The National Survey of American Life:
Coping with Stress in the 21\textsuperscript{st} Century.

Adolescent Study:
Parent Questionnaire
Long Version

Dr. James S. Jackson
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University of Michigan
Ann Arbor, MI

Institute for Social Research
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INSTRUCTIONS

For the following questions, please think about your child who participated in the National Survey of American Life: Adolescent Interview. Do your best to answer the questions as best you can. Sometimes your answer to a question may not exactly fit the categories we give. In that case, please choose the one that is closest to the way you feel. Please do not pay any attention to the way the questions are numbered. The questions are numbered to make it easier for us.

Most of the following questions have numbered responses. Respond by CIRCLING THE NUMBER of your choice. For example, if the adolescent gets “C”s” in school, respond as shown below:

X2. What sort of grades did he/she get in his/her last full year at school?
   1. A’s
   2. B’s
   3. C’s
   4. D’s
   5. Failing Grades

If you don’t know the answer, put a question mark to the right of the answers, as shown below:

X2. What sort of grades did he/she get in his/her last full year at school?
   1. A’s
   2. B’s
   3. C’s
   4. D’s
   5. Failing Grades

If you want to change your answer, put an “X” through the wrong answer and circle the correct one. For example, if you want to change your answer from “C”s” to “B’s”, make the correction as shown below:

X2. What sort of grades did he/she get in his/her last full year at school?
   1. A’s
   2. B’s
   3. C’s
   4. D’s
   5. Failing Grades

Some questions in the booklet ask you to fill in numbers or to provide brief written descriptions. Please fill these out as clearly as you can.

There are no right or wrong answers. Your responses are completely confidential. Please answer as you really feel. If you have any questions, or if you would like help in filling out the questionnaire, please call the interviewer:

_________________________________         ______________________________
Name of Interviewer      Telephone Number
A1. Is the adolescent who participated in the study a U.S. citizen?
   1. Yes
   5. No

A2. How many of his/her biological parents were born in the U.S.?
    ________ NUMBER

A3. How many of his/her biological grandparents were born in the U.S.?
    ________ NUMBER

A4. While growing up, how many years did he/she live …

   NUMBER OF YEARS

a. …with his/her biological father? ________
    b. …with some other male head of household? ________
    c. …without any male head of household? ________
    d. …with his/her biological mother? ________
    e. …with some other female head of household? ________
    f. …without any female head of household? ________
### A5. How much time did he/she ever live in each of the following settings? (Please enter both year and months. For example, a year and a half should be entered as “1” year and “6” months.)

<table>
<thead>
<tr>
<th></th>
<th>YEARS</th>
<th>MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A foster home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. A boarding school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. A juvenile corrections facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. A Homeless shelter or homeless</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### A6. How long has he/she lived in this neighborhood? (If less than one year, enter “0”.)

<table>
<thead>
<tr>
<th>NUMBER OF YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### A7. How true is each of the following statements about this neighborhood?

<table>
<thead>
<tr>
<th>Statement</th>
<th>VERY TRUE</th>
<th>SOMEWHAT TRUE</th>
<th>NOT VERY TRUE</th>
<th>NOT AT ALL TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I feel safe being out alone in my neighborhood at night.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. I have neighbors who would help me if I had an emergency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. People in my neighborhood look out for each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. People often get mugged or attacked in my neighborhood.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### A8. How much of a problem is the selling and use of drugs in your neighborhood?

1. Very serious
2. Fairly serious
3. Not too serious
4. Not serious at all
B1. How many different schools has this child ever attended since first grade?

_________ SCHOOLS

B2. How many years did he/she stay back or repeat a grade in school? (If never stayed back or repeated a grade, enter “0”.)

_________ YEARS

B3. How many times was he/she ever suspended from school for a day or longer? (If none, enter “0”.)

_________ TIMES

B4. What was the last grade in school he/she completed?

_________ GRADE

B5. Is he/she still attending school?

1. Yes, full time
2. Yes, part-time
5. No

B6. What sort of grades did he/she get in his/her last full year at school?

1. A’s
2. B’s
3. C’s
4. D’s
5. Failing Grades

B7. How far do/did you expect him/her to go in school?

1. Not graduate high school
2. High school graduation
3. Technical, trade or vocational school (above high school level)
4. Community college/apprenticeship program
5. University degree
6. Graduate/professional degree
B8. Did this child ever receive any of the following special school services?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Special class for children with learning problems?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>b. Special class for gifted children?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>c. Special class for children with behavioral problems?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>d. Special class for children with emotional problems?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>e. Special school for children with problems that cannot be handled by the regular school?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>f. Group psychological counseling or therapy delivered in school?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>g. Individual psychological counseling or therapy delivered in school?</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

B9. How many hours per day outside of school does the adolescent usually spend doing the following?

<table>
<thead>
<tr>
<th></th>
<th>NONE</th>
<th>ONE OR LESS</th>
<th>TWO</th>
<th>THREE TO FOUR</th>
<th>FIVE OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Homework?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b) Taking part in an after school academic program?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c) Participating in sports, athletics or exercise?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d) Taking part in an after school non-academic program?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td>YEARS OLD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----</td>
<td>----</td>
<td>-----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Learning disability</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Serious hearing, vision, or speech problem</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Persistent nightmares</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Allergies or hay fever</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Asthma</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Developmental disorders (such as autism, Asperger’s, or pervasive developmental disorder)</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Epilepsy or seizures</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Heart problems</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Severe acne</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Serious stomach trouble (such as gastritis, ulcers)</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Venereal disease (such as genital herpes, gonorrhea)</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Any other life-threatening or serious illness? (IF YES, please describe.)</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C2. How would you rate his/her overall physical health at the present time?

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

C3. How would you rate the overall condition of his/her teeth, gums, and mouth at the present time?

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

C4. How would you rate his/her overall mental health at the present time?

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

C5. Does he/she have a medical doctor who he/she sees regularly?

1. Yes
2. No

C6. In the past year, has he/she been to any of these places for health care?

<table>
<thead>
<tr>
<th>Place</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A hospital clinic?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>b. The local public health department?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>c. Planned Parenthood or Family Planning Clinic?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>d. A private doctor’s office?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>e. An emergency room?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>f. A community mental health center?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>g. Another kind of health care clinic or office? (SPECIFY):</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
D1. Before the age of 7, was there ever a time lasting six months or longer when he/she often had any of the following problems?  (If any of these problems only started after age 7, answer “NO”.)

<table>
<thead>
<tr>
<th>a. Often lost things like homework or books</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Often had trouble paying attention to details or made a lot of careless mistakes in homework, work, or other activities</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>c. Often forgot what he/she was supposed to be doing</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>d. People often said that he/she did not seem to be listening to them</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>e. Quickly lost interest in games or in work</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>f. Was unable to keep his/her mind on what he/she was doing if things were going on nearby</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>g. Disliked, stayed away from, or put off doing things that needed a lot of concentration</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>h. Got confused when he/she had to make plans or decide the order in which to do things</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>i. Often did not finish chores, homework or other work even when he/she meant to get them done and knew how to do them</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

DIRECTIONS: If you answered “YES” to any of the questions above, continue with question D2. Otherwise, go to question E1 on page 10.

D2. About how old was he/she when he/she first started having attention or concentration problems?

_______ YEARS OLD

D3. About how many years altogether did he/she have attention or concentration problems?

_______ NUMBER OF YEARS

D4. When did he/she most recently have attention or concentration problems?

1. In the past month
2. 1 to 6 months ago
3. 7 to 12 months ago
4. More than 12 months ago
D5. When at their worst, how much did his/her attention or concentration problem ever cause difficulties in each of the following areas?

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>SOME</th>
<th>A LOT</th>
<th>EXTREMELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Home life? ................. 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Friendships? ............... 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. School or work? ........... 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D6. During the past 12 months, how much did his/her attention or concentration problems cause difficulties in each of the following areas?

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>SOME</th>
<th>A LOT</th>
<th>EXTREMELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Home life? ................. 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Friendships? ............... 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. School or work? ........... 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D7. How many teachers or other adults ever told you that he/she had attention or concentration problems?

________ NUMBER

D8. How many teachers or other adults ever encouraged you to see a doctor or other professional about his/her attention or concentration problems?

________ NUMBER
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9. Did he/she receive professional treatment for attention or concentration problems at any time in the past 12 months?</td>
<td></td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>D10. Was he/she prescribed medication for attention or concentration problems at any time in the past 12 months?</td>
<td></td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>a. (IF YES) Which medications?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D11. Did he/she ever receive professional treatment for his/her attention or concentration problems?</td>
<td></td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>D12. Was he/she ever prescribed medication for attention or concentration problems?</td>
<td></td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>a. (IF YES) Which medications?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E1. Before the age of 7, did this adolescent ever have a time lasting six months or longer when he/she often had any of the following problems with restlessness or impatience? (If any of these problems only started after age 7, answer “NO”).

YES NO

a. Often was very active when not supposed to be – for example, climbing on things or running around even after being asked to keep still? .......................... 1 5

b. Often was very restless and could not sit still? ............................................ 1 5

c. Often was on the go taking little time to rest? ............................................. 1 5

d. Had trouble playing quietly or doing quiet activities like reading or being read to for more than a few minutes at a time? ............................... 1 5

e. Usually fidgeted or squirmed a lot when sitting down? .............................. 1 5

f. Often got up from his/her seat when not supposed to – like at dinner, at school or at religious services? ................................................................. 1 5

g. Talked a lot more than other kids his/her age? .......................................... 1 5

h. Often blurted out answers before someone could finish asking the question? ................................................................................................. 1 5

i. Often interrupted people or abruptly joined other people’s conversations without being asked? .............................................................................. 1 5

j. Often tried to join games or other activities that were already happening? ... 1 5

k. Had a lot of trouble waiting his/her turn? ................................................... 1 5

DIRECTIONS: If you said “YES” to any of the questions above, continue with question E2. Otherwise, go to question F1 on page 13.

E2. About how old was he/she when he/she first started having problems with restlessness or impatience?

_________ YEARS OLD
E3. About how many years altogether did he/she have problems with restlessness or impatience?

__________ NUMBER OF YEARS

E4. When did he/she most recently have problems with restlessness or impatience?

1. In the past month
2. 1 to 6 months ago
3. 7 to 12 months ago
4. More than 12 months ago

E5. When at their worst, how much did his/her problems with restlessness or impatience ever cause difficulties in each of the following areas?

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>SOME</th>
<th>A LOT</th>
<th>EXTREMELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Home life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Friendships?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. School or work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

E6. During the past 12 months, how much did his/her problems with restlessness or impatience cause difficulties in each of the following areas?

<table>
<thead>
<tr>
<th></th>
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<th>SOME</th>
<th>A LOT</th>
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</thead>
<tbody>
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<td>a. Home life?</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>c. School or work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
E7. How many teachers or other adults ever told you that he/she had problems with restlessness or impatience?

_________ NUMBER

E8. How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about his/her problems with restlessness or impatience?

_________ NUMBER

YES

NO

E9. Did he/she receive professional treatment for problems with restlessness or impatience at any time in the past 12 months?

1

5

E10. Was he/she prescribed medication for problems with restlessness or impatience at any time in the past 12 months?

1

5

a. (IF YES) Which medications?

____________________________________________

____________________________________________

E11. Did he/she ever receive professional treatment for problems with restlessness or impatience?

1

5

E12. Was he/she ever prescribed medication for problems with restlessness or impatience?

1

5

a. (IF YES) Which medications?

____________________________________________

____________________________________________
F1. Has this adolescent ever had times of low mood lasting two weeks or longer when most of the day, nearly every day, he/she felt either sad, depressed, discouraged, or unable to enjoy the things he/she usually enjoys?

1. Yes
5. No

DIRECTIONS: If you answered “YES” to F1, continue with question F2. Otherwise, go to question G1 on page 16.

F2. Think about times lasting two weeks or longer when his/her low mood was worst. During those times, did he/she have any of the following problems most of the day, nearly every day?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

a. A much smaller or a much larger appetite than usual?

b. A lot more trouble than usual either falling asleep, staying asleep, waking too early, or sleeping a lot more nearly every night?

c. A lot more restless than usual?

d. Much less energy than usual?

e. A lot more trouble concentrating, thinking, or making decisions than usual?

f. Feeling no good, worthless, or guilty about things that weren’t his/her fault?

g. Talking a lot about death or making a suicide attempt?

DIRECTIONS: If you answered “YES” to any of the questions above, continue with question F3. Otherwise, go to question G1 on page 16.

F3. About how old was he/she when he/she first had times lasting two weeks or longer when most of the time he/she was in a low mood and had some of the other problems in the F2 series above?

__________ YEARS OLD

F4. About how many years altogether did he/she have these times?

__________ NUMBER OF YEARS
F5. When did he/she **most recently** have a time of this sort that lasted two weeks or longer?

1. In the past month
2. 1 to 6 months ago
3. 7 to 12 months ago
4. More than 12 months ago

F6. How much did these times of low mood **ever** cause difficulties in each of the following areas?

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>SOME</th>
<th>A LOT</th>
<th>EXTREMELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Home life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Friendships</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. School or work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

F7. During the past 12 months, how much did these times of low mood cause difficulties in each of the following areas?

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
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<th>SOME</th>
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<tr>
<td>b. Friendships</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. School or work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
F8. How many teachers or other adults ever told you that he/she had problems with low mood?

_________ NUMBER

F9. How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about his/her low mood?

_________ NUMBER

F10. Did he/she receive professional treatment for low mood at any time in the past 12 months?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

F11. Was he/she prescribed medication for low mood at any time in the past 12 months?

a. (IF YES) Which medications?

____________________________________________________________________

____________________________________________________________________

F12. Did he/she ever receive professional treatment for low mood?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

F13. Was he/she ever prescribed medication for low mood?

a. (IF YES) Which medications?

____________________________________________________________________

____________________________________________________________________
G1. Some children get very upset or clingy when they are separated from their mother or other grown ups who look after them. Has this adolescent ever had a time lasting one month or longer, after the age of 5 years when he/she had any of the following problems with separation? (If only at age 5 or younger, answer “NO”.)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Got very sad, worried, or upset when separated from a parent or parenting figure?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>b. Often feared that something bad like an accident might happen to this person?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>c. Often worried that something bad might happen to himself/herself that would prevent him/her from seeing this person?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>d. Often worried that something else might happen to keep him/her from ever seeing this person again?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>e. Often wanted to stay home from school or other places in order to stay near this person?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>f. Often refused to go places if this person could not go with him/her?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>g. Sometimes begged this person to stay or to take him/her with them when they had to leave for even a short period of time?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>h. Often got sick to his/her stomach or had headaches if this person was going out or away from them?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>i. After the age of five, had a month or longer when he/she did not want to go to sleep unless this person was near?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>j. Refused to sleep away from home, like at a friend’s house?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>k. Often had bad dreams about this person being hurt or something happening to separate him/her from this person?</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

**DIRECTIONS:** If you answered “YES” to any of the questions above, continue with question G2. Otherwise, go to question H1 on page 20.

G2. Think of times lasting one month or longer, after the age of 5, when these problems with separation were the worst. During those times, how often did this adolescent have worries about being apart from his/her parent or parenting figure?

1. Just about every day
2. Most days
3. About half the days
4. Less than half the days
G3. How severe was the emotional distress caused by these worries?

1. Mild
2. Moderate
3. Severe
4. Very severe

G4. How often did he/she feel so upset about being apart from his/her parent or parenting figure that nothing could cheer him/her up or calm him/her down?

1. Often
2. Sometimes
3. Not very often
4. Never

G5. How often did he/she feel so upset about being apart from his/her parent or parenting figure that he/she could not carry out his/her daily activities?

1. Often
2. Sometimes
3. Not very often
4. Never

G6. About how old was he/she the first time he/she had frequent problems with separation from a parent or parenting figure?

_________ YEARS OLD

G7. About how many different years did he/she have problems of this sort for a month or longer?

_________ YEARS

G8. When did he/she most recently have problems of this sort for a month or longer?

1. Within the past month
2. 1 to 6 months ago
3. 7 to 12 months ago
4. More than 12 months ago
G9. When at their worst, how much did his/her problems with separation cause difficulties in each of the following areas?

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>A LOT</th>
<th>SOME</th>
<th>EXTREMELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Home life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Friendships?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. School or work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

G10. In the past 12 months, how much did his/her problems with separation cause difficulties in each of the following areas?

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>A LOT</th>
<th>SOME</th>
<th>EXTREMELY</th>
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<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>c. School or work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

G11. How many teachers or other adults ever told you that he/she had problems with separation?

__________ NUMBER

G12. How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about his/her problems with separation?

__________ NUMBER
G13. Did he/she receive professional treatment for problems with separation at any time in the past 12 months? 

YES 1  NO 5

G14. Was he/she prescribed medication for problems with separation at any time in the past 12 months?

YES 1  NO 5

a. (IF YES) Which medications?
____________________________________________
____________________________________________

G15. Did he/she ever receive professional treatment for problems with separation?

YES 1  NO 5

G16. Was he/she ever prescribed medication for problems with separation?

YES 1  NO 5

a. (IF YES) Which medications?
____________________________________________
____________________________________________
H1. Has this adolescent ever in his/her life had a time lasting six months or longer when he/she had any of the following problems with anger or disobedience?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Often lost his/her temper?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>b. Often argued with, or ‘talked back’ to adults?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>c. Often disobeyed rules at home, school, or work?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>d. Often refused to follow directions from adults like parents, teachers or bosses?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>e. Was angry a lot of the time?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>f. Often felt he/she was being taken advantage of or being treated unfairly?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>g. Annoyed people on purpose by doing or saying things just to bother them?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>h. Blamed others for own mistakes or bad behavior?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>i. Did mean things to pay people back for things they did that he/she did not like?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>j. Got mad easily at the way he/she was treated by others?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>k. Was easily annoyed by others?</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

**DIRECTIONS:** If you answered “YES” to any of the questions above, continue with question H2. Otherwise, go to question I1 on page 23.

H2. About how old was he/she when he/she first started having problems with anger or disobedience?

_________ YEARS OLD

H3. About how many years altogether did he/she have problems with anger or disobedience?

_________ NUMBER OF YEARS
H4. When did he/she most recently have problems with anger or disobedience?

1. In the past month
2. 1 to 6 months ago
3. 7 to 12 months ago
4. More than 12 months ago

H5. When at their worst, how much did his/her problems with anger or disobedience cause difficulties in each of the following areas?

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>SOME</th>
<th>A LOT</th>
<th>EXTREMELY</th>
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</tr>
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<td>b. Friendships?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. School or work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

H6. During the past 12 months, how much did his/her problems with anger or disobedience cause difficulties in each of the following areas?

<table>
<thead>
<tr>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
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<td>b. Friendships?</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. School or work?</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

H7. How many teachers or other adults ever told you that he/she had problems with anger or disobedience?

__________ NUMBER
H8. How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about his/her problems with anger or disobedience?

_________ NUMBER

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

H9. Did he/she receive professional treatment for problems with anger or disobedience at any time in the past 12 months?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

H10. Was he/she prescribed medication for problems with anger or disobedience at any time in the past 12 months?

a. (IF YES) Which medications?

____________________________________________________________________

____________________________________________________________________

H11. Did he/she ever receive professional treatment for problems with anger or disobedience?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

H12. Was he/she ever prescribed medication for problems with anger or disobedience?

a. (IF YES) Which medications?

____________________________________________________________________

____________________________________________________________________
11. What is your relationship to this adolescent? Are you his/her...

1. ...Biological Mother  
2. ...Biological Father  
3. ...Step Mother  
4. ...Step Father  
5. ...Adoptive Mother  
6. ...Adoptive Father  
7. ...Foster Mother  
8. ...Foster Father  
9. ...Grandmother  
10. ...Grandfather  
11. ...Guardian Not Related  
12. ...Other (Please Describe)

12. How emotionally close were you with the adolescent while he/she was growing up?

   1. Very close  
   2. Somewhat close  
   3. Not very close  
   4. Not close at all

13. For the next questions, please think about your relationship with the adolescent while he/she was growing up.

<table>
<thead>
<tr>
<th></th>
<th>A LOT</th>
<th>SOME</th>
<th>A LITTLE</th>
<th>NOT AT ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How much love and affection did you give him/her?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. How much did you really care about him/her?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. How much did you understand his/her problems and worries?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. How much could he/she open up and talk to you about things that were bothering him/her?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. How much did you stop him/her from doing the things that other kids his/her age were allowed to do?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. How strict were you with your rules for him/her?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. How much did you expect him/her to do his/her best in everything?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. How overprotective were you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
14. How much tension or conflict did you have in your relationship with the adolescent while he/she was growing up?

1. A lot
2. Some
3. A little
4. None
8. Don’t know

15. How much effort did you put into making sure the adolescent had a good upbringing?

1. A lot
2. Some
3. A little
4. None
8. Don’t know

16. How old was this adolescent when he/she was first allowed to go out in the neighborhood on his/her own without supervision from a parent or older brother or sister? (If he/she is still not allowed to go out on his/her own, enter “99”, and then go to question 18.)

___________ YEARS OLD

17. Think about how closely you controlled the adolescent going out at the age of 11. (If he/she was not allowed out until a later age, think of the age when he/she was first allowed to go out without supervision.) At that time…

<table>
<thead>
<tr>
<th></th>
<th>ALL THE TIME</th>
<th>MOST OF THE TIME</th>
<th>SOME TIMES</th>
<th>RARELY</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. …how often did you make him/her tell you before he/she went out?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. …how often did you know the people he/she went out with?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. …how often did you know how to find him/her if you needed to when he/she was out?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
d. …how often did you have a set time when he/she had to be home on week nights?

<table>
<thead>
<tr>
<th></th>
<th>ALL THE TIME</th>
<th>MOST OF THE TIME</th>
<th>SOME TIMES</th>
<th>RARELY</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

e. …how often did you have a set time when he/she had to be home on weekend nights?

<table>
<thead>
<tr>
<th></th>
<th>ALL THE TIME</th>
<th>MOST OF THE TIME</th>
<th>SOME TIMES</th>
<th>RARELY</th>
<th>NEVER</th>
</tr>
</thead>
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<tr>
<td></td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

I8. How old was this adolescent when he/she was first allowed to stay home by him/herself without adult supervision or without someone older to take care of him/her? (If he/she is still not allowed to stay at home without supervision, enter “99”.)

_____________ YEARS OLD
I9. Please indicate the extent to which you agree or disagree with the following statements about your relationship with the adolescent who was part of the study.

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>I feel that I can tell my son/daughter just about everything.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b)</td>
<td>I feel that my son/daughter and I can share our problems with each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c)</td>
<td>I feel that my son/daughter and I can share our feelings with each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d)</td>
<td>My son/daughter and I are much closer than most parents and sons/daughters.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e)</td>
<td>My son/daughter and I have a good relationship.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f)</td>
<td>My son/daughter is often critical of me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g)</td>
<td>I sometimes fight or argue with my son/daughter.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h)</td>
<td>My relationship with my son/daughter sometimes makes me feel tense.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i)</td>
<td>If your child is not a parent, skip to next question. My son/daughter and I often disagree about raising the baby.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
The next questions are about your health.

J1. How much have problems with your physical health interfered with your daily activities?

1. A lot
2. Some
3. A little
4. Not at all
8. Don’t know

J2. Do you have any of the following chronic health problems?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Arthritis</td>
<td>1</td>
</tr>
<tr>
<td>b. Asthma</td>
<td>1</td>
</tr>
<tr>
<td>c. Cancer</td>
<td>1</td>
</tr>
<tr>
<td>d. Chronic lung disease</td>
<td>1</td>
</tr>
<tr>
<td>e. Diabetes or high blood sugar</td>
<td>1</td>
</tr>
<tr>
<td>f. Chronic headaches or migraines</td>
<td>1</td>
</tr>
<tr>
<td>g. Heart disease</td>
<td>1</td>
</tr>
<tr>
<td>h. High blood pressure</td>
<td>1</td>
</tr>
<tr>
<td>i. Ulcer</td>
<td>1</td>
</tr>
<tr>
<td>j. Any other serious chronic health problem?</td>
<td>1</td>
</tr>
</tbody>
</table>

(If “YES”, please describe) __________________________________________________________________________
____________________________________________________________________________________________________
J3. How much do problems with your physical or mental health put you at a risk of dying earlier than other people your age?

1. None
2. A little
3. Some
4. A lot
5. Extremely

J4. How many visits did you make to each of the following types of health professionals in the past 12 months?

<table>
<thead>
<tr>
<th>NUMBER OF VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A doctor, hospital, or clinic for a routine physical check-up or gynecological exam</td>
</tr>
<tr>
<td>b. A doctor, emergency room, or clinic for urgent care treatment – for example, because of new symptoms, an accident, or something else unexpected</td>
</tr>
<tr>
<td>c. A doctor, hospital, clinic, orthodontist, or ophthalmologist for scheduled treatment or surgery</td>
</tr>
<tr>
<td>d. A doctor or other professional for problems with emotions, behavior, or substance use</td>
</tr>
<tr>
<td>e. A self help group for problems with emotions, behavior, or substance use</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td><strong>J5.</strong></td>
</tr>
<tr>
<td>a.</td>
</tr>
<tr>
<td>b.</td>
</tr>
<tr>
<td>c.</td>
</tr>
<tr>
<td>d.</td>
</tr>
<tr>
<td>e.</td>
</tr>
<tr>
<td>f.</td>
</tr>
<tr>
<td>g.</td>
</tr>
<tr>
<td>h.</td>
</tr>
<tr>
<td>i.</td>
</tr>
<tr>
<td>j.</td>
</tr>
<tr>
<td>k.</td>
</tr>
<tr>
<td>l.</td>
</tr>
<tr>
<td>m.</td>
</tr>
<tr>
<td>n.</td>
</tr>
</tbody>
</table>
J6. How much have problems with your mental health interfered with your daily activities?

1. A lot
2. Some
3. A little
4. Not at all
8. Don’t know

J13. Is there another person in this household who shares responsibility with you for raising this adolescent?

1. Yes
5. No ➔ Skip to question K1 on page 35

J14. What is that person’s relationship to the adolescent?

1. Biological Parent
2. Step Parent
3. Adoptive Parent
4. Foster Parent
5. Grandmother
6. Grandfather
7. Aunt
8. Uncle
9. Other (Please Describe) ________________________________

The next questions are about the health of the other person who has responsibility for raising the adolescent.

J15. During the years he/she has helped to raise the adolescent, how much have problems with this person’s physical health interfered with his/her daily activities?

1. A lot
2. Some
3. A little
4. Not at all
8. Don’t know

J16. How much of the time did this person smoke during the years he/she helped raise the adolescent?

1. All the time
2. Most of the time
3. Some of the time
4. A little
5. None of the time
8. Don’t know
J17. During the years he/she has helped to raise the adolescent, how much did problems with this person’s mental health interfere with his/her daily activities?
   1. A lot
   2. Some
   3. A little
   4. Not at all
   8. Don’t know

J18. How often did this person have times of being very sad or depressed?
   1. All the time
   2. Most of the time
   3. Some of the time
   4. Never
   8. Don’t know

J19. How often did this person have times of being very nervous, worried, or anxious?
   1. All the time
   2. Most of the time
   3. Some of the time
   4. Never
   8. Don’t know

J20. How often did this person have times of being very irritable, grumpy or in a bad mood?
   1. All the time
   2. Most of the time
   3. Some of the time
   4. Never
   8. Don’t know

J21. How often did this person have sudden attacks of fear or panic?
   1. All the time
   2. Most of the time
   3. Some of the time
   4. Never
   8. Don’t know
J22. How often did this person have attacks of anger when he/she lost control and either screamed, threw things, or hurt someone?
   1. All the time
   2. Most of the time
   3. Some of the time
   4. Never
   8. Don’t know

J23. How often did this person have problems with alcohol or drugs that interfered with his/her responsibilities at home or work?
   1. All the time
   2. Most of the time
   3. Some of the time
   4. Never
   8. Don’t know

J24. How often did this person act irresponsibly and impulsively, like having difficulty keeping jobs, paying bills, or honoring obligations?
   1. All the time
   2. Most of the time
   3. Some of the time
   4. Never
   8. Don’t know

J25. How often did this person get into trouble with the law or participate in illegal activities?
   1. All the time
   2. Most of the time
   3. Some of the time
   4. Never
   8. Don’t know

J26. Was this person ever arrested for a property crime, such as theft or vandalism?
   1. Yes
   5. No
   8. Don’t know
J27. Was this person ever arrested for a violent crime, such as assault or robbery?

1. Yes
5. No
8. Don’t know

J28. Was this person ever arrested for any other type of crime?

1. Yes
5. No
8. Don’t know

J29. How often did this person tell lies or con people

1. All the time
2. Most of the time
3. Some of the time
4. Never
8. Don’t know

J30. Did this person ever attempt to commit suicide?

1. Yes
5. No
8. Don’t know

J31. Did this person ever see a professional for help with emotional problems?

1. Yes
5. No
8. Don’t know

J32. How much education did this person complete?

1. Less than high school
2. High school graduate
3. Some college
4. College graduate
8. Don’t know
J33. During the years he/she has helped raise the adolescent, how much of the time was this person employed?

   1. All the time
   2. Most of the time
   3. Some of the time
   4. None of the time
   8. Don’t know

J34. How important are religious beliefs in this person’s life?

   1. Very important
   2. Somewhat important
   3. Not very important
   4. Not at all important
   8. Don’t know

J35. How emotionally close has the adolescent been to this person during the years he/she was growing up?

   1. Very close
   2. Somewhat close
   3. Not very close
   4. Not at all close
   8. Don’t know

J36. How closely does this person supervise the adolescent’s behavior?

   1. Very closely
   2. Somewhat closely
   3. Not very closely
   4. Not at all closely
   8. Don’t know

J37. How much tension or conflict do they have in their relationship?

   1. A lot
   2. Some
   3. A little
   4. None
   8. Don’t know

J38. How much effort has this person put into making sure the adolescent had a good upbringing?

   1. A lot
   2. Some
   3. A little
   4. None
   8. Don’t know
K1. If you were not born in the United States, how old were you when you first came to this country? (If U.S. born, enter “0”.)

_________________ YEARS OLD

K2. How many of your biological parents were born in the U.S?

_________________ NUMBER

K3. What is the highest level of education you completed?

1. Some grade school
2. Some high school
3. High school diploma or GED
4. Some college or 2-year degree
5. 4-year college graduate
6. Some school beyond college
7. Professional or graduate degree (e.g., doctor, lawyer, accountant)

K4. What is your current employment situation?

1. Working now Full Time
2. Working now Part Time
3. Temporarily Laid off
4. On maternity leave
5. On illness/sick leave
6. Unemployed
7. Retired
8. Full Time Homemaker
9. Student
10. Permanently Disabled
11. Other (Please Describe) ________________________________
K5. Circle the number that most closely describes the kind of work you normally do. If you are not currently employed, circle the number for the job you had when you most recently worked. If you work at more than one type of job, think of the job you consider your main job. If you never worked, circle “1” and go to question L1 on Page 38.

1. Never worked (go to question L1 on page 38)
2. Legislator or senior association official
3. Corporate manager or official (organization with 11+ employees)
4. General manager (organization with less than 11 employees)
5. Physical-engineering science professional (college degree required)
6. Doctor, nurse, or other life sciences professional
7. Teaching professional (college degree required)
8. Computer programmer (college degree required)
9. Officer in the armed services
10. Any other professional (e.g., lawyer, accountant, journalist)
11. Physical science para-professional (e.g., computer technician)
12. Life sciences para-professional (e.g., medical assistant)
13. Teaching para-professional (e.g., teacher aide, driving instructor)
14. Other para-professional (e.g., bookkeeper, real estate agent)
15. Secretary or office clerk
16. Salesperson (e.g., retail sales, insurance sales)
17. Customer service worker (e.g., receptionist, bank teller)
18. Personal and protective services worker (e.g., barber, security guard)
19. Skilled farm-fishery worker (e.g., farmer, logger, fisherman, beekeeper)
20. Building trade worker (e.g., plumber, electrician, roofer)
21. Metal-machinery trade worker (e.g., mechanic, machinist, welder)
22. Precision handicraft or trade worker (e.g., jeweler, printer)
23. Other skilled craftsman (e.g., baker, butcher, cabinet-maker)
24. Stationary plant operator (e.g., furnace or mining machine operator)
25. Machine operator (e.g., textile machine or printing press operator)
26. Driver or mobile machine operator (e.g., Taxi, forklift or truck driver)
27. Other service occupation (e.g., house cleaner, garbage collector)
28. Farm-fishery laborer (e.g., Fruit picker, migrant worker)
29. Other laborer (e.g., construction or factory laborer)
30. Armed forces enlisted personnel (non-officer)
31. Any other occupation not listed above (please describe below)
K6. In what kind of business, industry or service did you work at this job?

1. Agriculture, hunting and forestry
2. Fishing
3. Mining and quarrying
4. Manufacturing
5. Electricity, gas and water supply
6. Construction
7. Wholesale and retail trade; repair of motor vehicles
8. Hotels and restaurants
9. Transport, storage and communications
10. Financial intermediation
11. Real estate, renting and business activities
12. Public administration and defense
13. Education
14. Health and social work
15. Other community, social & personal service activities
16. Private households with employed persons
17. Extra-territorial organizations and bodies
18. Any other industry not described above (please describe below)

__________________________________________________
__________________________________________________

K7. Which one best describes your race?

1. Black or African American
2. White
3. American Indian or Alaska Native
4. Asian
5. Pacific Islander
6. Other (SPECIFY) ____________________________
L1. How strongly do you agree or disagree with these statements about yourself.

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>SOMEWHAT AGREE</th>
<th>SOMEWHAT DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I feel that I'm a person of worth, at least on an equal basis with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b) I feel that I have a number of good qualities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c) All in all, I feel that I am a failure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d) I am able to do things as well as most other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e) I feel I do not have much to be proud of.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f) I take a positive attitude toward myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g) On the whole, I am satisfied with myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h) I wish I could have more respect for myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i) I certainly feel useless at times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j) At times I think I am no good at all.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
L2. Please indicate how true each statement is about how you feel about your efforts in life.

<table>
<thead>
<tr>
<th></th>
<th>COMPLETELY TRUE</th>
<th>SOMEWHAT TRUE</th>
<th>SOMEWHAT FALSE</th>
<th>COMPLETELY FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I’ve always felt that I could make of my life pretty much what I wanted to make of it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b) Once I make up my mind to do something, I stay with it until the job is completely done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c) I don’t let my personal feelings get in the way of getting a job done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d) It’s important for me to be able to do things in the way I want to do them rather than in the way other people want me to do them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e) Sometimes I feel that if anything is going to be done right, I have to do it myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f) I like doing things that other people thought could not be done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g) I feel that I am the kind of individual who stands up for what he believes in, regardless of the consequences.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h) Hard work has really helped me to get ahead in life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i) When things don’t go the way I want them to, that just makes me work even harder.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j) It’s not always easy, but I manage to find a way to do the things I really need to get done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k) Very seldom have I been disappointed by the results of my hard work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>l) In the past, even when things got really tough, I never lost sight of my goals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
L3. How often have you felt the following ways during the past week?

<table>
<thead>
<tr>
<th></th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I felt that I was just as good as other people</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b) I had trouble keeping my mind on what I was doing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c) I felt depressed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d) I felt that everything I did was an effort</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e) I felt hopeful about the future</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f) My sleep was restless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g) I was happy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h) People were unfriendly</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i) I enjoyed life</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j) I had crying spells</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>k) I felt that people disliked me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>l) I could not get “going”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
L4. The next series of questions asks about your feelings and thoughts during the last month. For each question, please indicate how often you felt or thought that way.

<table>
<thead>
<tr>
<th>In the last month, how often have you...</th>
<th>NEVER</th>
<th>ALMOST NEVER</th>
<th>SOMETIMES</th>
<th>FAIRLY OFTEN</th>
<th>VERY OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) ...been upset because of something that happened that you didn’t expect?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b) ...felt that you were in control of your life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c) ...felt nervous and stressed out?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d) ...dealt successfully with daily hassles?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e) ...felt that you were able to successfully handle the important changes occurring in your life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f) ...felt able to handle your personal problems?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g) ...felt that things were going your way?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h) ...found that you could not deal with all the things that you had to do?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i) ...been able to control hassles in your life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j) ...felt that you were on top of things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k) ...gotten angry because of things that happened that were outside of your control?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l) ...found yourself thinking about things you need to do?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m) ...been able to control the way you spend your time?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n) ...felt that you had so many problems that you could not deal with them?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
L5. How strongly you agree or disagree with these other statements about yourself?

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>SOMEWHAT AGREE</th>
<th>SOMEWHAT DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) There is really no way I can solve some of the problems I have.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b) Sometimes I feel that I’m being pushed around in life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c) I have little control over the things that happen to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d) I can do just about anything I really set my mind to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e) I often feel helpless in dealing with the problems of life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f) What happens to me in the future mostly depends on me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g) There is little I can do to change many of the important things in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h) I look to God for strength, support and guidance.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i) Other people determine most of what I can and cannot do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j) What happens in my life is often beyond my control.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k) There are many things that interfere with what I want to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>l) Whether or not I am able to get what I want is in my own hands.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
M1. People use different words to refer to people whose original ancestors came from Africa. What word best describes what you like to be called?

________________________________________________________________________

M2. How often do you talk with the adolescent who is in this study about race or racism?

1. Very often
2. Fairly often
3. Sometimes
4. Rarely
5. Never

M3. Which of the following messages have you told this child to help him/her know what it means to be Black or to help him/her deal with people outside his/her race?

(Check all that apply)

- Race doesn’t matter.
- With hard work you can achieve anything, regardless of your race.
- You should ‘keep it real’.
- You should not trust White people.
- You should be proud to be Black.
- You should not trust Asian people.
- Hispanics and Blacks have a lot in common.
- Whites think they are better than Blacks.
- Sometimes you have to act White to get ahead.
- You will experience discrimination.

M4. Are there any other messages that you have told this child to help him/her know what it means to be Black or to help him/her deal with people outside his/her race?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
M5. The next questions are about how close you feel in your ideas and feelings about things to different groups of people.

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Close</th>
<th>Fairly Close</th>
<th>Not Too Close</th>
<th>Not Close at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How close do you feel in your ideas and feelings about things to Black people in this country?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. How close do you feel in your ideas and feelings about things to White people in this country?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. How about Black people from the Caribbean, like people from Jamaica, Bermuda or Haiti?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. How about Black people in Africa?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

M6. How close do you feel in your ideas and feelings about things to the following different types of people?

<table>
<thead>
<tr>
<th>Type of Person</th>
<th>Very Close</th>
<th>Fairly Close</th>
<th>Not Too Close</th>
<th>Not Close at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Black people who are poor?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Religious church-going Black people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Young Black people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Upper class Black people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Working class Black people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Older Black people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Black elected officials?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Black doctors, lawyers and other Black professional people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

M7. On the whole, do you think most white people want to see Blacks get a better break, or do they want to keep Blacks down, or don't they care one way or the other?

1. Blacks get a better break
2. Keep Blacks down
3. Whites don't care one way or the other
M8. Compared to most Black people, what shade of skin color do you have?

1. Very dark brown
2. Dark brown
3. Medium brown
4. Light brown
5. Very light brown

<table>
<thead>
<tr>
<th>M9.</th>
<th></th>
<th>NEVER</th>
<th>HARDLY EVER</th>
<th>NOT TOO OFTEN</th>
<th>FAIRLY OFTEN</th>
<th>VERY OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>How often would you say that whites treat you badly because of the shade of your skin color?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b)</td>
<td>How often would you say that Blacks treat you badly because of the shade of your skin color?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c)</td>
<td>How often would you say the opposite sex finds you attractive because of the shade of your skin color?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
We are interested in the way other people have treated you or your beliefs about how other people have treated you. Mark “Yes” if any of the following has ever happened to you. For each “Yes” response please answer the question on the right.

N1. At any time in your life, have you ever been unfairly fired?

1 – Yes → a. What do you think was the main reason for this experience?

5 – No

1 - Your Ancestry or National Origins
2 - Your Gender
3 - Your Race
4 – Your Age
5 - Your Height or Weight
6 - Your shade of skin color
11 – Other (SPECIFY) __________________

N2. For unfair reasons, have you ever not been hired for a job?

1 – Yes → a. What do you think was the main reason for this experience?

5 – No

1 - Your Ancestry or National Origins
2 - Your Gender
3 - Your Race
4 – Your Age
5 - Your Height or Weight
6 - Your shade of skin color
11 – Other (SPECIFY) __________________

N3. Have you ever been unfairly denied a promotion?

1 – Yes → a. What do you think was the main reason for this experience?

5 – No

1 - Your Ancestry or National Origins
2 - Your Gender
3 - Your Race
4 – Your Age
5 - Your Height or Weight
6 - Your shade of skin color
11 – Other (SPECIFY) __________________
N4. Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?

1 – Yes       a. What do you think was the main reason for this experience?

5 – No

1 - Your Ancestry or National Origins
2 - Your Gender
3 - Your Race
4 – Your Age
5 - Your Height or Weight
6 - Your shade of skin color
11 – Other (SPECIFY) __________________

N5. Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?

1 – Yes       a. What do you think was the main reason for this experience?

5 – No

1 - Your Ancestry or National Origins
2 - Your Gender
3 - Your Race
4 – Your Age
5 - Your Height or Weight
6 - Your shade of skin color
11 – Other (SPECIFY) __________________

N6. Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?

1 – Yes       a. What do you think was the main reason for this experience?

5 – No

1 - Your Ancestry or National Origins
2 - Your Gender
3 - Your Race
4 – Your Age
5 - Your Height or Weight
6 - Your shade of skin color
11 – Other (SPECIFY) __________________

N7. Have you ever moved into a neighborhood where neighbors made life difficult for you or your family?

1 – Yes       a. What do you think was the main reason for this experience?

5 – No

1 - Your Ancestry or National Origins
2 - Your Gender
3 - Your Race
4 – Your Age
5 - Your Height or Weight
6 - Your shade of skin color
11 – Other (SPECIFY) __________________

N8. Have you ever been unfairly denied a bank loan?
Have you ever received service from someone such as a plumber or car mechanic that was worse than what other people get?

1 – Yes
   a. What do you think was the main reason for this experience?

5 – No
   1 - Your Ancestry or National Origins
   2 - Your Gender
   3 - Your Race
   4 – Your Age
   5 - Your Height or Weight
   6 - Your shade of skin color
   11 – Other (SPECIFY) __________________
N10. In your day-to-day life how often have any of the following things happened to you?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Almost Everyday</th>
<th>At Least Once A Week</th>
<th>A Few Times A Month</th>
<th>A Few Times A Year</th>
<th>Less Than Once A Year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) You are treated with less courtesy than other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) You are treated with less respect than other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) You receive poorer service than other people at restaurants or stores.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) People act as if they think you are not smart.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) People act as if they are afraid of you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) People act as if they think you are dishonest.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) People act as if they’re better than you are.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) You are called names or insulted.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) You are threatened or harassed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) You are followed around in stores.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you said ‘less than once a year’ or ‘never’ for all of the above questions skip to O1 on page 50.

N11. What do you think was the main reason for the experiences in the above questions?

1. Your Ancestry or National Origins
2. Your Gender
3. Your Race
4. Your Age
5. Your Height or Weight
6. Your shade of skin color
11. Other (SPECIFY) ____________________________
O1. What is your current religion?

O2. Other than for weddings or funerals, have you attended services at a church or other place of worship since you were 18 years old?

1. Yes
5. No ➔ Skip to O15 on page 52.

O3. How often do you usually attend religious services?

1. Nearly everyday - 4 or more times a week
2. At least once a week - 1 to 3 times
3. A few times a month - 1 to 3 times
4. A few times a year
5. Less than once a year ➔ Skip to O15 on page 52.

O4. On a typical (Sunday/Saturday) how many hours are you at your church or place of worship?

________________ HOURS

O5. Are you an official member of a church or other place of worship?

1. Yes
5. No

O6. Besides regular services, how often do you take part in other activities at your church or place of worship? Would you say nearly everyday, at least once a week, a few times a month, a few times a year, or never?

1. Nearly everyday - 4 or more times a week
2. At least once a week - 1 to 3 Times
3. A few times a month - 1 to 3 Times
4. A few times a year
5. Never ➔ Skip to O8 on page 51.

O7. Not including religious services how many hours per week are you at your church or place of worship?

________________ HOURS
O8. How often do you see, write, or talk on the telephone with members of your church or place of worship?

1. Nearly every day
2. At least once a week
3. A few times a month
4. At least once a month
5. A few times a year
6. Never

O9. How many people in your church or place of worship would help you out if you needed help?

____________ NUMBER

O10. How often do people in your church or place of worship help you out?

1. Very often
2. Fairly often
3. Not too often
4. Never

O11. How often do you help out people in your church or place of worship?

1. Very often
2. Fairly often
3. Not too often
4. Never

O12. How close are you to the people in your church or place of worship?

1. Very close
2. Fairly close
3. Not too close
4. Not close at all

O13. How satisfied are you with the quality of the relationships you have with the people in your church or place of worship?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied
O14. How often do the people in your church or place of worship…

<table>
<thead>
<tr>
<th></th>
<th>VERY OFTEN</th>
<th>FAIRLY OFTEN</th>
<th>NOT TOO OFTEN</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. …make you feel loved and cared for?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. …listen to you talk about your private problems and concerns?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. …express interest and concern in your well-being?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. …make too many demands on you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. …criticize you and the things you do?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. …try to take advantage of you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

O15. How often do you do the following?

<table>
<thead>
<tr>
<th></th>
<th>NEARLY EVERY DAY</th>
<th>AT LEAST ONCE A WEEK</th>
<th>A FEW TIMES A MONTH</th>
<th>AT LEAST ONCE A MONTH</th>
<th>A FEW TIMES A YEAR</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. … read religious books or other religious materials?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b. … watch religious programs on TV?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c. … listen to religious programs on the radio?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d. … pray?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>e. … ask someone to pray for you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>VERY IMPORTANT</td>
<td>FAIRLY IMPORTANT</td>
<td>NOT TOO IMPORTANT</td>
<td>NOT IMPORTANT AT ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------</td>
<td>------------------</td>
<td>--------------------</td>
<td>----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>How important was religion in your home while you were growing up?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>How important is it for parents to send or take their children to religious services?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>How important is religion in your life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>How important is spirituality in your life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>How important is prayer when you deal with stressful situations?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

O17. How often do you talk with the child who is in this study about religion?

1. Very often
2. Fairly often
3. Sometimes
4. Rarely
5. Never

O18. What is the most important thing you have told him/her about religion?

____________________________________________________________________________
____________________________________________________________________________

O19. How religious would you say you are?

1. Very religious
2. Fairly religious
3. Not too religious
4. Not religious at all

O20. How spiritual would you say you are?

1. Very spiritual
2. Fairly spiritual
3. Not too spiritual
4. Not spiritual at all
P1. How many times have you ever been…

**NUMBER OF TIMES**

a. …married? __________

b. …divorced? __________

c. …widowed? __________

P2. How old were you when you *first* got married? *(If you have never been married, enter “99”)*.

___________ YEARS OLD

P3. What is your current marital status?

1. Married  
2. Living with a partner  
3. Separated  
4. Widowed  
5. Divorced  
6. Never married

P4. What is your date of birth?

___________ / _________ / _________

Month    Day    Year
Q1. How many children have you given birth to/fathered? Do not include stepchildren, adopted children, or foster children.

____________NUMBER

Q2. How many living biological children do you have?

____________NUMBER

Q3. How many other children do you have, including stepchildren, adopted children, and others you helped to raise for at least five years?

____________NUMBER

Q4. How old were you when you had your first biological child? (If never, enter “99”.)

____________YEARS OLD
R1. How often do people in your family -- including children, grandparents, aunts, uncles, in-laws and so on -- help you out?
   1. Very often
   2. Fairly often
   3. Not too often
   4. Never

R2. How often do you help out people in your family -- including children, grandparents, aunts, uncles, in-laws and so on?
   1. Very often
   2. Fairly often
   3. Not too often
   4. Never

R3. How often do you see, write or talk on the telephone with family or relatives who do not live with you?
   1. Nearly everyday (4 or more times a week)
   2. At least once a week (1 to 3 times)
   3. A few times a month (2 to 3 times)
   4. At least once a month
   5. A few times a year
   6. Hardly ever
   7. Never

R4. How many people in your family would help you out if you needed help?
   ___________________________ NUMBER

R5. How close do you feel towards your family members?
   1. Very close
   2. Fairly close
   3. Not too close
   4. Not close at all

R6. How close are your family members in their feelings toward each other?
   1. Very close
   2. Fairly close
   3. Not too close
   4. Not close at all

R7. How satisfied are you with the quality of the relationships you have with the people in your family?
   1. Very satisfied
   2. Somewhat satisfied
   3. Somewhat dissatisfied
   4. Very dissatisfied
R8. Think about the things you do for people in your family and the things they do for you. Would you say you give more, you get more, or is it about the same?

1. Give more
2. Get more
3. About the same

R9. Other than your spouse/partner, how often do your family members…

<table>
<thead>
<tr>
<th></th>
<th>Very Often</th>
<th>Fairly Often</th>
<th>Not too Often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) …make you feel loved and cared for?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b) …listen to you talk about your private problems and concerns?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c) …express interest and concern in your well-being?</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d) …make too many demands on you?</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>e) …criticize you and the things you do?</td>
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<td>4</td>
</tr>
<tr>
<td>f) …try to take advantage of you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

R10. How often do you see, write or talk on the telephone with your friends?

1. Nearly everyday (4 or more times a week)
2. At least once a week (1 to 3 times)
3. A few times a month (2 to 3 times)
4. At least once a month
5. A few times a year
6. Hardly ever
7. Never

R11. How often do your friends help you out?

1. Very often
2. Fairly often
3. Not too often
4. Never

R12. How often do you help out your friends? Would you say very often, fairly often, not too often, or never?

1. Very often
2. Fairly often
3. Not too often
4. Never
R13. How close do you feel towards your friends?

1. Very close
2. Fairly close
3. Not too close
4. Not close at all

R14. How many people are close to your family who are not really blood or marriage related but who are treated just like a relative?

___________ NUMBER  **If ‘0’ skip to question R15**

R14a. How often do they help you out?

1. Very often
2. Fairly often
3. Not too often
4. Never

R15. Which do you feel best describes your spouse’s/current partner’s racial background

1. Black or African American
2. White
3. American Indian or Alaska Native
4. Asian
5. Pacific Islander
6. Other (Please Describe) ____________

R16. Taking things all together, how satisfied are you with your marriage/current relationship?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

R17. How satisfied with your life as a whole would you say you are these days?

1. Very Satisfied
2. Somewhat satisfied
3. Somewhat Dissatisfied
4. Very Dissatisfied
The next questions are about your family income. For each question, please answer by writing down the correct letter from the list above. (If your answer is none, please enter “B” from the list above rather than leave the answer blank.)

S1. First, which letter best represents your own personal earnings income in the past 12 months, before taxes? Count only wages and other earnings from your own employment, not pensions, investments, or other financial assistance or income. (Your best estimate is fine. If none, enter “B”.)

_______ YOUR OWN EARNINGS INCOME (ENTER LETTER FROM LIST)

S2. What was the earnings income of your spouse/partner in the past 12 months, before taxes? Count only wages or other earnings from his/her employment, not pensions, investments, or other income. (Your best estimate is fine. If you have no spouse or partner, enter “B”.)

_______ SPOUSE/PARTNER EARNINGS INCOME (ENTER LETTER FROM LIST)

S3. What was the total personal earnings income of all other family members who lived with you in the past 12 months, before taxes? Count only wages and other earnings from their employment, not pension, investments, or other income. (Your best estimate is fine. If none, enter “B”.)

_______ OTHER FAMILY MEMBERS’ EARNINGS INCOME (ENTER LETTER FROM LIST)

S4. What was your combined family household income from Social Security Retirement Benefits in the past 12 months? (Your best estimate is fine. If none, enter “B”.)

_______ SOCIAL SECURITY RETIREMENT BENEFITS (ENTER LETTER FROM LIST)
S5. What was your total family household income from government assistance programs in the past 12 months? Include income such as unemployment benefits, Aid to Families with Dependent Children, General Assistance, SSI, or SSDI. *(Your best estimate is fine. If none, enter “B”).*

_______ GOVERNMENT ASSISTANCE INCOME (ENTER LETTER FROM LIST)

S6. What was your total family household income from any other sources in the past 12 months – for example, pensions, investment, child support, or alimony? *(Your best estimate is fine. If none, enter “B”).*

_______ OTHER FAMILY INCOME (ENTER LETTER FROM LIST)

S7. Suppose you (and your spouse/partner) cashed in all your checking and savings accounts, stocks and bonds, real estate, sold your home, your vehicles, and all of your valuable possessions. Then suppose you put that money toward paying off your mortgage and all your other loans, debts, and credit cards. How much money would you have left over after paying your debts? *(Your best estimate is fine).*

______________ MONEY LEFT OVER (ENTER LETTER FROM LIST)

S8. In general, would you say your family has more money than you need, just enough for your needs, or not enough to meet your needs?

1. More than need
2. Just enough
3. Not enough

S9. How difficult is it for you to pay your monthly bills?

1. Very Difficult
2. Somewhat difficult
3. Not very difficult
4. Not at all difficult

S10. In the past 12 months, were you ever hungry, but didn’t eat because you could not afford enough food?

1. Yes
2. No
S11. In the past 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?

1. Yes
5. No

S12. How often in the past 12 months did you not have enough money to buy food?

1. Often
2. Sometimes
3. Rarely
4. Never

S13. How often in the past 12 months could you not afford to eat balanced meals?

1. Often
2. Sometimes
3. Rarely
4. Never

S14. How many months in the past 12 months did you either cut the size of your meals or skip meals because there wasn’t enough money to buy food?

______________ NUMBER OF MONTHS

S15. How much of the time when this adolescent was growing up did your family receive money from government assistance programs like welfare, Aid to Families with Dependent Children, General Assistance, or Temporary Assistance for Needy Families?

1. Never received government assistance
2. Less than 1 year
3. 1 to 3 years
4. 4 to 6 years
5. 7 to 10 years
6. More than 10 years

S16. Thank you for your participation. This is the last question. Is there anything else you would like to tell us about your son/daughter?
This is the end. Thank you very much for participating.