

**Youth Interview**

**(REMINDER: (PARENT) IN THIS INTERVIEW REFERS TO PRIMARY CARE GIVER, THAT IS 'R' IN PARENT FACE TO FACE)**

In this interview there are no right or wrong answers. We are just asking for your opinions.  
Ready?

1. First, please tell me what you would wish for, if you had three wishes?

(SPECIFY:) a. \_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_

Now, I am going to ask you some questions about your neighborhood.  
Please choose your answers from Scale #1

2. Please tell me how much you agree or disagree with the following statements.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
a. Schools are so bad around here that you can't blame teenagers for not attending classes.	1	2	3	4	5
b. There are a lot of adults in this neighborhood that you would like to be like when you grow up.	1	2	3	4	5
c. It's so hard to make money around here that you can't really blame kids for selling drugs.	1	2	3	4	5
d. You want to get away from home as soon as you can.	1	2	3	4	5
e. You want to get away from this neighborhood as soon as you can.	1	2	3	4	5
f. You can count on people in your neighborhood to help you if you need it.	1	2	3	4	5

**(GO FROM a1 TO a2 TO a3 THEN TO b1 TO b2 TO b3, ETC.)**

3. The following questions are about activities in which you might have been involved.

Please use Scale #2  
During the last year how often did you spend time on. . .

Thinking about the last year. . .

Less Than Once a Month	At Least Once a Month	Once a Week	More Than Once a Week	Every Day While Program Lasted	Usually Every Day
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a1. were you a member of any athletic or sports teams at school?	a2. what teams? (SPECIFY:)	a3. school athletic teams?	1	2	3	4	5	6
No 2	Yes 1	_____						
<b>(SKIP TO b1)</b>	was this an after-school sport?							
	Yes 1	No 2						

b1. did you take part in any other school activities such as clubs or student government?	b2. what activities? (SPECIFY:)	b3. these other school activities?	1	2	3	4	5	6
No 2	Yes 1	_____						
<b>(SKIP TO c1)</b>								

c1. were you a member of any other groups in the community such as scouts, service or hobby clubs?	c2. what activities? (SPECIFY:)	c3. community activities?	1	2	3	4	5	6
No 2	Yes 1	_____						
<b>(SKIP TO d1)</b>								

d1. were you involved in any organized summer or after-school sports or recreational programs?	d2. what program? (SPECIFY:)	d3. these programs?	1	2	3	4	5	6
No 2	Yes 1	_____						
<b>(SKIP TO e1)</b>								

e1. were you in a tutoring program?	e2. tutoring for what? (SPECIFY:)	e3. tutoring?	1	2	3	4	5	6
No 2	Yes 1	_____						
<b>(SKIP TO f1)</b>								

Thinking about the last year. . .

During the last year how often did you spend time on. . .

Less Than Once a Month	At Least Once a Month	Once a Week	More Than Once a Week	Every Day While Program Lasted	Usually Every Day
------------------------	-----------------------	-------------	-----------------------	--------------------------------	-------------------

f1. were you involved in any volunteer service activities? No 2	Yes 1	f2. what activities? (SPECIFY:) _____ _____ _____	f3. these activities? 1	2	3	4	5	6
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**(SKIP TO g1)**

g1. were you involved in any civil rights activities? No 2	Yes 1	g2. what activities? (SPECIFY:) _____ _____	g3. civil rights activities? 1	2	3	4	5	6
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**(SKIP TO h1)**

h1. did you attend religious services or participate in other religious activities? (INCLUDES CHOIR, YOUTH GROUPS AND CHURCH ATTENDANCE) No 2	Yes 1	h2. what religious activities? (SPECIFY:) _____ _____	h3. religious activities? 1	2	3	4	5	6
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**(SKIP TO 4)**

4. Are you currently a leader, organizer, or captain of any of the organizations or groups you belong to?

Yes  
1

No (IF NO, SKIP TO Q. 5)  
2

(IF YES:) What groups?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please use scale #3

14. Think about the last two weeks, about how often did you do each of these things outside of school time?

How often did you. . .

	<u>never</u>	<u>once or twice</u>	<u>at least once a week</u>	<u>several times per week</u>	<u>daily, less than an hour</u>	<u>daily, more than an hour</u>
a. do homework?	1	2	3	4	5	6
b. play a musical instrument?	1	2	3	4	5	6
c. do art, drawing, or drama?	1	2	3	4	5	6
d. do chores at home?	1	2	3	4	5	6
e. hang out with your friends?	1	2	3	4	5	6
f. play sports?	1	2	3	4	5	6
g. watch news, educational or cultural shows on TV?	1	2	3	4	5	6
h. watch music videos or MTV?	1	2	3	4	5	6
i. watch other TV programs?	1	2	3	4	5	6
j. play Nintendo or other video games?	1	2	3	4	5	6
k. read books or magazines for pleasure?	1	2	3	4	5	6
l. read newspapers?	1	2	3	4	5	6
m. work for pay away from home?	1	2	3	4	5	6

15. Tell me who your favorite hero is?

(SPECIFY:) \_\_\_\_\_ who is that? \_\_\_\_\_  
 (NAME) (SPECIFY)

15a. What do you admire about (HERO)? (SPECIFY:) \_\_\_\_\_

\_\_\_\_\_

15b. Tell me who two more of your heros are. . .

1.) \_\_\_\_\_ who is that? \_\_\_\_\_  
 (NAME) (SPECIFY)

2.) \_\_\_\_\_ who is that? \_\_\_\_\_  
 (NAME) (SPECIFY)

16. Do your parent(s) worry about any particular things happening to you, such as getting involved in drugs or getting into trouble at school?

Yes  
1

No (IF NO, SKIP TO Q. 19)  
2

(IF YES:) Like what?

(SPECIFY:) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(IF ONLY ONE RESPONSE ABOVE, ASK:)

Anything else?

Yes  
1

No (IF NO, SKIP TO Q. 17)  
2

(SPECIFY:) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. What, if anything, has (PARENT) done to stop these things from happening to you?

(SPECIFY:) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Has anyone else in your family done anything to keep these things from happening to you?

Yes  
1

No  
2

(IF YES:) Who was it and what have they done?

(IF NO:) Why not?

Who (SPECIFY:) \_\_\_\_\_  
(RELATIONSHIP)

(SPECIFY:) \_\_\_\_\_

What (SPECIFY:) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**(FOR EACH RULE, GO ACROSS FROM Q. 19 TO 20)**

19. In your home, do you have to follow or do you have understandings about:

	<u>no</u>	<u>yes</u>
a. when and how much television you can watch? <b>(SKIP TO b)</b>	2	1
b. letting your family know where you're going when you go out? <b>(SKIP TO c)</b>	2	1
c. who you go out with? <b>(SKIP TO d)</b>	2	1
d. getting your homework done? <b>(SKIP TO e)</b>	2	1
e. doing household chores? <b>(SKIP TO f)</b>	2	1
f. what time you go to bed? <b>(SKIP TO g)</b>	2	1
g. what time you come home after school? <b>(SKIP TO h)</b>		2
<b>(IF YES:) What time? (SPECIFY:)</b> _____		
h. what time to be in on school nights? <b>(SKIP TO 21)</b>	2	1
<b>(IF YES:) What time? (SPECIFY:)</b> _____		

**(IF YES:)**

20. Please use scale #4

How often do you have to follow these rules:

<u>Almost Never</u>	<u>Occa- sionally</u>	<u>About half the time</u>	<u>Fairly Often</u>	<u>Almost Always</u>
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

**(IF ANSWERS TO 19 a-h ARE ALL NO, SKIP TO Q. 23)**

Please use scale #4

21. How often would your (PARENT) know if you broke these rules?

Almost Never 1	Occasionally 2	About Half the Time 3	Fairly Often 4	Almost Always 5
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22. How upset would your (PARENT) get if you broke these rules? **(READ CATEGORIES)**

Not at all 1	Very little 2	Some 3	A Lot 4
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Please use scale #4.

	<u>Almost Never</u>	<u>Occa- sionally</u>	<u>About Half the Time</u>	<u>Fairly Often</u>	<u>Almost Always</u>
23. If your parent(s) are not at home do you leave a note or call them to let them know where you are going?	1	2	3	4	5
24. When your parent(s) are not at home do you know how to get in touch with them?	1	2	3	4	5
25. How often do your parent(s) know if you are home by the time you are supposed to be?	1	2	3	4	5
26. How often do your parent(s) know who you are with when you are not at home?	1	2	3	4	5

Please look at scale #5

Now I'm going to ask you some questions about your (PARENT).

27. How often do you and your (PARENT) do things together that you enjoy?

<u>Almost Never</u>	<u>Less Than Once a Month</u>	<u>1-3 Times a Month</u>	<u>About Once a Week</u>	<u>A Few Times a Week</u>	<u>Almost Every Day</u>
1	2	3	4	5	6

For the next two questions, please look at scale #6

28. How much do you want to be like the kind of person your (PARENT) is when you're an adult?

<u>Not at All</u>	<u>Just a Little</u>	<u>Quite a bit</u>	<u>A Lot</u>
1	2	3	4

29. How much do you respect your (PARENT)?

<u>Not at All</u>	<u>Just a Little</u>	<u>Quite a bit</u>	<u>A Lot</u>
1	2	3	4

Please use Scale #7.

30. How close do you feel to your (PARENT). . . .

<u>Not Very Close</u>	<u>Fairly Close</u>	<u>Quite Close</u>	<u>Extremely Close</u>
1	2	3	4

Please look at scale #8.

31. During the past month, how often did your (PARENT) . . .

	<u>never</u>	<u>once or twice</u>	<u>3 or 4 times</u>	<u>a couple of times a week</u>	<u>almost every day</u>
a. let you know (he/she) really about you?	1	2	3	4	5
b. criticize you or your ideas?	1	2	3	4	5



	<u>never</u>	<u>or twice</u>	<u>3 or 4 times</u>	<u>of times a week</u>	<u>almost every day</u>
c. hit, push, grab or shove you?	1	2	3	4	5
d. put (his/her) needs ahead of your needs?	1	2	3	4	5
e. yell at you?	1	2	3	4	5

Please use scale #9 for the next question.

32. When your (PARENT) decides to , how often . . .

	<u>almost never</u>	<u>not too often</u>	<u>about half the time</u>	<u>fairly often</u>	<u>almost always</u>
a. can you get out of it?	1	2	3	4	5
b. does the kind of punishment you get depend on (his/her) mood?	1	2	3	4	5

Look at scale #9, again.

33. When you and your (PARENT) have a problem to solve, how often does (he/she) . . .

	<u>almost never</u>	<u>not too often</u>	<u>about half the time</u>	<u>fairly often</u>	<u>almost always</u>
a. have good ideas about how to solve the problem?	1	2	3	4	5
b. show a real interest in helping to solve the problem?	1	2	3	4	5
c. consider your ideas for solving the problem?	1	2	3	4	5
d. just seem to get angry?	1	2	3	4	5
e. ignore the problem?	1	2	3	4	5
f. blame others for the problem?	1	2	3	4	5

Please use scale #5.

34. How often do these things happen?

	<u>Almost Never</u>	<u>Less Than Once a Month</u>	<u>1-3 Times a Month</u>	<u>About Once a Week</u>	<u>A Few Times a Week</u>	<u>Almost Every Day</u>
a. Your (PARENT) and you talk about how things are going in your life.	1	2	3	4	5	6
b. You talk to your (PARENT) about how things are going with your friends.	1	2	3	4	5	6

	<u>Never</u>	<u>Month</u>	<u>a Month</u>	<u>Week</u>	<u>a Week</u>	<u>Day</u>
c. You talk with your (PARENT) about your plans for the future.	1	2	3	4	5	6
d. Your (PARENT) helps you with your schoolwork.	1	2	3	4	5	6
e. You talk with your (PARENT) about problems you are having in school.	1	2	3	4	5	6
f. Your (PARENT) checks your homework after it's completed; for example, checking that its done correctly, or proof-reading reports.	1	2	3	4	5	6
g. Your (PARENT) discusses news or current events with you.	1	2	3	4	5	6
h. Your (PARENT) talks to you about what you are learning in school.	1	2	3	4	5	6

Please use scale #4 to choose your answers.

35. Now thinking about your (PARENT), how often do the following things happen?

	<u>Almost Never</u>	<u>Occa-sionally</u>	<u>About half the time</u>	<u>Fairly Often</u>	<u>Almost Always</u>
a. Your (PARENT) much of you	1	2	3	4	5
b. Your (PARENT) is always telling you what to do and how to act.	1	2	3	4	5
c. Your (PARENT) asks you too many questions about where you've been going or what you've been doing.	1	2	3	4	5
d. Your (PARENT) tries to protect you too much.	1	2	3	4	5
e. Your (PARENT) is proud of the things you do.	1	2	3	4	5
f. Your (PARENT) has too many rules for you.	1	2	3	4	5
g. Your (PARENT) expects you to do better in school than you think you can.	1	2	3	4	5
h. Your (PARENT) notices when you do things well.	1	2	3	4	5
i. Your (PARENT) treats you more like a kid than like an adult.	1	2	3	4	5

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**(ASK Q. 36 - 41 IF BIOLOGICAL FATHER DOES NOT LIVE IN HOUSEHOLD)**

**(IF BOTH CHILD'S BIOLOGICAL FATHER AND BIOLOGICAL MOTHER LIVE IN THE HOUSEHOLD, SKIP TO Q. 48, P. 13)**

**(IF BIOLOGICAL FATHER LIVES IN HOUSEHOLD, BUT BIOLOGICAL MOTHER DOES NOT, SKIP TO Q. 42, P.12)**

36. Have you spent time with your biological father during the last 5 years?

Yes  
1

No  
2

**(IF BIOLOGICAL MOTHER LIVES  
IN HOUSEHOLD, SKIP TO Q. 48, P.13  
IF BIOLOGICAL MOTHER DOES NOT  
LIVE IN HOUSEHOLD, SKIP TO Q.42, P.12)**

37. How many days in the past year?

**(WRITE IN EXACTLY WHAT CHILD SAYS, FOR EXAMPLE "EVERY WEEKEND", "3 WEEKS IN SUMMER", ETC)**

(SPECIFY:) \_\_\_\_\_  
(CHILD'S RESPONSE)

38. When was the last time you saw your biological father?

(SPECIFY DATE ) \_\_\_\_\_ / \_\_\_\_\_  
(MONTH) (YEAR)

**(IF CHILD DOES NOT KNOW DATE, ASK:)** How long ago? (SPECIFY:) \_\_\_\_\_

**(CIRCLE:)** days weeks months years  
1 2 3 4

Please use scale #5 for the next question.

39. How often do you and he do things together that you enjoy?

Almost Never 1	Less Than Once a Month 2	1-3 Times a Month 3	About Once a Week 4	A Few Times a Week 5	Almost Every Day 6
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Please look at scale #6.

40. How much do you want to be like the kind of person he is when you are an adult?

Not at all 1	Just a Little 2	Quite a Bit 3	A Lot 4
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Please use scale #7 for the next question.

41. How close do you feel to him?

Not Very Close 1	Fairly Close 2	Quite Close 3	Extremely Close 4
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**(ASK Q. 42 - 47 IF BIOLOGICAL MOTHER DOES NOT LIVE IN HOUSEHOLD)**

**(IF BIOLOGICAL MOTHER LIVES IN HOUSEHOLD, SKIP TO Q. 48, P. 13)**

42. Have you spent time with your biological mother during the last 5 years?

Yes  
1

No (IF NO, SKIP TO Q. 48, P. 13)  
2

43. How many days in the past year?

**(WRITE IN EXACTLY WHAT CHILD SAYS, FOR EXAMPLE "EVERY WEEKEND", "3 WEEKS IN SUMMER", ETC)**

(SPECIFY:) \_\_\_\_\_  
(CHILD'S RESPONSE)

44. When was the last time you saw your biological mother?

(SPECIFY DATE) \_\_\_\_\_ / \_\_\_\_\_  
(MONTH) (YEAR)

**(IF CHILD DOES NOT KNOW DATE, ASK:)** How long ago? (SPECIFY:) \_\_\_\_\_

**(CIRCLE:)** days weeks months years  
1 2 3 4

Please use scale #5 for the next question.

45. How often do you and she do things together that you enjoy?

Almost Never 1	Less Than Once a Month 2	1-3 Times a Month 3	About Once a Week 4	A Few Times a Week 5	Almost Every Day 6
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Please look at scale #6.

46. How much do you want to be like the kind of person she is when you are an adult?

Not at all 1	Just a Little 2	Quite a Bit 3	A Lot 4
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Please use scale #7 for the next question.

47. How close do you feel to her?

Not Very Close 1	Fairly Close 2	Quite Close 3	Extremely Close 4
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**(GO ON TO NEXT SECTION)**

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**(ASK QUESTIONS 48 - 50 ABOUT THE (PARENT'S) SPOUSE/PARTNER LIVING IN THE HOUSE. IF NO SPOUSE OR PARTNER, SKIP TO Q. 54)**

Please use scale # 5 for the next question.

48. How often do you and your (PARENT'S SPOUSE/PARTNER) do things together that you enjoy?

- |                      |                                   |                              |                              |                               |                             |
|----------------------|-----------------------------------|------------------------------|------------------------------|-------------------------------|-----------------------------|
| Almost<br>Never<br>1 | Less Than<br>Once a<br>Month<br>2 | 1-3<br>Times<br>a Month<br>3 | About<br>Once a<br>Week<br>4 | A Few<br>Times<br>a Week<br>5 | Almost<br>Every<br>Day<br>6 |
|----------------------|-----------------------------------|------------------------------|------------------------------|-------------------------------|-----------------------------|

Please look at scale #6.

49. How much do you want to be like the kind of person (he/she) is when you are an adult?

- |                 |                    |                  |            |
|-----------------|--------------------|------------------|------------|
| Not at all<br>1 | Just a Little<br>2 | Quite a Bit<br>3 | A Lot<br>4 |
|-----------------|--------------------|------------------|------------|

Please use scale #7 for the next question.

50. How close do you feel to (him/her)?

- |                     |                   |                  |                      |
|---------------------|-------------------|------------------|----------------------|
| Not Very Close<br>1 | Fairly Close<br>2 | Quite Close<br>3 | Extremely Close<br>4 |
|---------------------|-------------------|------------------|----------------------|

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**(INTERVIEWER: THERE ARE NO Q. 51 - Q. 53)**

**(ASK Q. 54 - Q. 58 ALL KIDS)**

54. Is there anyone else besides (ABOVE MENTIONED PEOPLE) whom you consider to be like a parent?

**(IF YOU KNOW OF A PARENT OR CARE GIVER WHO HAS NOT BEEN MENTIONED YET, ASK CHILD:)** What about (PARENT/CARE GIVER NOT YET MENTIONED)?

- |          |   |
|----------|---|
| Yes<br>1 | No <b>(IF NO, SKIP TO<br/>2 Q. 59, P. 14)</b> |
|----------|---|

55. What is this person's first name and what is (his/her) relationship to you?

Who: (SPECIFY:)  
\_\_\_\_\_ (NAME)

Relationship: (SPECIFY:)  
\_\_\_\_\_

Please use scale #5 for the next question.

56. How often do you and this person do things together that you enjoy?

Almost Never 1	Less Than Once a Month 2	1-3 Times a Month 3	About Once a Week 4	A Few Times a Week 5	Almost Every Day 6
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Now please look at scale #6

57. How much do you want to be like the kind of person (he/she) is when you are an adult?

Not at all 1	Just a Little 2	Quite a Bit 3	A Lot 4
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Please use scale #7 for the next question.

58. How close do you feel to (him/her)?

Not Very Close 1	Fairly Close 2	Quite Close 3	Extremely Close 4
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**(IF NO SCG -- ASK Q. 59 & Q. 60 ABOUT BIOLOGICAL FATHER.  
IF CHILD DOES NOT KNOW BIOLOGICAL FATHER -- SKIP TO Q. 61, P. 15)**

Please use scale #5 again  
Now for some questions about (SCG).

59. How often do the following things happen?

	Almost <u>Never</u> 1	Less Than Once a <u>Month</u> 2	1-3 Times <u>a Month</u> 3	About Once a <u>Week</u> 4	A Few Times <u>a Week</u> 5	Almost Every <u>Day</u> 6
a. Your (SCG) and you talk about how things are going in your life.	1	2	3	4	5	6
b. You talk to your (SCG) about how things are going with your friends.	1	2	3	4	5	6
c. You talk with your (SCG) about your plans for the future.	1	2	3	4	5	6
d. Your (SCG) helps you with your schoolwork.	1	2	3	4	5	6
e. You talk with your (SCG) about problems you are having in school.	1	2	3	4	5	6

	<u>Almost Never</u>	<u>Less Than Once a Month</u>	<u>1-3 Times a Month</u>	<u>About Once a Week</u>	<u>A Few Times a Week</u>	<u>Almost Every Day</u>
f. Your (SCG) checks your homework after it's completed, for example, checking that it is done correctly, or proof-reading reports.	1	2	3	4	5	6
g. Your (SCG) discusses news or current events with you.	1	2	3	4	5	6
h. Your (SCG) talks to you about things you are learning in school.	1	2	3	4	5	6

Please look at scale #8.

60. During the past month, how often did your (SCG) . . .

	<u>never</u>	<u>once or twice</u>	<u>3 or 4 times</u>	<u>a couple of times a week</u>	<u>almost every day</u>
a. let you know (he/she) really cares about you?	1	2	3	4	5
b. criticize you or your ideas?	1	2	3	4	5
c. hit, push, grab or shove you?	1	2	3	4	5
d. put (his/her) needs ahead of your needs?	1	2	3	4	5
e. yell at you?	1	2	3	4	5

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Next are a few questions about your immediate family, that is, the people who live in your house.

61. How well do you ? **(READ CATEGORIES)**

not well at all	not very well	pretty well	very well	<b>(DO NOT READ)</b>
1	2	3	4	my parents are not together 7

Please use scale #5.

62. How often do you do any of the following activities together with your immediate family?

How often do you. . .

	<u>Almost Never</u>	<u>Less Than Once a Month</u>	<u>1-3 Times a Month</u>	<u>About Once a Week</u>	<u>A Few Times a Week</u>	<u>Almost Every Day</u>
a. do homework or a school project together?	1	2	3	4	5	6
b. go shopping for something together?	1	2	3	4	5	6

	<u>Almost Never</u>	<u>Less Than Once a Month</u>	<u>1-3 Times a Month</u>	<u>About Once a Week</u>	<u>A Few Times a Week</u>	<u>Almost Every Day</u>
c. do something active together like playing sports or going for a walk?	1	2	3	4	5	6
d. go out to the zoo, a museum, the library or other places like that together?	1	2	3	4	5	6
e. work on something together around the house?	1	2	3	4	5	6

Still using Scale #5.

63. How often do your parent(s) either play sports with you or watch you play?

<u>Almost Never</u>	<u>Less Than Once a Month</u>	<u>1-3 Times a Month</u>	<u>About Once a Week</u>	<u>A Few Times a Week</u>	<u>Almost Every Day</u>
1	2	3	4	5	6

**(IF ALMOST NEVER,  
SKIP TO Q. 66, P. 17)**

64. When they do play sports with you or watch you play, how does it make you feel?

(SPECIFY:)

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Please use Scale #4.

65. Here is a list of ways it might make you feel when your parent(s) play sports with you or watch you play. How often does it make you feel. . .

a) frustrated?

Almost Never 1	Occasionally 2	About Half of The Time 3	Fairly Often 4	Almost Always 5
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b) glad?

Almost Never 1	Occasionally 2	About Half of The Time 3	Fairly Often 4	Almost Always 5
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c) like they expect too much from you?

Almost Never 1	Occasionally 2	About Half of The Time 3	Fairly Often 4	Almost Always 5
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How often does it make you feel. . .

d) worried about how they will act if you don't play well?

Almost Never 1	Occasionally 2	About Half of The Time 3	Fairly Often 4	Almost Always 5
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e) like they are proud of you?

Almost Never 1	Occasionally 2	About Half of The Time 3	Fairly Often 4	Almost Always 5
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f) like they really care about you?

Almost Never 1	Occasionally 2	About Half of The Time 3	Fairly Often 4	Almost Always 5
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g) you wish they weren't there?

Almost Never 1	Occasionally 2	About Half of The Time 3	Fairly Often 4	Almost Always 5
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**(IF (CHILD) HAS NO BROTHERS OR SISTERS IN THE HOUSEHOLD,  
SKIP TO Q. 82, P.22)**

For next question use scale #5

66. How often do you fight or argue with your (brothers and/or sisters)?

Almost Never 1	Less Than Once a Month 2	1-3 Times a Month 3	About Once a Week 4	A Few Times a Week 5	Almost Every Day 6
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**(ASK Q. 67 ABOUT OS, IF NO OS ASK Q. 67 ABOUT YS)  
(YS IS THE BROTHER/SISTER NEXT YOUNGEST IN AGE TO THE TARGET CHILD)**

67. Sometimes kids feel that they get treated differently than their brothers and sisters in their families. Here are some questions about whether or not you feel you are treated differently from (OS/YS). Please use scale #10, and remember the words brother or sister on that scale refer to (OS/YS).

	Me a lot <u>More</u>	Me a Little <u>More</u>	Both the <u>Same</u>	(OS/YS) a <u>Little More</u>	(OS/YS) a <u>Lot More</u>
a. Who do you think gets <u>picked on</u> more in your family, you or (OS/YS)?	1	2	3	4	5
b. Who do you think gets <u>yelled at</u> more in your family, you or (OS/YS)?	1	2	3	4	5
c. Who do you think gets <u>blamed</u> more often for things they didn't do in your family, you or (OS/YS)?	1	2	3	4	5
d. Who <u>gets special favors</u> more often in your family, you or (OS/YS)?	1	2	3	4	5
e. Who do your parent(s) worry about more, you or (OS/YS)?	1	2	3	4	5
f. Who do your parent(s) expect to do more work around the house, you or (OS/YS)?	1	2	3	4	5
g. Who gets along with (PARENT) better, you or (OS/YS)?	1	2	3	4	5
h. Who gets along with (SCG) better, you or (OS/YS)?	1	2	3	4	5

**(ASK Q. 68 -- Q. 81 ABOUT TARGET SIBLING ONLY;  
IF NO TARGET OLDER SIBLING, SKIP TO Q. 82, P. 22)**

Now we have some more questions about (OS).  
Please use scale #5

68. How often . . .	Almost <u>Never</u>	Less Than <u>Once a Month</u>	1-3 <u>Times a Month</u>	About <u>Once a Week</u>	A Few <u>Times a Week</u>	Almost <u>Every Day</u>
a. do you and (OS) do things together?	1	2	3	4	5	6
b. does (OS) help you with your schoolwork?	1	2	3	4	5	6
c. does (OS) help you if you have personal problems?	1	2	3	4	5	6
d. does (OS) take care of you?	1	2	3	4	5	6
e. do you and (OS) do things together that you enjoy?	1	2	3	4	5	6

Please use scale #7 for the next question.

69. How close do you feel to (OS)?

Not Very Close	Fairly Close	Quite Close	Extremely Close
1	2	3	4

Please look at scale #6 for the next two questions.

70. How much do you like (OS)?

Not at all	Just a Little	Quite a Bit	A Lot
1	2	3	4

71. How much would you like to be the kind of person (OS) is?

Not at all	Just a Little	Quite a Bit	A Lot
1	2	3	4

72. Why is that? **(IF CHILD DOESN'T UNDERSTAND, ADD:)** In what ways would you like (to be like/not be like) (OS)?

(SPECIFY:)

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73. What do you admire most about (OS)?

(SPECIFY:)

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**(IF ONLY ONE RESPONSE GIVEN, ASK:)** Anything else?

Yes  
1

No **(SKIP TO Q. 74)**  
2

(SPECIFY:)

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Please look at scale #6 again.

74. How much do you want to be different from (OS)?

Not at all 1	Just a Little 2	Quite a Bit 3	A Lot 4
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**(IF NOT AT ALL,  
SKIP TO Q. 77)**

75. Why do you want to be different or in what ways do you want to be different from (OS).

(SPECIFY:)

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76. (IF ONLY ONE RESPONSE GIVEN, ASK:) Anything else?

Yes 1	No (IF NO, SKIP TO Q.77) 2
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(SPECIFY:)

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Please use scale #11 to answer the following questions.

77. How much do you agree or disagree that (OS) . . . .

	<u>strongly agree</u>	<u>agree</u>	<u>disagree</u>	<u>strongly disagree</u>
a. is a good student?	1	2	3	4
b. usually does what (PARENT) wants?	1	2	3	4
c. has friends who get into a lot of trouble?	1	2	3	4
d. has friends who do well in school?	1	2	3	4
e. is really smart?	1	2	3	4

Please use scale #12 to answer the following questions.

78. Has (OS) ever . . . .

	<u>never</u>	<u>once</u>	<u>twice</u>	<u>3-4 times</u>	<u>5 or more times</u>
a. gotten involved with drugs or alcohol?	1	2	3	4	5
b. been suspended or expelled from school?	1	2	3	4	5
c. gotten in trouble with the police?	1	2	3	4	5
d. gotten involved in gang activity?	1	2	3	4	5

**(IF Q. 78a - Q. 78d ARE ALL NEVER, SKIP TO Q. 82)**

79. Did your parent(s) know that (OS) had done (this/any of these things)?

Yes  
1

No **(IF NO, SKIP TO Q. 82)**  
2

80. What, if anything, did (he/she/they) do about it?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

81. Do you think this has affected how your parent(s) treat you?

Yes  
1

No **(IF NO, SKIP TO Q. 82)**  
2

**(IF YES:)** In what way?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Now I want to ask you some questions about your friends and about how your friends and parent(s) relate to you.

82. How many of your good friends do your parent(s) know? **(READ CATEGORIES)**

almost none 1	a few 2	some 3	most 4	almost all 5
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83. How many of your good friends do your parent(s) approve of? **(READ CATEGORIES)**

almost none 1	a few 2	some 3	most 4	almost all 5
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**(IF 4 OR 5 SKIP TO Q. 85)**

84. What is it about your friends that your parent(s) don't like or approve of?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

85. Are there kids that you are not supposed to hang around with?

Yes  
1

No **(IF NO, SKIP TO Q. 88)**  
2

**(IF YES:)** Why aren't you supposed to hang around with them?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF ONLY ONE RESPONSE GIVEN, ASK:)** Anything else?

Yes  
1

No **(IF NO, SKIP TO Q. 86)**  
2

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

86. Would your parent(s) know if you hung around with these kids? **(READ CATEGORIES)**

definitely, yes      maybe      no  
1                              2                              3

87. Do you argue with your parent(s) about who you can hang out with? **(READ CATEGORIES)**

Hardly Ever              Some of the time              A Lot of the Time  
1                                      2                                      3

88. How often do your friends try to get you to do things your parent(s) wouldn't want you to do? **(READ CATEGORIES)**

never                      hardly ever                      sometimes                      a lot  
1                                      2                                      3                                      4

**(IF NEVER OR HARDLY EVER, SKIP TO Q. 89)**

**(IF 3 OR 4:)** What kinds of things do they try to get you to do?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

89. Do your friends and your parent(s) have different ideas about how you should behave and what you should do?

yes                                      no  
1    2

**(IF YES)** How are they different?

**(IF NO:)** What do they both think you should do?

**(PARENTS THINK:)** \_\_\_\_\_

**(BOTH THINK:)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(FRIENDS THINK:)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

90. What kinds of things do your friends think are really cool to do?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Now please look at scale #13.

91. What would your friends think if you. . .  
**(REPEAT STEM FOR FIRST FEW ITEMS)**

They would think it was. . .

	<u>very uncool</u>	<u>somewhat uncool</u>	<u>neither cool or uncool</u>	<u>somewhat cool</u>	<u>very cool</u>
a. got very good grades?	1	2	3	4	5
b. drank beer, wine, or liquor?	1	2	3	4	5
c. hit or threatened someone you didn't like?	1	2	3	4	5
d. played sports?	1	2	3	4	5
e. belonged to school clubs or got involved in activities at school?	1	2	3	4	5
f. used pot, marijuana or other illegal drugs?	1	2	3	4	5
g. did your schoolwork regularly and kept up at school?	1	2	3	4	5

Now tell me some more about your friends.

92. What are the names, grades in school and names of the streets of your 5 best friends at the school you are going to this year?

**(BE SURE TO TRY TO GET ALL INFORMATION FOR EACH FRIEND)**

a)	_____	_____	_____
	(NAME: FIRST AND LAST)	(GRADE)	(STREET LIVES ON)
b)	_____	_____	_____
	(NAME: FIRST AND LAST)	(GRADE)	(STREET LIVES ON)
c)	_____	_____	_____
	(NAME: FIRST AND LAST)	(GRADE)	(STREET LIVES ON)
d)	_____	_____	_____
	(NAME: FIRST AND LAST)	(GRADE)	(STREET LIVES ON)
e)	_____	_____	_____
	(NAME: FIRST AND LAST)	(GRADE)	(STREET LIVES ON)



Please use scale #14 for the next few questions.

93. Now think about all of your friends both at school and out of school.  
How many of the friends you spend most of your time with . .

**(REPEAT STEM FOR FIRST FEW)**

	None of <u>them</u>	A Few <u>of them</u>	About half <u>of them</u>	Most <u>of them</u>	All <u>of them</u>
a. are Black?	1	2	3	4	5
b. are White?	1	2	3	4	5
c. are Hispanic?	1	2	3	4	5
d. are Asian?	1	2	3	4	5
e. are older than you by at least a year?	1	2	3	4	5
f. make you feel good about yourself?	1	2	3	4	5
g. do well in school?	1	2	3	4	5
h. plan to go to college?	1	2	3	4	5
i. like to discuss schoolwork or other intellectual things with you?	1	2	3	4	5
j. are involved in school activities or school sports?	1	2	3	4	5
k. think it is important to work hard on schoolwork?	1	2	3	4	5
l. go to church or other religious services regularly?	1	2	3	4	5
m. spend a lot of time just hanging out?	1	2	3	4	5
n. think that having expensive clothes and other things is very important?	1	2	3	4	5
o. think working hard to get good grades is a waste of time?	1	2	3	4	5
p. are in youth or street gangs?	1	2	3	4	5
q. skip school without an excuse?	1	2	3	4	5
r. put pressure on you to drink?	1	2	3	4	5
s. put pressure on you to have sex?	1	2	3	4	5
t. cheat on school tests?	1	2	3	4	5
u. have stolen something worth more than \$50?	1	2	3	4	5

	<u>None of them</u>	<u>A Few of them</u>	<u>About half of them</u>	<u>Most of them</u>	<u>All of them</u>
v. have broken into a vehicle or building to steal something?	1	2	3	4	5
w. put pressure on you to use drugs?	1	2	3	4	5

94. Have you had your first date or started "going out"?

Yes  
1

No **(IF NO, SKIP TO Q. 97)**  
2

95. At what age did you have your first date or begin "going out"?

(SPECIFY:) \_\_\_\_\_  
(AGE)

96. How often have you gone out alone on a date with a (boy/girl) in the past month?

(SPECIFY:) \_\_\_\_\_  
(NUMBER OF TIMES)

Now I would like to ask you some questions about your religion.

97. Do you have a FFF? **(PROBE ONLY IF CHILD DOESN'T UNDERSTAND: Do you go to a church or temple?)**

Yes  
1

No **(SKIP TO Q. 99)**  
2

98. What is it?

**(PROBE ONLY IF CHILD DOESN'T UNDERSTAND:)**  
For example, are you Catholic, Jewish, Protestant, Baptist, etc.?)

(SPECIFY:) \_\_\_\_\_

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The next few questions are about your ethnic or racial roots.

In many parts of the country, schools are experiencing different amounts of racial tension, which sometimes can affect people's goals, attitudes and their schools. We would like to ask you some questions about how your racial background may affect you. You may find some of these questions sensitive. Please feel free to let me know if there are any questions you don't feel comfortable with or you prefer to skip.

99. What is your race or ethnicity, for example Black, White, Asian, Latino or something else?

(SPECIFY: ) \_\_\_\_\_

**(IF CHILD DOES NOT SAY ASIAN/ORIENTAL, BLACK/AFRICAN-AMERICAN, LATINO/HISPANIC OR WHITE ASK:)** Would you consider yourself to be. . .  
**(READ CATEGORIES)**

Asian/Oriental	Black/African American	Latino/Hispanic	White, of European Decent	None of These
1	2	3	4	8

)

**(IF ASIAN/ORIENTAL, SKIP TO Q. 100, P 28)**

**(IF BLACK/AFRICAN-AMERICAN SKIP TO Q. 108, P. 31)**

**(IF LATINO/HISPANIC SKIP TO Q. 115, P. 34)**

**(IF WHITE SKIP TO Q. 122, P. 37)**

**(IF NONE OF THESE, SKIP TO Q. 129, P. 39)**

**(FOR ASIANS/ORIENTALS ONLY)**

Now I would like to know how you feel about being (Asian/Oriental)

100. How important is being (Asian/Oriental) to you? **(READ CATEGORIES)**

Not at all Important 1	A Little Important 2	Somewhat Important 3	Very Important 4
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101. Do you talk in the family about being (Asian/Oriental)? **(READ CATEGORIES)**

Never 1	Almost Never 2	Occasionally 3	Sometimes 4	Very Often 5
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102. Has being (Asian/Oriental) affected the goals your parent(s) set for you?

Yes 1	No <b>(IF NO, SKIP TO Q. 103)</b> 2
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**(IF YES:)** How?

(SPECIFY:)

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103. Now I would like to know some more how being (Asian/Oriental) affects your experiences in general and at school. Again, we realize that some of these questions may be sensitive and would like to assure you that we do not mean to offend anyone and that you are welcome to skip any questions you find uncomfortable.

Over your lifetime, how often have you been treated differently from other people because you are (Asian/Oriental)? **(READ CATEGORIES)**

never 1	almost never 2	occasionally 3	sometimes 4	very often 5
------------	-------------------	-------------------	----------------	-----------------

**(IF NEVER, SKIP TO Q. 104)**

**(IF 2, 3, 4 OR 5, ASK:)** How?

(SPECIFY:)

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104. How about at school. . .Have you been treated differently at school because you are (Asian/Oriental)?

Yes  
1

No **(SKIP TO Q. 105)**  
2

**(IF YES, ASK:)** How?

(SPECIFY:)

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**(IF ONLY ONE RESPONSE GIVEN, ASK:)** Anything else?

Yes  
1

No **(SKIP TO Q. 105)**  
2

(SPECIFY:)

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105. Do you think it will be harder for you to get ahead in life because you are (Asian/Oriental)?

yes  
1

no **(IF NO, SKIP TO Q. 106)**  
2

**(IF YES:)** In what ways?

(SPECIFY:)

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106. Do your parent(s) and your friends have different ideas about what it means to be a successful (Asian/Oriental) person?

yes  
1

no  
2

**(IF YES:)** How are they different?

**(IF NO:)** What do they both think it means to be (Asian/Oriental)?

**(PARENTS THINK:)**

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**(BOTH THINK:)**

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**(FRIENDS THINK:)**

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107. Do your parent(s) and your friends have different ideas about how (Asian/Oriental) kids should behave?

yes  
1

no  
2

**(IF YES:)** How are they different?

**(IF NO:)** How do they both think (Asian/Oriental) kids should behave?

**(PARENTS THINK:)** \_\_\_\_\_

**(BOTH THINK:)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**(FRIENDS THINK:)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(IF CHILD IS ASIAN/ORIENTAL SKIP TO Q. 129, P. 39)**

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**(FOR BLACKS/AFRICAN AMERICANS ONLY)**

Now I would like to know how you feel about being (Black/African American)

108. How important is being (Black/African American) to you? **(READ CATEGORIES)**

- Not at all Important 1
A Little Important 2
Somewhat Important 3
Very Important 4

109. Do you talk in the family about being (Black/African American)? **(READ CATEGORIES)**

- Never 1
Almost Never 2
Occasionally 3
Sometimes 4
Very Often 5

110. Has being (Black/African American) affected the goals your parent(s) set for you?

- Yes 1
No (SKIP TO Q. 111) 2

(IF YES:) How? (SPECIFY:)
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

111. Now I would like to know some more how being (Black/African American) affects your experiences in general and at school. Again, we realize that some of these questions may be sensitive and would like to assure you that we do not mean to offend anyone and that you are welcome to skip any questions you find uncomfortable.

Over your lifetime, how often have you been treated differently from other people because you are (Black/African American)? **(READ CATEGORIES)**

- never 1
almost never 2
occasionally 3
sometimes 4
very often 5

(IF NEVER, SKIP TO Q. 112)

(IF 2, 3, 4 OR 5, ASK:) How? (SPECIFY:)
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

112. What about at school. . .

Have you been treated differently at school because you are (Black/African American)?

Yes  
1

No **(SKIP TO Q. 112a)**  
2

**(IF YES, ASK:)** How?

(SPECIFY:)

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**(IF ONLY ONE RESPONSE GIVEN, ASK:)** Anything else?

Yes  
1

No **(SKIP TO Q. 112a)**  
2

(SPECIFY:)

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112a. Do you think it will be harder for you to get ahead in life because you are (Black/African American)?

yes  
1

no **(IF NO, SKIP TO Q. 113)**  
2

**(IF YES:)** In what ways?

(SPECIFY:)

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113. Do your parent(s) and your friends have different ideas about what it means to be a successful (Black/African American) person?

yes  
1

no  
2

**(IF YES:)** How are they different?

**(IF NO:)** What do they both think it means to be (Black/African American)?

**(PARENTS THINK:)** \_\_\_\_\_

**(BOTH THINK:)** \_\_\_\_\_

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**(FRIENDS THINK:)** \_\_\_\_\_

\_\_\_\_\_

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114. Do your parent(s) and your friends have different ideas about how (Black/African American) kids should behave?

yes  
1

no  
2

**(IF YES:)** How are they different?

**(IF NO:)** How do they both think (Black/African-American) kids should behave?

**(PARENTS THINK:)** \_\_\_\_\_

**(BOTH THINK:)** \_\_\_\_\_

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**(FRIENDS THINK:)** \_\_\_\_\_

\_\_\_\_\_

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**(IF CHILD IS BLACK/AFRICAN AMERICAN SKIP TO Q. 129, P. 39)**

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**(FOR LATINOS/HISPANICS ONLY)**

Now I would like to know how you feel about being (Latino/Hispanic)

115. How important is being (Latino/Hispanic) to you? **(READ CATEGORIES)**

Not at all Important 1	A Little Important 2	Somewhat Important 3	Very Important 4
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116. Do you talk in the family about being (Latino/Hispanic)? **(READ CATEGORIES)**

Never 1	Almost Never 2	Occasionally 3	Sometimes 4	Very Often 5
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117. Has being (Latino/Hispanic) affected the goals your parent(s) set for you?

Yes 1	No <b>(IF NO, SKIP TO Q. 118)</b> 2
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**(IF YES:)** How?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

118. Now I would like to know some more how being (Latino/Hispanic) affects your experiences in general and at school. Again, we realize that some of these questions may be sensitive and would like to assure you that we do not mean to offend anyone and that you are welcome to skip any questions you find uncomfortable.

Over your lifetime, how often have you been treated differently from other people because you are (Latino/Hispanic)? **(READ CATEGORIES)**

never 1	almost never 2	occasionally 3	sometimes 4	very often 5
------------	-------------------	-------------------	----------------	-----------------

**(IF NEVER, SKIP TO Q. 119)**

**(IF 2, 3, 4 OR 5, ASK:)** How?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

119. What about at school. . .

Have you been treated differently at school because you are (Latino/Hispanic)?

Yes  
1

No **(SKIP TO Q. 119a)**  
2

**(IF YES, ASK:)** How?

(SPECIFY:)

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**(IF ONLY ONE RESPONSE GIVEN, ASK:)** Anything else?

Yes  
1

No **(SKIP TO Q. 119a)**  
2

(SPECIFY:)

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119a. Do you think it will be harder for you to get ahead in life because you are (Latino/Hispanic)?

yes  
1

no **(IF NO, SKIP TO Q. 120)**  
2

**(IF YES:)** In what ways?

(SPECIFY:)

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120. Do your parent(s) and your friends have different ideas about what it means to be a successful (Latino/Hispanic) person?

yes  
1

no  
2

**(IF YES:)** How are they different?

**(IF NO:)** What do they both think it means to be (Latino/Hispanic)?

**(PARENTS THINK:)** \_\_\_\_\_

**(BOTH THINK:)** \_\_\_\_\_

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**(FRIENDS THINK:)** \_\_\_\_\_

\_\_\_\_\_

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121. Do your parent(s) and your friends have different ideas about how (Latino/Hispanic) kids should behave?

yes  
1

no  
2

**(IF YES:)** How are they different?

**(IF NO:)** How do they both think (Latino/Hispanic) kids should behave?

**(PARENTS THINK:)** \_\_\_\_\_

**(BOTH THINK:)** \_\_\_\_\_

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**(FRIENDS THINK:)** \_\_\_\_\_

\_\_\_\_\_

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**(IF CHILD IS LATINO/HISPANIC SKIP TO Q. 129, P. 39)**

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**(FOR WHITES ONLY)**

122. Beside being White, is there any other ethnic group you identify with?

**(IF CHILD DOESN'T UNDERSTAND, PROBE:** like some kids think of themselves as both White and Irish, or White and Jewish)

Yes  
1

No **(IF NO, SKIP TO Q. 126)**  
2

(SPECIFY:)

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Now I would like to know how you feel about being (ETHNICITY).

123. How important is being (ETHNICITY) to you? **(READ CATEGORIES)**

Not at all  
Important  
1

A Little  
Important  
2

Somewhat  
Important  
3

Very  
Important  
4

**(IF 1 OR 2, SKIP TO Q. 126)**

124. Do you talk in the family about being (ETHNICITY)? **(READ CATEGORIES)**

Never  
1

Almost Never  
2

Occasionally  
3

Sometimes  
4

Very Often  
5

125. Has being (ETHNICITY) affected the goals your parent(s) set for you?

Yes  
1

No **(SKIP TO Q. 126)**  
2

**(IF YES:) How?**

(SPECIFY:)

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126. Now I would like to know how being White affects your experiences in general and at school. Again, we realize that some of these questions may be sensitive and would like to assure you that we do not mean to offend anyone and that you are welcome to skip any questions you find uncomfortable.

Do you talk in the family about being White? **(READ CATEGORIES)**

Never  
1

Almost Never  
2

Occasionally  
3

Sometimes  
4

Very Often  
5

Over your lifetime, how often have you been treated differently from other people because you are White? **(READ CATEGORIES)**

never  
1

almost never  
2

occasionally  
3

sometimes  
4

very often  
5

**(IF NEVER,  
SKIP TO Q. 128)**

**(IF 2, 3, 4 OR 5, ASK:) How?**

(SPECIFY:)

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128. What about at school. . .

Have you been treated differently from other kids at school because you are White?

Yes  
1

No **(SKIP TO Q. 128a)**  
2

**(IF YES, ASK:) How?**

(SPECIFY:)

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**(IF ONLY ONE RESPONSE GIVEN ABOVE, ASK:)**

Anything else?

Yes  
1

No **(SKIP TO Q. 128a)**  
2

(SPECIFY:)

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128a. Do you think it will be harder for you to get ahead in life because you are (White)?

yes  
1

no **(IF NO, SKIP TO Q. 129)**  
2

**(IF YES:) In what ways?**

(SPECIFY:)

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**(GO ON TO Q. 129)**



135. Do your parent(s) encourage you to "act Black"?

yes  
1

no  
2

**(IF YES:)** What do they encourage you to do?

**(IF NO:)** Why not?

(SPECIFY:)

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(SPECIFY:)

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Now I'm going to ask you some questions about how boys and girls are treated at your school.

136. Who do you feel that your teachers have more respect for : boys or girls?

**(READ CATEGORIES)**

- a. Teachers respect boys a lot more than girls.(1)
- b. Teachers respect boys a little more than girls.(2)
- c. Teachers respect boys and girls the same amount.(3)
- d. Teachers respect girls a little more than boys.(4)
- e. Teachers respect girls a lot more than boys.(5)

137. Do you feel more comfortable talking with your female teachers or your male teachers?

**(READ CATEGORIES)**

You feel. . .

- a. a lot more comfortable talking with female teachers. (1)
- b. a little more comfortable talking with female teachers. (2)
- c. equally comfortable talking with female and male teachers. (3)
- d. a little more comfortable talking with male teachers. (4)
- e. a lot more comfortable talking with male teachers. (5)

137a. Do you think it will be harder for you to get ahead in life because you are a (boy/girl)?

yes  
1

no **(IF NO, SKIP TO Q. 138)**  
2

**(IF YES:)** In what ways?

(SPECIFY:)

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138. If you had a choice, you would. . . **(READ CATEGORIES)**

definitely choose to be a girl 1	probably choose to be a girl 2	not sure 3	probably choose to be a boy 4	definitely choose to be a boy 5
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139. Do you think girls and boys are treated differently in your school?

Yes  
1

No **(SKIP TO Q. 140)**  
2

**(IF YES:)** In what ways are they treated differently?

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140. Do you think the school is making a special effort to make sure girls and boys are not treated differently?

Yes  
1

No  
2

**(IF YES:)** What are they doing?

**(IF NO:)** Why aren't they?

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141. Do you think White and Black kids are treated differently in your school?

Yes  
1

No **(SKIP TO Q. 142)**  
2

**(IF YES:)** In what ways are they treated differently?

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142. Do you think the school is making a special effort to make sure Black and White kids are not treated differently?

Yes  
1

No  
2

**(IF YES:)** What are they doing?

**(IF NO:)** Why aren't they?

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143. Do you feel that you are treated better, worse or the same as other kids at your school?

worse  
1

the same  
2

better  
3

**(IF SAME, SKIP TO Q. 145)**

144a. Why are you treated (better/worse/same)?

(SPECIFY:)

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144b. In what ways are you treated (better/worse/same)?

(SPECIFY:)

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Now I'll ask you some questions about work and money.

145. Did you have a job during this past summer for pay?

Yes  
1

No  
2

146. Not counting jobs around the house, do you sometimes work for pay such as babysitting, paper route, yard work, or something else?

Yes  
1

No **(IF NO, SKIP TO Q. 154)**  
2

147. Is this a regular job; do you spend time on this job every week?

Yes  
1

No  
2

148. Overall, how many hours a week do you work for pay away from the house?

(SPECIFY:) \_\_\_\_\_  
(# OF HOURS)

149. About how much money do you make at this job?

(SPECIFY:) \$ \_\_\_\_\_

per (CIRCLE:) hour 1      day 2      week 3      month 4      year 5

150. Are you expected to use any of this money for things you need like clothes or school supplies?

Yes 1                                  No 2

151. Do you turn any of this money over to your (PARENT) or (SCG)?

Yes 1    No (IF NO, SKIP TO Q. 152) 2

152. Are you expected to save any of this money?  
**(READ CATEGORIES)**

Yes 1                                  No 2                                  It is up to you 3

153. Do you save any of this money? **(READ CATEGORIES)**

Yes, regularly 1                                  Yes, sometimes 2                                  Yes, once in a while 3                                  No 4

154. Do you get a regular allowance?

Yes 1    No (IF NO, SKIP TO Q. 158) 2

**(IF YES, ASK:)** How much?

(SPECIFY:) \$ \_\_\_\_\_

per (CIRCLE:) hour 1      day 2      week 3      month 4      year 5

155. Are you expected to use any of this for things you need like clothes or school supplies?

Yes 1                      No 2

156. Are you expected to save any of this money?

**(READ CATEGORIES)**

Yes 1              No 2              It is up to you 3

157. Do you save any of this money? **(READ CATEGORIES)**

Yes, regularly 1              Yes, sometimes 2              Yes, once in a while 3              No 4

158. Do get paid for chores you do around the house?

Yes 1              No 2              **(DO NOT READ)**  
part of allowance 7

159. If you had a million dollars, what would you most want to do with it?

(SPECIFY:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Now some questions about school.

160. What is the name of your school?

(SPECIFY:) \_\_\_\_\_  
(NAME OF SCHOOL)

161. What was the name of the school you went to in the 6th grade?

(SPECIFY:) \_\_\_\_\_  
(NAME OF SCHOOL)

162. How far do you live from your school?

(SPECIFY:) \_\_\_\_\_

**(CIRCLE:)**    miles 1    blocks 2    minutes by car 3    minutes by public transportation 4    minutes walking 5

163. Have you ever taken . . .

	<u>Yes</u>	<u>No</u>
a. a special class that helps students having difficulty with English, math or some other school subject?	1	2
b. an advanced class, honors program, or programs for kids gifted in English, math or some other school subject?	1	2
c. instructions about computers?	1	2

Please use scale #15 for the next two questions.

164. If you could do exactly what you wanted, how far would you like to go in school?

- (1) 8th grade or less
- (2) 9-11 grade
- (3) graduate from high school
- (4) post high school vocational or technical training
- (5) some college
- (6) graduate from a business college or a two year college with associates degree
- (7) graduate from a 4 year college
- (8) get a masters degree or a teaching credential
- (9) get a law degree, a Ph. D., or a medical doctor's degree.

165. We can't always do what we most want to do. How far do you think you actually will go in school?

- (1) 8th grade or less
- (2) 9-11 grade
- (3) graduate from high school
- (4) post high school vocational or technical training
- (5) some college
- (6) graduate from a business college or a two year college with associates degree
- (7) graduate from a 4 year college
- (8) get a masters degree or a teaching credential
- (9) get a law degree, a Ph. D., or a medical doctor's degree.

166. Which of the following best describes the grades you get in school on your semester report card?  
**(READ CATEGORIES)**

Mostly F's	Mostly D's	Mostly C's	Mostly B's	Mostly A's
1	2	3	4	5

**OTHER: (IF SOME OTHER GRADING SYSTEM, DESCRIBE BELOW AND REPORT CHILD'S GRADES IN THIS SYSTEM)**

(SPECIFY:)

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167. How do you feel you are doing in school? **(READ CATEGORIES)**

Could be Doing a Lot Better	Could be Doing a Little Better	Doing About As Well As you Can	Doing Really Well
1	2	3	4

168. On your semester report card last year, how many. . .

a. A's did you get?

(SPECIFY:) \_\_\_\_\_  
(# OF A's)

b. B's did you get?

(SPECIFY:) \_\_\_\_\_  
(# OF B's)

c. C's did you get?

(SPECIFY:) \_\_\_\_\_  
(# OF C's)

d. D's did you get?

(SPECIFY:) \_\_\_\_\_  
(# OF D's)

e. F's did you get?

(SPECIFY:) \_\_\_\_\_  
(# OF F's)

**(IF 0 D'S OR F'S, SKIP TO Q. 171)**

169. What if anything, did your (PARENT) do when (she/he) found out about your (D's and/or F's)?

(SPECIFY:)

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\_\_\_\_\_

\_\_\_\_\_

**(IF CHILD SAYS "DID NOTHING", SKIP TO Q. 171)**

170. Did it change your behavior?

Yes  
1

No  
2

**(IF YES:)** How?

**(IF NO:)** Why not?

(SPECIFY:) \_\_\_\_\_

(SPECIFY:)\_\_\_\_\_

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171. How often, if ever, do you skip school or cut classes? **(READ CATEGORIES)**

Never  
1

Hardly Ever  
2

Sometimes  
3

Often  
4

**(IF NEVER,  
SKIP TO Q. 175)**

172. Does your (PARENT) ever find out when you skip school? **(READ CATEGORIES)**

Usually  
1

Sometimes  
2

No **(IF NO, SKIP TO Q. 175)**  
3

173. **(IF YES:)**What, if anything, does your (PARENT) do when (she/he) finds out you have skipped school?

**(IF NO:)** Why doesn't your (PARENT) find out?

(SPECIFY:)\_\_\_\_\_

(SPECIFY:)\_\_\_\_\_

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**(IF CHILD SAY "DOES NOTHING",  
SKIP TO Q. 175)**

174. Does this change your behavior?

Yes  
1

No  
2

**(IF YES:)** How?

**(IF NO:)** Why not?

(SPECIFY:) \_\_\_\_\_

(SPECIFY:)\_\_\_\_\_

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175. Have you ever been suspended or expelled from school? **(READ CATEGORIES)**

No 1	Suspended Only 2	Expelled Only 3	Both Suspended and Expelled 4
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**(IF NO, SKIP TO Q. 178)**

176. What if anything, did your (PARENT) do when (she/he) found out you were (suspended and/or expelled)?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF CHILD SAID "DID NOTHING", SKIP TO Q. 178)**

177. Did it change your behavior?

Yes 1	No 2
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**(IF YES:)** How?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF NO:)** Why not?

(SPECIFY:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

178. Have you ever been held back a grade?

Yes 1	No <b>(IF NO, SKIP TO Q. 179)</b> 2
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**(IF YES, ASK:)** What grade or grades were you held back?

(SPECIFY:)  
\_\_\_\_\_  
(GRADE)      (GRADE)      (GRADE)

179. Have you ever skipped a grade?

Yes 1	No <b>(IF NO, SKIP TO Q. 180)</b> 2
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**(IF YES, ASK:)** What grade or grades did you skip?

(SPECIFY:)  
\_\_\_\_\_  
(GRADE)      (GRADE)      (GRADE)



Please look at scale #9.

180. When you have a social or personal problem at school, how often can you depend on. . .

	<u>Almost Never</u>	<u>Not Too Often</u>	<u>About Half The Time</u>	<u>Fairly Often</u>	<u>Almost Always</u>
a. your teachers to help you out?	1	2	3	4	5
b. the principal or assistant principal to help you out?	1	2	3	4	5
c. other adults in the school to help you out?	1	2	3	4	5
d. your friends to help you out?	1	2	3	4	5
e. other students to help you out?	1	2	3	4	5
f. your parent(s) to help you out?	1	2	3	4	5

Still using scale #9. . .

181. When you're having trouble on schoolwork, how often do you go to. . .

	<u>Almost Never</u>	<u>Not Too Often</u>	<u>About Half The Time</u>	<u>Fairly Often</u>	<u>Almost Always</u>
a. your teachers for help?	1	2	3	4	5
b. other adults in the school, like a tutor, for help?	1	2	3	4	5
c. your parent(s) for help?	1	2	3	4	5
d. your friends for help?	1	2	3	4	5
e. other students for help? <b>(IF NO OS, SKIP TO Q. 182)</b>	1	2	3	4	5
f. (OS) for help?	1	2	3	4	5

Please use scale #1

182. Here are some things that kids have said about their schools. Please tell me how much you agree or disagree with each statement.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
a. It's easy to make friends at this school.	1	2	3	4	5
b. Most of your classes or subjects are boring.	1	2	3	4	5
c. You look forward to going to school every day.	1	2	3	4	5
d. You don't feel as if you really belong in school.	1	2	3	4	5

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
e. In general, you like school a lot.	1	2	3	4	5
f. You do not feel safe at school.	1	2	3	4	5
g. Homework is a waste of time.	1	2	3	4	5
h. You usually finish your homework.	1	2	3	4	5
i. Grades are very important to you.	1	2	3	4	5
j. You get along well with your teachers.	1	2	3	4	5
k. Your teachers think you are a good student.	1	2	3	4	5

183. Are you a member of a youth or street gang?

Yes  
1

No **(IF NO, SKIP TO Q. 187)**  
2

184. Does your (PARENT) know you are a member of a gang?

Yes  
1

No **(IF NO, SKIP TO Q. 187)**  
2

185. What, if anything did your (PARENT) do when (she/he) found out?

(SPECIFY:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF CHILD SAYS "DID NOTHING", SKIP TO Q. 187)**

186. Did it change your behavior?

Yes  
1

No  
2

**(IF YES:) How?**

(SPECIFY:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF NO:) Why not?**

(SPECIFY:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====  
Now think about the adults in your life. Of all the adults you know personally, think of the one you would most like to be like.

187. Is this person male or female?

Male	Female
1	2

188. Who is it?

(SPECIFY:) \_\_\_\_\_  
(RELATIONSHIP TO CHILD)

189. Can you tell me what it is that you admire the most about this person?

(SPECIFY:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

190. Please tell me if each of the following is true about the person you are thinking of. Would you say that (he/she). . .

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. is popular?                               | 1          | 2         |
| b. dresses well?                             | 1          | 2         |
| c. is intelligent?                           | 1          | 2         |
| d. understands you?                          | 1          | 2         |
| e. drives a nice car?                        | 1          | 2         |
| f. makes a lot of money?                     | 1          | 2         |
| g. is good at sports?                        | 1          | 2         |
| h. is good at music?                         | 1          | 2         |
| i. has a lot of influence over other people? | 1          | 2         |

Now, think about adults you know at school.

191. Is there a teacher or other adult you see at school who you really admire?

Yes	No (IF NO, SKIP TO Q. 194)
1	2

Please use scale #16 for the next three questions.

192. How much. . .

	<u>Not at All</u>	<u>Not Very Much</u>	<u>Some</u>	<u>Pretty Much</u>	<u>A Lot</u>
a. does this person look out for you and help you?	1	2	3	4	5
b. do you think this person cares for you?	1	2	3	4	5
c. does this person think you have the ability to do well in school and in the future?	1	2	3	4	5

Please use scale #4.

193. Does this person care about you even when you make mistakes?

Almost Never 1	Occasionally 2	About Half of the Time 3	Fairly Often 4	Almost Always 5
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Now I'd like to ask you some questions about what happens after school.

194. How many days a week do you take care of yourself in the afternoon or evening after school without an adult being there?

0	1	2	3	4	5
<b>(IF 0, SKIP TO 196)</b>					

195. On those days, about how many hours do you usually take care of yourself?  
**(READ CATEGORIES)**

1	2-3	4-5	more than 5 hours
(1)	(2)	(3)	(4)

Now I'd like to ask you some questions about classes your take in school

196. Sometimes kids in the seventh grade are placed in classes based on their ability level (like remedial, basic, intensive). Are you in any classes grouped by ability level?

**(DO NOT READ CATEGORIES)**

Yes, I am (1)	No, I'm not (2)	I don't know if I am or not (8)
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**(IF NO OR DON'T KNOW, SKIP TO Q. 198)**

Please look at scale #16

197. How involved. . .

a. were **you** in deciding which level courses you would take this year?

Not At	Not		Pretty	A
All	Very Much	Some	Much	Lot
1	2	3	4	5

b. were **your parent(s)** in deciding which level courses you would take this year?

Not At	Not		Pretty	A
All	Very Much	Some	Much	Lot
1	2	3	4	5

=====

Now I'm going to ask you some questions about the future.

198. Many people know what they would like to be like in the future. They have a picture in their minds of a person they would like to be. Please tell me four things about the kind of person **you most hope to be** when you are in high school.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

199. Often people also know what kind of person they don't want to become. They know what they don't want to be true about themselves in the future. What are four things **you do not want to be true of you** when you are in high school, or that you most want to avoid becoming by the time you are in high school?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

200. Now imagine yourself as a grown-up. Please describe what you think a typical weekday will be like. For example, describe what things you think you will usually be doing from the time you get up until the time you go to bed.

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201. Now imagine yourself as a grown-up again. If you could be anything you wanted to be, what would you be?

(SPECIFY:)

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202. If you could have any job you wanted, what kind of job would you most **like to have** when you are grown up?

(SPECIFY:)

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203. How sure are you that this is the kind of job you would like? **(READ CATEGORIES)**

not at all sure 1	a little sure 2	somewhat sure 3	pretty sure 4	very sure 5
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204. Please list up to three other jobs that you would like to have most:

(SPECIFY:) 1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_

205. We can't always become what we most want to be. What kind of job do you think you **will really have** when your are grown up?

(SPECIFY:)

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This is just about the end of the interview. We have a few more questions for you which deal with what you thought of this interview. We would also like to give you a chance to add anything else which you think is important.

206. Would you like to explain any of your answers further?

Yes  
1

No **(IF NO, SKIP TO Q. 207)**  
2

**(IF YES:)** Which ones?

(SPECIFY:)

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207. Were there any questions that made you feel particularly uncomfortable?

Yes  
1

No **(IF NO, SKIP TO Q. 208)**  
2

(SPECIFY:)

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208. Are there any questions we did not ask that you think may be important in understanding kids' and parents' experiences with school?

Yes  
1

No **(IF NO, SKIP TO Q. 209)**  
2

(SPECIFY:)

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209. Anything else you'd like to add?

Yes  
1

No **(IF NO, SAY THANK YOU)**  
2

(SPECIFY:)

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Thank You!!!!