROL).
 ELSE GO TO BOX 7.

I19. Do you take medication to lower your cholesterol?
 Yes..... 1
 No 2
 REFUSED.....-1

Box 7:
 IF I4 EQUALS 8, GO TO I20 (I20-I21 ABOUT ADHD).
 ELSE GO TO BOX 8.

I20. How old were you when you were first diagnosed with ADHD?
 | | | |
 AGE FIRST DIAGNOSED
 REFUSED.....-1

I21. Do you take medication for ADHD?
 Yes..... 1
 No 2
 REFUSED.....-1

Box 8:
 IF I4 EQUALS 9 GO TO I22 (I22 & I23 ABOUT DEPRESSION).
 ELSE GO TO BOX 9.

I22. How old were you when you were first diagnosed with depression?
 | | | |
 AGE FIRST DIAGNOSED
 REFUSED.....-1

I23. Do you take medication for depression?
 Yes..... 1
 No 2
 REFUSED.....-1

Box 9:
 IF I4 EQUALS 10, GOT TO I24 (I24 & I25 ABOUT ANXIETY).
 ELSE GO TO BOX 10.

I24. How old were you when you were first diagnosed with anxiety?
 | | | |
 AGE FIRST DIAGNOSED
 REFUSED.....-1

I25. Do you take medication for anxiety?
 Yes..... 1

No 2
 REFUSED.....-1

Box 10:
 IF I4 EQUALS 11 GO TO I26 (I26 & I27 ABOUT OTHER DIAGNOSED CONDITION).
 ELSE GO TO I28.

I26. How old were you when you were first diagnosed with the other emotional, nervous, or psychiatric problems?

 |_|_|
 AGE FIRST DIAGNOSED
 REFUSED.....-1

I27. What was the diagnosis?

ENTER TEXT: _____
 REFUSED.....-1

Note: Survey questions I6 and I27 have been coded into I4. As a result, responses to questions I6 and I27 were both used to create these 100-level codes.

RECODED
 I4 – Other, Specified Recoded
 I4_101 Ever been told having health condition: Anemia
 I4_102 Ever been told having health condition: Headaches and Migraines
 I4_103 Ever been told having health condition: Gastrointestinal Diseases
 I4_104 Ever been told having health condition: Gynecological Diseases
 I4_105 Ever been told having health condition: Neurological Diseases
 I4_106 Ever been told having health condition: Other/genetic Disease
 I4_107 Ever been told having health condition: Other Physical Problem
 I4_108 Ever been told having health condition: Pain
 I4_109 Ever been told having health condition: Autism Spectrum Disorder
 I4_110 Ever been told having health condition: PTSD
 I4_111 Ever been told having health condition: Bipolar Disorder
 I4_112 Ever been told having health condition: Thyroid Disorder
 I4_113 Ever been told having health condition: Obsessive compulsive disorder
 I4_114 Ever been told having health condition: Borderline personality disorder

I28. Have you ever gone to the Emergency Department or been hospitalized for an emotional, nervous or psychiatric problem?

Yes 1
 No 2
 REFUSED.....-1

Box 11:
 BEGIN LOOP. DISPLAY I29 FOR EACH CONDITION LISTED IN I4 & LABEL CORRESPONDING
 VARIABLES I29_1 THROUGH I29_11.

I29. How much does [CONDITION(S) IN I4 ABOVE] limit your normal daily activities? Would you say...

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

Box 12:
 RETURN TO BOX 11, UNTIL ALL DIAGNOSED
 CONDITIONS REPORTED IN I4 HAVE BEEN ASKED.
 ELSE, GO TO I30.

I30. Have you ever been told by a doctor or a nurse that you had a sexually transmitted disease?

(SELECT ALL THAT APPLY)

- Chlamydia 1
- Gonorrhea 2
- Trichomoniasis 3
- Syphilis 4
- Genital herpes 5
- Genital warts 6
- Human Papilloma Virus (HPV)..... 7
- Bacterial vaginosis 8
- Pelvic Inflammatory Disease (PID) 9
- Cervicitis or mucopurulent cervicitis (MPC) 10
- Urethritis (NGU)..... 11
- HIV infection or AIDS 12
- Other sexually transmitted disease 13
- None of the above disease 14
- REFUSED-1

I31a. Now let's talk about your health as of recently.

I31b. In the last 12 months, did you go to the doctor for a checkup?

- Yes..... 1
- No 2
- REFUSED..... -1

I32. In the last 12 months, did you go to the dentist for a checkup?

- Yes..... 1
- No 2
- REFUSED.....-1

I33. How many major injuries have you had in the last 12 months such as a fracture, head injury, or cut that required stitches?

- _____
 NUMBER OF INJURIES IN THE LAST 12 MONTHS
 REFUSED.....-1

I33a. Have you been sick due to COVID-19/coronavirus?

- Yes..... 1
- No 2
- Not sure 3
- REFUSED.....-1

- I33b. Were you ever tested for COVID-19/coronavirus?
- | | |
|------------------------------|----|
| Yes, I tested positive..... | 1 |
| Yes, I tested negative | 2 |
| No, I was not tested | 3 |
| REFUSED..... | -1 |

- I34. Were you a patient in a hospital overnight or longer at any time during the last 12 months?
- | | |
|--------------|----|
| Yes..... | 1 |
| No | 2 |
| REFUSED..... | -1 |

Box 13:
IF I34 EQUALS 1, GO TO I35 (I35-I35a)
ELSE GO TO I37.

- I35. How long were you in a hospital altogether during the last 12 months?

_ _ _ _	
LENGTH OF TIME IN HOSPITAL	
REFUSED.....	-1

- I35_a. ENTER UNIT
- | | |
|---------------|----|
| MONTH(S)..... | 1 |
| WEEK(S)..... | 2 |
| DAY(S)..... | 3 |
| REFUSED..... | -1 |

Box 14:
IF I34 EQUALS 1, GO TO I36.
ELSE, GO TO I37.

- I36. Were any hospitalizations due to COVID-19/coronavirus?
- | | |
|--------------|----|
| Yes..... | 1 |
| No | 2 |
| REFUSED..... | -1 |

- I37. Next, please think about your health insurance, including coverage obtained through employment, or purchased directly, or through a government program like Medicaid. Do you currently have health insurance or healthcare coverage?

Yes.....	1
No	2
REFUSED.....	-1

Box 15:
IF I37 EQUALS 1 GO TO I38
ELSE GO TO I39

- I38. What kind of health care coverage do you have?
- | | |
|--|---|
| Employer provided health insurance | 1 |
| Private health insurance purchased | 2 |
| Medicaid..... | 3 |

Military Health Care/TRICARE (active duty).....4
 TRICARE/CHAMPUS/CHAMPVA (dependents, vets)5
 Indian Health Insurance.....6
 Medicare7
 Medigap/Supplemental8
 Other state-sponsored plan (not Medicaid)9
 Other government program10
 Veterans Administration.....11
 REFUSED.....-1

I39. About how much do you weigh?

|_|_|_|
 NUMBER OF LBS
 REFUSED.....-1

I40. How tall are you?

|_|_|
 NUMBER OF FEET
 REFUSED.....-1

I41. How tall are you?

|_|_|
 NUMBER OF INCHES
 REFUSED.....-1

I42. What time do you usually go to bed with the intention of going to sleep on nights before work, school, or other similar activities? Your best guess is fine.

I42a. |_|_|
 HOUR
 REFUSED..... -1

I42b. |_|_|
 MINUTES
 REFUSED..... -1

I42c. A.M. OR P.M.
 AM.....1
 PM.....2
 REFUSED..... -1

I43. What time do you usually wake up on days when you go to work, school, or other similar activities? Your best guess is fine.

I43a. |_|_|
 HOUR
 REFUSED.....-1

I43b. |_|_|
 MINUTES
 REFUSED..... -1

I43c. A.M. OR P.M.
 AM 1
 PM 2
 REFUSED.....-1

I44. What time do you usually go to bed with the intention of going to sleep on nights that are not before work, school, or other similar activities?

I44a. |__| |__|
 HOUR
 REFUSED..... -1

I44b. |__| |__|
 MINUTES
 REFUSED..... -1

I44c. A.M. OR P.M.
 AM 1
 PM 2
 REFUSED.....-1

I45. What time do you usually wake up on days when you do not have to go to work, school, or other similar activities?

I45a. |__| |__|
 HOUR
 REFUSED.....-1

I45b. |__| |__|
 MINUTES
 REFUSED.....-1

I45c. A.M. OR P.M.
 AM 1
 PM 2
 REFUSED.....-1

I46. 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
 REFUSED..... -1

I47. Are you satisfied with your sleep?
 Rarely or never.....0
 Sometimes1
 Usually or always2
 REFUSED.....-1

I48. Do you stay awake all day without dozing?
 Rarely or never.....0
 Sometimes1
 Usually or always2
 REFUSED.....-1

I49. How many nights out of 7 in a typical week do you have problems falling asleep?

 NUMBER OF NIGHTS OUT OF 7
 REFUSED.....-1

Box 17a:
 IF (I47 EQUALS 0 or 1) OR (I48 EQUALS 0 OR 1) OR I49 IS GREATER THAN 0
 GO TO I50a (I50a & I50b)
 ELSE GO TO I51a.

I50a. Some people have sleep problems because they have to get up very early, stay up late, or get up in the night because of their job or school demands. How much do you think your sleep problems are caused by these kinds of demands on your time?
 Not at all..... 1
 A little 2
 Some..... 3
 A lot..... 4
 Completely 5
 REFUSED.....-1

I50b. Some people have sleep problems because they provide care to children or other adults. How much do you think your sleep problems are caused by these kinds of demands on your time?
 Not at all..... 1
 A little 2
 Some..... 3
 A lot..... 4
 Completely 5
 REFUSED.....-1

151. Here are a number of characteristics that may or may not apply to you. For each statement, indicate the extent to which you agree or disagree with that statement:

		DISAGREE STRONGLY	DISAGREE A LITTLE	NEITHER AGREE OR DISAGREE	AGREE A LITTLE	AGREE STRONGLY	REFUSE
I51a.	I get chores done right away	1	2	3	4	5	-1
I51b.	I often forget to put things back in their proper place	1	2	3	4	5	-1
I51c.	I like order	1	2	3	4	5	-1
I51d.	I make a mess of things	1	2	3	4	5	-1
I51e.	I have frequent mood swings	1	2	3	4	5	-1
I51f.	I am relaxed most of the time	1	2	3	4	5	-1
I51g.	I get upset easily	1	2	3	4	5	-1
I51h.	I seldom feel blue	1	2	3	4	5	-1

152. When you were in high school—that is, between grades 9 and 12, or from about age 14 to about age 17 - was your health in general...

- Excellent.....1
- Very good.....2
- Good.....3
- Fair, or.....4
- Poor.....5
- REFUSED.....-1

153a. The next question is about things that may have happened in your childhood. Before the age of 18, did you ever experience physical or sexual abuse?

- Physical abuse only.....1
- Sexual abuse only.....2
- Both physical and sexual abuse.....3
- Neither physical nor sexual abuse.....4
- REFUSED.....-1

Box 17b:
 IF I53a EQUALS 1, 2, or 3 GO TO I53b
 ELSE GO TO I53c.

153b. How often did this abuse happen?

- Rarely.....0
- Sometimes.....1
- Often.....2
- REFUSED.....-1

153c. The next set of questions are about violent things that may have happened to you or that you may have seen in the last year.

For these questions, we do not want to know about violence carried out by your circle of family or loved ones. Rather, we are interested in learning only about violence carried out by people outside of your circle of family or loved ones, no matter who the victim might have been. We also do not want to know about violence you saw on TV or in movies. In the past year, about how many times....

		NEVER	ONCE	2-3 TIMES	4-10 TIMES	MORE THAN 10 TIMES	REFUSE
153d.	Did you see someone else get hit, slapped, punched, or beaten up by someone?	0	1	2	3	4	-1
153e.	Were you hit, slapped, punched, or beaten up by someone?	0	1	2	3	4	-1
153f.	Did you see someone else get attacked with a weapon, like a knife or bat by someone?	0	1	2	3	4	-1
153g.	Were you attacked with a weapon by someone?	0	1	2	3	4	-1
153h.	Did you see someone else get shot at by someone?	0	1	2	3	4	-1
153i.	Were you shot at by someone?	0	1	2	3	4	-1
153j.	Did you see someone get killed because of violence by someone?	0	1	2	3	4	-1

154. Now we would like to ask about violent things that may have happened to you by someone you know well.

In the past year, about how many times....

		NEVE R	ONCE	2-3 TIMES	4-10 TIMES	MORE THAN 10 TIMES	REFUSE
154a.	Did you see someone else get hit, slapped, punched, or beaten up by someone you know well ?	0	1	2	3	4	-1
154b.	Were you hit, slapped, punched, or beaten up by someone you know well ?	0	1	2	3	4	-1
154c.	Did you see someone else get attacked with a weapon, like a knife or bat by someone you know well ?	0	1	2	3	4	-1
154d.	Were you attacked with a weapon by someone you know well ?	0	1	2	3	4	-1
154e.	Did you see someone else get	0	1	2	3		

	shot at by someone you know well?					4	-1
I54f.	Were you shot at by someone you know well?	0	1	2	3	4	-1
I54g.	Did you see someone get killed because of violence by someone you know well?	0	1	2	3	4	-1

I55. 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?

- Yes1
- No2
- No, on anti-depressants3
- REFUSED-1

Box 18:
IF I55 EQUALS 1, GO TO I56 (I56-I58).
ELSE GO TO I59

I56o. For the next two questions, please think of the two-week period during the past twelve months when these feelings were worst.

I56. During that time, did the feelings of being sad, blue, or depressed usually last ...

- All day long1
- Most of the day2
- About half of the day, or3
- Less than half the day?4
- REFUSED-1

Box 19:
IF I56 EQUALS 4 GO TO I59 (DO NOT DISPLAY I57 & I58).
ELSE GO TO I57.

I57. During those two weeks, did you feel this way ...

- Every day1
- Almost every day, or2
- Less often?3
- REFUSED-1

Box 20:
IF I57 EQUALS 3, GO TO I59 (DO NOT DISPLAY I58).
ELSE GO TO I58.

I58. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

- Yes1
- No2

REFUSED-1

Box 21:
 IF I58 WAS DISPLAYED, GO TO I62 (DO NOT DISPLAY I59-I61).
 ELSE, GO TO I59.

I59. 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?

- Yes1
- No2
- No, on anti-depressants3
- REFUSED-1

Box 22:
 IF I59 EQUALS 1, GO TO I60 (I60-I69).
 ELSE GO TO I70.

I60. 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.

I60a. During that two-week period, did the loss of interest usually last ...

- All day long1
- Most of the day2
- About half of the day, or3
- Less than half the day?4
- REFUSED-1

Box 23:
 IF I60a EQUALS 1, 2 OR 3, GO TO I61 (I61-I69).
 ELSE, GO TO I70.

I61. Did you feel this way every day, almost every day, or less often during the two weeks?

- Every day1
- Almost every day, or2
- Less often?3
- REFUSED-1

Box 24:
 IF I61 EQUALS 1 OR 2, GO TO I62 (I62-I69).
 ELSE, GO TO I70.

I62. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

- Yes1
- No2
- REFUSED-1

I63. 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
If volunteered: both gained and lost weight	3
Stayed about the same	4
{If volunteered: was on a diet}	5
REFUSED	-1

Box 25:

IF I63 EQUALS 1, 2 OR 3, GO TO I64.
ELSE GO TO I65.

I64. About how much did {you gain/you lose/your weight change} during these two weeks?

<input type="text"/> <input type="text"/>	
NUMBER OF POUNDS	
REFUSED	-1

I65. Did you have more trouble falling asleep than you usually do during those two weeks?

Yes	1
No	2
REFUSED	-1

Box 26:

IF I65 EQUALS 1, GO TO I66.
ELSE, GO TO I67.

I66. 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
REFUSED	-1

I67. During those two weeks, did you have a lot more trouble concentrating than usual?

Yes	1
No	2
REFUSED	-1

I68. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

Yes	1
No	2
REFUSED	-1

I69. 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
REFUSED	-1

I70. 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
-----------	---

No2
 REFUSED-1

Box 27:
 IF I70 NOT EQUAL TO 1, GO TO I71.
 ELSE, GO TO BOX 28.

I71. 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?

Yes1
 No2
 REFUSED-1

Box 28:
 IF I70 EQUALS 1 OR I71 EQUALS 1, GO TO I72 (I72-I87).
 ELSE, GO TO I88a.

I72. Is that period still going on?

Yes1
 No2
 REFUSED-1

I73. How many months or years {has it been going on / did it go on before it ended}?

I73a. |__|__|
 NUMBER OF YEARS
 REFUSED-1

I73b. |__|__|
 NUMBER OF MONTHS
 REFUSED-1

Box 29:
 IF I73a IS GREATER THAN 0 OR I73b IS GREATER THAN OR EQUAL TO 6, GO TO I74 (I74-I87).
 ELSE GO TO I88a.

I74. During {this period, is / that period, was} your worry stronger than in other people?

Yes1
 No2
 REFUSED-1

I75. {Do/Did} you worry most days?

Yes1
 No2
 REFUSED-1

I76. {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 thing1
 More than one thing2
 REFUSED-1
177. {Do/Did} you find it difficult to stop worrying?
 Yes1
 No2
 REFUSED-1
178. {Do/Did} you have different worries on your mind at the same time?
 Yes1
 No2
 REFUSED-1
179. 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 day1
 Almost every day, or.....2
 Less often?3
 REFUSED-1
180. How often {do/did} you find it difficult to control your worry? {Is/Was} this...
 Every day1
 Almost every day, or.....2
 Less often?3
 REFUSED-1
181. When you {are/were} anxious, {are/were} you also restless?
 Yes1
 No2
 REFUSED-1
182. {Are/Were} you keyed up or on edge?
 Yes1
 No2
 REFUSED-1
183. {Are/Were} you easily tired?
 Yes1
 No2
 REFUSED-1
184. {Do/Did} you have difficulty keeping your mind on what you were doing?
 Yes1
 No2
 REFUSED-1
185. {Are/Were} you more irritable than usual?
 Yes1
 No2
 REFUSED-1
186. {Do/Did} you have tense, sore or aching muscles?
 Yes1
 No2

REFUSED-1

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

Yes1

No2

REFUSED-1

188a. Thank you for your responses. You are making great progress through the survey.

189. On an average day, how many hours do you play video or computer games or use a computer for something that is not school or work related? Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the internet.

|_|_|_|

NUMBER OF HOURS

REFUSED-1

190. Do you sleep with a mobile device in your bed?

Yes1

No2

191. How often do you wake up to check your mobile device during the night?

Never1

Rarely (<2 nights per week)2

About once per night (on most nights)3

Two or more times per night (on most nights).....4

It depends.....5

REFUSED-1

Section J: Substance Use

The next set of questions will ask about your experiences with vaping, smoking nicotine cigarettes, and drinking alcohol.

J1. To “vape” is to use a device such as a vape-pen, an e-cigarette, an e-hookah, or e-vaporizer to inhale a mist into the lungs. Have you ever vaped?

- Yes 1
- No 2
- REFUSED -1
- DON'T KNOW -2

Box 1:
IF J1EQUALS 1, GO TO J1a
ELSE, GO TO J4.

J1a. How old were you the first time you vaped?

- AGE WHEN FIRST VAPED
- REFUSED-1

J2. In the past 12 months, have you vaped

		YES	NO	REFUSED
J2a.	Nicotine?	1	2	-1
J2b.	Marijuana?	1	2	-1
J2c.	Just flavoring, without any nicotine or marijuana in it?	1	2	-1

Box 2:
DISPLAY J3a ONLY IF J2a EQUALS 1
DISPLAY J3b ONLY IF J2b EQUALS 1
DISPLAY J3c ONLY IF J2c EQUALS 1
ELSE GO TO J4

J3. {During the past 12 months}, how often did you vape.....

		ONCE A MONTH OR LESS	2 TO 3 DAYS A MONTH	1 OR 2 DAYS A WEEK	3 DAYS A WEEK OR MORE	REFUSED
J3a.	Nicotine?	1	2	3	4	-1
J3b.	Marijuana?	1	2	3	4	-1
J3c.	Just flavoring, without any nicotine or marijuana in it?	1	2	3	4	-1

J4. Now we have some questions about smoking nicotine cigarettes. During the past 30 days, on how many days did you smoke cigarettes?

- None0
 Once or twice per week1
 3-5 days per week.....2
 6-7 days per week.....3
 REFUSED-1

Box 3:

IF J4 EQUALS 0, GO TO J6.
 ELSE GO TO J5.

J5. 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
 REFUSED..... -1

J6. 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
 REFUSED -1

Box 4:

IF J6 EQUALS 1,2,3 OR 4, GO TO J7.
 ELSE GO TO J8.

J7. 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
 REFUSED -1

J8. Some people experiment with drugs. The next set of questions asks you about your experiences with drugs. Remember that your answers will be kept confidential.

J9. During the past 12 months, how often did you use marijuana?

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

Box 5:
IF J9 EQUALS 2,3,4,OR 5, GO TO J10.
ELSE GO TO J11.

J10. 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
REFUSED -1

J11. Have you used any other type of illicit drug (not including marijuana) in the past 12 months? This may include heroin, methamphetamines/meth, hallucinogens, cocaine, cough or cold medicine used to get high, inhalants, or something else.

Yes 1
No 2
REFUSED -1

Box 6:
IF J11 EQUALS 1 GO TO J12,
ELSE GO TO J14.

J12. What type of illicit drugs have you used in the past 12 months? Have you used... (SELECT ALL THAT APPLY)

Hallucinogens, such as LSD, acid, mescaline, peyote, "shrooms,"
or psilocybin, PCP, angel dust or phencycline 1
Cocaine, crack, "coke," or "rock" 2
Heroin or H, dope smack, horse, brown, black, tar 3
Methamphetamine, "meth," "speed," "crank,"
or "crystal meth" 4
Non-prescription cough or cold medicine,
"robos," or DXM, in order to get high 5
Glue, aerosol sprays, or other types of gases, fumes, or sprays
that you sniffed or huffed in order to get high 6
Ecstasy, MDMA, "E," "X," "XTC," or "molly" 7
Other types of illicit drugs? (specify) 91
REFUSED -1

Box 7:
IF J12 EQUALS 91 GO TO J12h_OS.
ELSE GO TO J13

J12_OS. What other types of drugs have you used in the past 12 months?

TYPE OF DRUG _____
REFUSED -1

RECODE

J12 – Other, Specified Recoded

J12_8 Other types of illicit drugs

- J13. During the past 12 months, how often did you use these drugs?
- 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
 - REFUSED -1

- J14. In the past 12 months, 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?
- Yes1
 - No2
 - REFUSED -1

Box 8:
 IF J14 EQUALS 1, GO TO J15.
 ELSE GO TO J17.

- J15. Have you used any of these drugs in the past 12 months? (SELECT ALL THAT APPLY)
- Prescription amphetamines, “uppers,” “pep pills,” or “ups,”
 such as Adderall or Ritalin1
 - Prescription painkillers, such as methadone, Suboxone, opium, morphine,
 codeine, Demerol, Vicodin, OxyContin, or Percocet.....2
 - Prescription sedatives or tranquilizers, including barbiturates, “downers,” or
 “downs”, such as lithium, valium, Xanax, phenobarbital, Tuinal, Nembutal,
 or Seconal3
 - Any other type of prescription drug (specify)?91
 - REFUSED -1

Box 9:
 IF J15 EQUALS 91, GO TO J15_OS.
 ELSE GO TO J16

J15_OS. Have you used any of these drugs in the past 12 months?
 TYPE OF PRESCRIPTION DRUG _____

RECODE
 J15 – Other, Specified Recoded
 J15_4 Other types of illicit drugs

- J16. During the past 12 months, how often did you use any of these drugs without a doctor’s prescription or that you took in greater amounts, more often, or longer than you were told to take it?
- 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
 - REFUSED -1

J17. Have you ever received treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

- Yes 1
- No 2
- REFUSED -1

Box 10:
IF J17 EQUALS 1 GO TO J18.
ELSE GO TO J19.

J18. 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
- REFUSED -1

J19. We'd like to ask you just a few more questions before you finish this survey. Can you briefly tell us what do you hope to be doing 5 years from now?

- PLEASE DESCRIBE _____
- REFUSED -1

Note: Not included in public data.

J20. These last few questions are about how you're doing right now and where you see yourself in the future.

J20a. 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.

J20a.	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
J20b.	On which step do you think you will stand five years from now?	10	9	8	7	6	5	4	3	2	1	0

- REFUSED -1

Box 11:
IF MODE IS FIELD STAFF ASSISTED INTERVIEW THEN GO TO J21.
ELSE END SURVEY.

J21. WAS THIS INTERVIEW CONDUCTED BY TELEPHONE OR IN-PERSON? ANSWER REQUIRED. PLEASE SELECT A RESPONSE BEFORE CONTINUING.

- TELEPHONE 1
- IN-PERSON 2
- REFUSED -1