

Youth Interview

In this interview there are no right or wrong answers. We are just asking for your opinions. If any of the questions make you feel uncomfortable, just let me know and you don't have to answer them. Also, remember that your parent(s) and teachers will never see this interview or know how you answered these questions.
Ready?

1. First, what is your birth date? ___ ___ / ___ ___ / ___ ___
(MONTH) (DAY) (YEAR)

(GIVE CHILD RESPONSE SHEET)

Here is a card with several different sets of answers on it. From time to time, I'm going to tell you the number of one of these sets of answers and ask you to choose your answer from those choices. For instance, for this next question I'm going to ask you to use Scale number 1. That means, you should look at the first set of answers on that card and choose one of those answers: a lot less, a little less, same amount as usual, a little more, or a lot more.

In the last year, how much more or how much less did you do these things with your parent(s) compared to other times?

Please use response scale #1.
How much more, or less, did you...

| | <u>A Lot Less</u> | <u>A Little Less</u> | <u>Same Amount As Usual</u> | <u>A Little More</u> | <u>A Lot More</u> |
|--|-----------------------|--------------------------|---------------------------------|--------------------------|-----------------------|
| 2. argue with your parent(s)? | 1 | 2 | 3 | 4 | 5 |
| 3. share your worries and your problems with your parent(s)? | 1 | 2 | 3 | 4 | 5 |
| 4. feel close to your parent(s)? | 1 | 2 | 3 | 4 | 5 |

Still using response scale #1.
In the last year, how much more, or less, did your parent(s)...

| | <u>A Lot Less</u> | <u>A Little Less</u> | <u>Same Amount As Usual</u> | <u>A Little More</u> | <u>A Lot More</u> |
|--|-----------------------|--------------------------|---------------------------------|--------------------------|-----------------------|
| 5. make demands on you? | 1 | 2 | 3 | 4 | 5 |
| 6. listen to your opinions? | 1 | 2 | 3 | 4 | 5 |
| 7. limit your freedom to go where you want and do what you want outside of the home? | 1 | 2 | 3 | 4 | 5 |
| 8. share their problems with you? | 1 | 2 | 3 | 4 | 5 |
| 9. put pressure on you to do well in school? | 1 | 2 | 3 | 4 | 5 |

**(INTERVIEWER: COMPLETE THIS PAGE BEFORE GOING ON TO PAGE 3.
PLEASE READ THE QUESTIONS IN THE ORDER THEY ARE NUMBERED)**

Now I'm going to ask you some questions about activities you are involved in.

Thinking about the last year, that is the last 12 months...

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 10. Were you a member of any athletic or sports teams at school? | 1 | 2 |
| 11. Did you take part in any other school activities such as clubs or student government? (This includes any formal extra-curricular school activity other than athletic teams.) | 1 | 2 |
| 12. Were you a member of any other groups in the community such as scouts, service or hobby clubs? | 1 | 2 |
| 13. Were you involved in any organized summer or after school sports or recreational programs? | 1 | 2 |
| 14. Were you in a tutoring program? | 1 | 2 |
| 15. Were you involved in any volunteer service activities? | 1 | 2 |
| 16. Were you involved in any civil rights activities? | 1 | 2 |
| 17. Did you attend religious services or participate in other religious activities? | 1 | 2 |

(INTERVIEWER: FOR EACH ACTIVITY THAT THE CHILD RESPONDED "YES" TO ON

THE PREVIOUS PAGE, ASK THE FOLLOWING 2 QUESTIONS)

Please use Scale #2.
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 | |
|---|---------------------------------------|------------------------|-----------------------|-------------|-----------------------|--------------------------------|-------------------|-------------------------|
| 18. athletic or sports teams. Which ones? _____ _____ | 19. athletic or sports teams? | 1 | 2 | 3 | 4 | 5 | 6 | _____ _____ _____ |
| 20. school activities. Which ones? _____ _____ | 21. school activities? | 1 | 2 | 3 | 4 | 5 | 6 | _____ _____ _____ |
| 22. scouts or community clubs. Which ones? _____ _____ | 23. scouts or community clubs? | 1 | 2 | 3 | 4 | 5 | 6 | _____ _____ _____ |
| 24. sports or recreational programs. Which ones? _____ _____ | 25. sports or recreational programs? | 1 | 2 | 3 | 4 | 5 | 6 | _____ _____ _____ |
| 26. a tutoring program. Tutoring for what? _____ _____ | 27. a tutoring program? | 1 | 2 | 3 | 4 | 5 | 6 | _____ _____ _____ |
| 28. volunteer services. Which ones? _____ _____ | 29. volunteer services? | 1 | 2 | 3 | 4 | 5 | 6 | _____ _____ _____ |
| 30. civil rights activities. Which ones? _____ _____ | 31. civil rights activities? | 1 | 2 | 3 | 4 | 5 | 6 | _____ _____ _____ |
| 32. religious services or activities. Which ones? _____ _____ | 33. religious services or activities? | 1 | 2 | 3 | 4 | 5 | 6 | _____ _____ _____ |

34. During the school year, how much time do you usually do homework **each day**?

(HOURS) (MINUTES)

35. Are there any other activities beside the ones we just talked about that you spend a lot of time doing?

Yes
1

No
2
**(IF NO,
SKIP TO Q. 38)**

36. **(IF YES:)** What activities? _____

37. **(IF YES:)** How much time each week do you spend doing (1ST ACTIVITY LISTED ABOVE)?

(HOURS) (MINUTES)

38. During the past year were you a leader, organizer, or captain of any of the organizations or groups you belonged to?

Yes
1

No
2
**(IF NO,
SKIP TO Q. 40)**

39. **(IF YES:)** What groups? _____

40. Do you have any special interests, skills or something you really like to do such as as music, art, drama, athletics schoolwork or some other ability?

Yes
1

No
2
**(IF NO, SKIP
TO Q.43, PAGE 5)**

41. What are these talents?

42. In general, have your parent(s) done much to help you get better at these talents?
(READ CATEGORIES)

Yes, A Lot
1

Yes, A Little
2

No, They Left it To Me
3

In the last two years, have you...

43. taken music lessons?

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

44. taken dance or drama lessons?

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

45. Have you taken any other types of lessons?

| | |
|-----|----|
| Yes | No |
| 1 | 2 |

(IF NO, SKIP TO Q. 47)

46. (IF YES:) What lessons? _____

#####

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.

47. Is this person male or female?

| | |
|------|--------|
| Male | Female |
| 1 | 2 |

48. Who is it?

(SPECIFY:) _____ (RELATIONSHIP TO CHILD)

49. Can you tell me what things you admire the most about this person?

50. Now please tell me who your favorite celebrity or famous person is?

_____ who is that? _____
(HERO NAME) (SPECIFY)

51. What do you admire about (HERO)? _____

Now I'm going to ask you some questions about things your parent(s) worries about.

Please look at Scale #3.

How much do your parent(s) worry about the following things happening to you.

How much do (they/she/he) worry that ...

| | <u>Not At All</u> | <u>A Little</u> | <u>Some</u> | <u>Quite A Bit</u> | <u>A Lot</u> |
|--|-----------------------|---------------------|-------------|------------------------|------------------|
| 52. you will use alcohol or drugs? | 1 | 2 | 3 | 4 | 5 |
| 53. you will hang around the wrong kinds of kids? | 1 | 2 | 3 | 4 | 5 |
| 54. you will get bad grades? | 1 | 2 | 3 | 4 | 5 |
| 55. you will get in trouble at school? | 1 | 2 | 3 | 4 | 5 |
| 56. you will be sexually assaulted or raped? | 1 | 2 | 3 | 4 | 5 |
| 57. you will get pregnant or get someone pregnant? | 1 | 2 | 3 | 4 | 5 |
| 58. you will get AIDS or another sexually transmitted disease? | 1 | 2 | 3 | 4 | 5 |

Please use response scale #4.

In the last two years, how often have your parent(s) done any of the following to stop these kinds of bad things from happening to you?

How many times have (they/she/he)...

| | <u>Never</u> | <u>Almost Never</u> | <u>Occa- sionally</u> | <u>Some- times</u> | <u>Very Often</u> | <u>At Least Once A Week</u> |
|--|--------------|-------------------------|---------------------------|------------------------|-----------------------|-------------------------------------|
| 59. taught you ways to avoid getting into these kinds of trouble? | 1 | 2 | 3 | 4 | 5 | 6 |
| 60. threatened you with punishment if you get involved in these sorts of things? | 1 | 2 | 3 | 4 | 5 | 6 |
| 61. checked-up on you to make sure you are not involved in these things? | 1 | 2 | 3 | 4 | 5 | 6 |
| 62. made sure you got involved in good activities to take up your time? | 1 | 2 | 3 | 4 | 5 | 6 |
| 63. made you go to church or temple to avoid these kinds of trouble? | 1 | 2 | 3 | 4 | 5 | 6 |

| How many times have (they/she/he)... | | <u>Never</u> | <u>Almost Never</u> | <u>Occa- sionally</u> | <u>Some- times</u> | <u>Very Often</u> | <u>At Least Once A Week</u> |
|--------------------------------------|---|--------------|-------------------------|---------------------------|------------------------|-----------------------|-------------------------------------|
| 64. | insisted that you are always with an adult? | 1 | 2 | 3 | 4 | 5 | 6 |
| 65. | stressed the importance of not having sex until you are an adult? | 1 | 2 | 3 | 4 | 5 | 6 |
| 66. | discussed safe sex and birth control techniques with you? | 1 | 2 | 3 | 4 | 5 | 6 |
| 67. | kept you at home as much as possible? | 1 | 2 | 3 | 4 | 5 | 6 |

Now I'm going to ask you about some other things your parent(s) may worry about.

Please use response scale #3.

How much do (they/she/he) worry that ...

| | | <u>Not At All</u> | <u>A Little</u> | <u>Some</u> | <u>Quite A Bit</u> | <u>A Lot</u> |
|-----|--|-----------------------|---------------------|-------------|------------------------|------------------|
| 68. | you will be discriminated against at school because of your race? | 1 | 2 | 3 | 4 | 5 |
| 69. | you will be discriminated against at school because of your sex? | 1 | 2 | 3 | 4 | 5 |
| 70. | you will be discriminated against at work when you grow up because of your race? | 1 | 2 | 3 | 4 | 5 |
| 71. | you will be discriminated against at work when you grow up because of your sex? | 1 | 2 | 3 | 4 | 5 |

#####

Please use response scale #5.

What do **you** think the chances are that you will...

(REPEAT STEM OFTEN)

| | | <u>Very Low</u> | <u>Low</u> | <u>In the Middle</u> | <u>High</u> | <u>Very High</u> | <u>Already Happened</u> |
|-----|---|---------------------|------------|--------------------------|-------------|----------------------|-----------------------------|
| 72. | have a nice group of friends when you are in high school? | 1 | 2 | 3 | 4 | 5 | |
| 73. | enter the military? | 1 | 2 | 3 | 4 | 5 | |
| 74. | find a stable and well-paying job when you become an adult? | 1 | 2 | 3 | 4 | 5 | |
| 75. | become pregnant, or get someone else pregnant, before you finish high school? | 1 | 2 | 3 | 4 | 5 | 6 |
| 76. | get involved in drugs? | 1 | 2 | 3 | 4 | 5 | 6 |
| 77. | be sexually assaulted or raped? | 1 | 2 | 3 | 4 | 5 | 6 |

What do **you** think the chances are that you will...

| | <u>Very Low</u> | <u>Low</u> | <u>In the Middle</u> | <u>High</u> | <u>Very High</u> | <u>Already Happened</u> |
|---|---------------------|------------|--------------------------|-------------|----------------------|-----------------------------|
| 78. be sexually harassed by kids your age? | 1 | 2 | 3 | 4 | 5 | 6 |
| 79. get AIDS or other sexually transmitted diseases? | 1 | 2 | 3 | 4 | 5 | 6 |
| 80. start having sex too young? | 1 | 2 | 3 | 4 | 5 | 6 |
| 81. have a drinking problem? | 1 | 2 | 3 | 4 | 5 | 6 |
| 82. get in trouble in school? | 1 | 2 | 3 | 4 | 5 | 6 |
| 83. get in trouble with the police? | 1 | 2 | 3 | 4 | 5 | 6 |
| 84. get involved in gang activity? | 1 | 2 | 3 | 4 | 5 | 6 |
| 85. often skip school? | 1 | 2 | 3 | 4 | 5 | 6 |
| 86. have trouble finishing what you start? | 1 | 2 | 3 | 4 | 5 | 6 |
| 87. have psychological problems like depression? | 1 | 2 | 3 | 4 | 5 | 6 |
| 88. develop an eating disorder, like anorexia or bulimia? | 1 | 2 | 3 | 4 | 5 | 6 |
| 89. have thoughts of suicide? | 1 | 2 | 3 | 4 | 5 | 6 |
| 90. have limited opportunities due to the economy ? | 1 | 2 | 3 | 4 | 5 | 6 |
| 91. get involved with kids your parent(s) won't approve of? | 1 | 2 | 3 | 4 | 5 | 6 |

+++++

Please use response scale #6.

In your family, how often do you argue about...

| | <u>Almost Never</u> | <u>Rarely</u> | <u>Occa- sionally</u> | <u>Frequently</u> | <u>Almost Always</u> |
|--|-------------------------|---------------|---------------------------|-------------------|--------------------------|
| 92. how you spend time outside of school? | 1 | 2 | 3 | 4 | 5 |
| 93. which friends you can spend time with? | 1 | 2 | 3 | 4 | 5 |
| 94. your grades in school? | 1 | 2 | 3 | 4 | 5 |
| 95. at what age you can date? | 1 | 2 | 3 | 4 | 5 |
| 96. what you can wear? | 1 | 2 | 3 | 4 | 5 |
| 97. spending money? | 1 | 2 | 3 | 4 | 5 |

Please look at Scale #7.

In your family, how do you make most of the decisions about the following topics?

98. How late you can stay out at night.

| | | | | |
|--|---|--|--|-----------------------------------|
| My Parent(s) Decide Themselves 1 | My Parent(s) Decide After Discussing It With Me 2 | We Decide Together After Discussing It 3 | I Decide After Discussing It With My Parent(s) 4 | I Decide All By Myself 5 |
|--|---|--|--|-----------------------------------|

99. Which classes you take in school.

| | | | | |
|--|---|--|--|-----------------------------------|
| My Parent(s) Decide Themselves 1 | My Parent(s) Decide After Discussing It With Me 2 | We Decide Together After Discussing It 3 | I Decide After Discussing It With My Parent(s) 4 | I Decide All By Myself 5 |
|--|---|--|--|-----------------------------------|

100. At what age you can date.

| | | | | |
|--|---|--|--|-----------------------------------|
| My Parent(s) Decide Themselves 1 | My Parent(s) Decide After Discussing It With Me 2 | We Decide Together After Discussing It 3 | I Decide After Discussing It With My Parent(s) 4 | I Decide All By Myself 5 |
|--|---|--|--|-----------------------------------|

101. What you may do with friends after school.

| | | | | |
|--|---|--|--|-----------------------------------|
| My Parent(s) Decide Themselves 1 | My Parent(s) Decide After Discussing It With Me 2 | We Decide Together After Discussing It 3 | I Decide After Discussing It With My Parent(s) 4 | I Decide All By Myself 5 |
|--|---|--|--|-----------------------------------|

102. What you may wear and how you do your hair.

My Parent(s) Decide Themselves
1

My Parent(s) Decide After Discussing It With Me
2

We Decide Together After Discussing It
3

I Decide After Discussing It With My Parent(s)
4

I Decide All By Myself
5

103. In general, how do you and your parent(s) make decisions?

My Parent(s) Decide Themselves
1

My Parent(s) Decide After Discussing It With Me
2

We Decide Together After Discussing It
3

I Decide After Discussing It With My Parent(s)
4

I Decide All By Myself
5

Now look at Scale #17 for the next question.

104. How do you think decisions **should** be made in your family?

My Parent(s) Should Decide Themselves
1

My Parent(s) Should Decide After Discussing It With Me
2

We Should Decide Together After Discussing It
3

I Should Decide After Discussing It With My Parent(s)
4

I Should Decide All By Myself
5

For the next two questions, please use response scale #8.

105. How often do you now take part in making family decisions that concern yourself?

Never
1

Seldom
2

Often
3

Always
4

106. How often should you take part in making family decisions that concern yourself?

Never
1

Seldom
2

Often
3

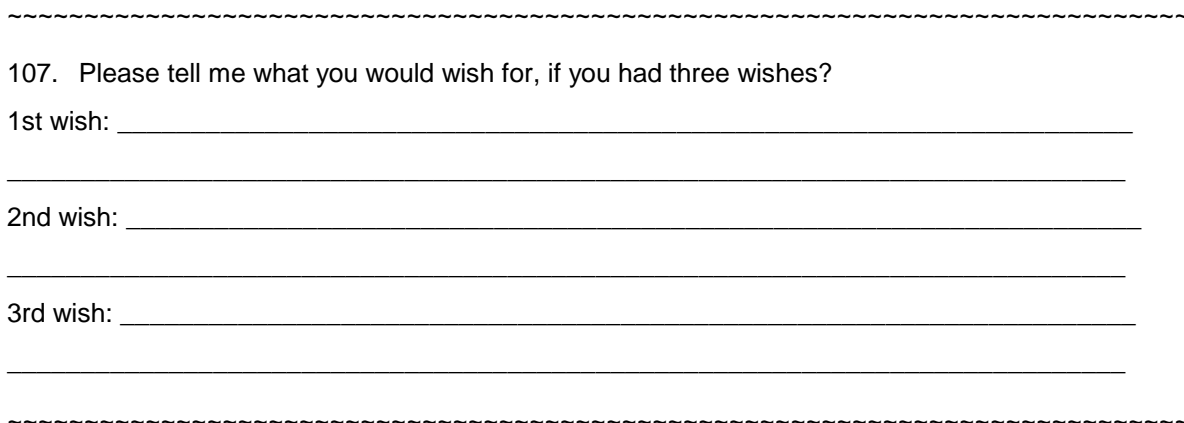
Always
4

107. Please tell me what you would wish for, if you had three wishes?

1st wish: _____

2nd wish: _____

3rd wish: _____



Now I'm going to ask you some questions about curfews and dating.

108. After school, what time are you required to be home for the evening?

___ : ___
(TIME)

Dark
(2700)

I Have to Come
Straight Home
(2600)

Please use response scale #9.

109. How often do you go out in the evening to do things with a group of both girls and boys with an adult around to help supervise?

- | | | | | |
|----------------------|-----------------------------------|------------------------------|------------------------------|-------------------------------|
| 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 |
|----------------------|-----------------------------------|------------------------------|------------------------------|-------------------------------|

(IF 2, 3, 4, OR 5, SKIP TO Q. 111)

110. (IF ALMOST NEVER:) Are you allowed to go out in the evening to do things with a group of both girls and boys with an adult around to help supervise?

Yes
1

No
2

(IF NO,
SKIP TO Q. 112)

111. What time are you expected to be home?

___ : ___
(TIME)

Please use response scale #9.

112. How often do you go out in the evening to do things with a group of both girls and boys without an adult around to help supervise?

- | | | | | |
|----------------------|-----------------------------------|------------------------------|------------------------------|-------------------------------|
| 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 |
|----------------------|-----------------------------------|------------------------------|------------------------------|-------------------------------|

(IF 2, 3, 4, OR 5, SKIP TO Q. 114)

113. (IF ALMOST NEVER:) Are you allowed to go out in the evening to do things with a group of both girls and boys without an adult around to help supervise?

Yes
1

No
2

(IF NO,
SKIP TO Q. 115)

114. What time are you expected to be home?

___ : ___
(TIME)

115. Have you ever been on a date with a boy or a girl where an adult was around to help supervise?

Yes
1

No
2

(IF NO, SKIP
TO Q. 117, PAGE 12)

116. (IF YES:) At what age did you have your first supervised date?

(AGE)

117. (IF NO:) At what age do you think you'll be allowed to go on supervised dates?

(AGE)

I'm Already
Allowed
70

118. What time (are/will) you expected to be home?

____ : ____
(TIME)

119. Have you had your first date or started "going out" without an adult around to help supervise?

Yes
1

No
2

(IF NO, SKIP
TO Q. 122)

120. (IF YES:) At what age did you have your first unsupervised date?

(AGE)

121. (IF YES:) How many times have you gone out on an unsupervised date with a boy or girl in the past month?

(NUMBER OF TIMES)
(SKIP TO Q. 123)

122. (IF NO:) At what age do you think you'll be allowed to go on unsupervised dates?

(AGE)

I'm Already
Allowed
70

123. How flexible is your curfew? (READ CATEGORIES)

- (1) Very flexible. You pretty much decide on your own.
- (2) Somewhat flexible. Your parent(s) regularly make exceptions.
- (3) A little flexible. Your parent(s) make exceptions for special events.
- (4) Not at all flexible. It is always the same time.

Please use response scale #10 for the next two questions.

124. In your family, how often do you have to follow rules about when and how much television you can watch?

| | | | | |
|----------------------|-----------------------|-----------------------------|----------------------|-----------------------|
| Almost Never 1 | Not Too Often 2 | About Half the Time 3 | Fairly Often 4 | Almost Always 5 |
|----------------------|-----------------------|-----------------------------|----------------------|-----------------------|

125. In your family, how often do you have to follow rules about when and how much you talk on the telephone?

| | | | | |
|----------------------|-----------------------|-----------------------------|----------------------|-----------------------|
| Almost Never 1 | Not Too Often 2 | About Half the Time 3 | Fairly Often 4 | Almost Always 5 |
|----------------------|-----------------------|-----------------------------|----------------------|-----------------------|

126. Are you required to get certain grades?

| | |
|----------|---------|
| Yes 1 | No 2 |
|----------|---------|

**(IF NO, SKIP
TO Q. 128)**

127. **(IF YES:)** What grades are you required to get? **(READ CATEGORIES)**

| | | | | | | |
|-------------|----------------|----------------|----------------|----------------|----------------|----------------|
| All As 1 | Mostly As 2 | As and Bs 3 | Mostly Bs 4 | Bs and Cs 5 | Mostly Cs 6 | Cs and Ds 7 |
|-------------|----------------|----------------|----------------|----------------|----------------|----------------|

128. Are you allowed to have friends over when no adults are at home?

| | |
|----------|---------|
| Yes 1 | No 2 |
|----------|---------|

129. Are you allowed to go to R rated movies? **(READ CATEGORIES)**

| | | |
|----------------|-------------------------|-------------------|
| No, Never 1 | Yes, With An Adult 2 | Yes, Usually 3 |
|----------------|-------------------------|-------------------|

(PARENT) SECTION

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

Please use scale #12.

How often do the following 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> |
|--|-------------------------|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| 144. You talk to your (PARENT) about how things are going with your friends. | 1 | 2 | 3 | 4 | 5 | 6 |
| 145. You talk with your (PARENT) about your plans for the future. | 1 | 2 | 3 | 4 | 5 | 6 |
| 146. You talk with your (PARENT) about problems you are having in school. | 1 | 2 | 3 | 4 | 5 | 6 |

Please look at scale #13.

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> |
|--|--------------|------------------------------|-------------------------|---|-----------------------------|
| 147. let you know (he/she) really cares about you? | 1 | 2 | 3 | 4 | 5 |
| 148. criticize you or your ideas? | 1 | 2 | 3 | 4 | 5 |
| 149. hit, push, grab or shove you? | 1 | 2 | 3 | 4 | 5 |
| 150. put (his/her) needs ahead of your needs? | 1 | 2 | 3 | 4 | 5 |
| 151. yell at you? | 1 | 2 | 3 | 4 | 5 |

Please use scale #10 for the next two questions.

When your (PARENT) decides to punish you, 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> |
|--|-------------------------|--------------------------|--------------------------------|-------------------------|--------------------------|
| 152. can you get out of it? | 1 | 2 | 3 | 4 | 5 |
| 153. does the kind of punishment you get depend on (his/her) mood? | 1 | 2 | 3 | 4 | 5 |

Please use scale #6 to choose your answers.

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

| | <u>Almost Never</u> | <u>Rarely</u> | <u>Occa- sionally</u> | <u>Frequently</u> | <u>Almost Always</u> |
|---|-------------------------|---------------|---------------------------|-------------------|--------------------------|
| 154. Your (PARENT) is always telling you what to do and how to act. | 1 | 2 | 3 | 4 | 5 |
| 155. Your (PARENT) asks you too many questions about where you've been going or what you've been doing. | 1 | 2 | 3 | 4 | 5 |
| 156. Your (PARENT) makes sure you understand the reasons for (his/her) rules and decisions. | 1 | 2 | 3 | 4 | 5 |
| 157. Your (PARENT) treats you more like a kid than like an adult. | 1 | 2 | 3 | 4 | 5 |
| 158. Your (PARENT) doesn't like it when you question (his/her) decisions and rules. | 1 | 2 | 3 | 4 | 5 |
| 159. Your (PARENT) thinks you have no right to get angry at (him/her). | 1 | 2 | 3 | 4 | 5 |
| 160. Your (PARENT) tries to understand you when you are angry at (him/her). | 1 | 2 | 3 | 4 | 5 |

Please look at scale #6.

161. How often do you wish you had a better relationship with your (PARENT)?

| <u>Almost Never</u> | <u>Rarely</u> | <u>Occasionally</u> | <u>Frequently</u> | <u>Almost Always</u> |
|-------------------------|---------------|---------------------|-------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |

Please use scale #12 for the next question.

162. 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 |

Please look at scale #14 for the next two questions.

163. How much do you want to be like the kind of person your (PARENT) is when you are 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 |

164. 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 #15 for the next question.

165. 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 |

SCG SECTION

| | |
|-------------------------------------|-------------------------------------|
| IS THERE AN SCG IN THE HOME? | |
| YES | NO |
| 1 | 2 |
| (IF YES, CONTINUE HERE) | (IF NO, SKIP TO PAGE 19) |

Please use scale #12 again
Now for some questions about (SCG).

How often do the following 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> | |
|---|-------------------------|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------|---|
| 166. You talk to your (SCG) about how things are going with your friends. | 1 | 2 | 3 | 4 | 5 | 6 | 6 |
| 167. You talk with your (SCG) about your plans for the future. | 1 | 2 | 3 | 4 | 5 | 6 | 6 |
| 168. You talk with your (SCG) about problems you are having in school. | 1 | 2 | 3 | 4 | 5 | 6 | 6 |

Now please look at response scale #6.

| | <u>Almost Never</u> | <u>Rarely</u> | <u>Occa- sionally</u> | <u>Frequently</u> | <u>Almost Always</u> | |
|--|-------------------------|---------------|---------------------------|-------------------|--------------------------|---|
| 169. Your (SCG) is always telling you what to do and how to act. | 1 | 2 | 3 | 4 | 5 | 5 |
| 170. Your (SCG) asks you too many questions about where you've been going or what you've been doing. | 1 | 2 | 3 | 4 | 5 | 5 |
| 171. Your (SCG) makes sure you understand the reasons for (his/her) rules and decisions. | 1 | 2 | 3 | 4 | 5 | 5 |
| 172. Your (SCG) treats you more like a kid than like an adult. | 1 | 2 | 3 | 4 | 5 | 5 |
| 173. Your (SCG) doesn't like it when you ask questions about (his/her) decisions and rules. | 1 | 2 | 3 | 4 | 5 | 5 |
| 174. Your (SCG) thinks you have no right to get angry at (him/her). | 1 | 2 | 3 | 4 | 5 | 5 |
| 175. Your (SCG) tries to understand you when you are angry at (him/her). | 1 | 2 | 3 | 4 | 5 | 5 |

Please use scale #10 for the two next questions.
When your (SCG) decides to punish you,
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> |
|---|-------------------------|--------------------------|--------------------------------|-------------------------|--------------------------|
| 176. can you get out of it? | 1 | 2 | 3 | 4 | 5 |
| 177. does the kind of punishment you get depend on (his/her) mood? | 1 | 2 | 3 | 4 | 5 |

Please look at scale #13.
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> |
|--|--------------|------------------------------|-------------------------|---|-----------------------------|
| 178. let you know (he/she) really cares about you? | 1 | 2 | 3 | 4 | 5 |
| 179. criticize you or your ideas? | 1 | 2 | 3 | 4 | 5 |
| 180. hit, push, grab or shove you? | 1 | 2 | 3 | 4 | 5 |
| 181. put (his/her) needs ahead of your needs? | 1 | 2 | 3 | 4 | 5 |
| 182. yell at you? | 1 | 2 | 3 | 4 | 5 |

Please look as scale #6.

183. How often do you wish you had a better relationship with your (SCG)?

| | | | | |
|-----------------|--------|--------------|------------|------------------|
| Almost Never | Rarely | Occasionally | Frequently | Almost Always |
| 1 | 2 | 3 | 4 | 5 |

Please use scale #12 for the next question.

184. How often do you and your (SCG) do things together that you enjoy?

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

Please look at scale #14 for the next two questions.

185. How much do you want to be like the kind of person your (SCG) is when you are an adult?

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

186. How much do you respect your (SCG)?

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

Please use scale #15 for the next question.

187. How close do you feel to your (SCG)?

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

(SPOUSE/PARTNER) SECTION

DOES (PARENT) HAVE A SPOUSE OR PARTNER LIVING IN THE HOME?

| | |
|---|---|
| YES 1 (IF YES, CONTINUE HERE) | NO 2 (IF NO, SKIP TO PAGE 20) |
|---|---|

IS (SPOUSE/PARTNER) THE (SCG)?

| | |
|---|---|
| YES 1 (IF YES, SKIP TO PAGE 20) | NO 2 (IF NO, CONTINUE HERE) |
|---|---|

INTERVIEWER: WRITE THE FIRST NAME OF THE (SPOUSE/PARTNER) HERE

(FIRST NAME OF SPOUSE/PARTNER)

INSERT THE NAME YOU WROTE ON THE LINE ABOVE WHEN YOU SEE(SPOUSE/PARTNER).

QUESTIONS ABOUT THE SPOUSE/PARTNER WHO IS NOT THE SCG

Please use response scale #6.

188. How often do you wish you had a better relationship with (SPOUSE/PARTNER)?

| | | | | |
|----------------------|-------------|-------------------|-----------------|-----------------------|
| Almost Never 1 | Rarely 2 | Occasionally 3 | Frequently 4 | Almost Always 5 |
|----------------------|-------------|-------------------|-----------------|-----------------------|

Please use scale # 12 for the next question.

189. How often do you and (SPOUSE/PARTNER) 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 |
|----------------------|-----------------------------------|------------------------------|------------------------------|-------------------------------|-----------------------------|

Please look at scale #14 for the next two questions.

190. 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 |
|-----------------|--------------------|------------------|------------|

191. How much do you respect (SPOUSE/PARTNER)?

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

Please use scale #15 for the next question.

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

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

BIOLOGICAL MOTHER SECTION

IS BIOLOGICAL MOTHER THE (PARENT), THE (SCG), OR (SPOUSE/PARTNER)?

YES
1
(IF YES, SKIP TO PAGE 23)

NO
2
(IF NO, CONTINUE HERE)

DOES THE BIOLOGICAL MOTHER LIVE IN THE HOUSE?

YES
1
(IF YES, SKIP TO PAGE 22)

NO
2
(IF NO, CONTINUE HERE)

QUESTIONS ABOUT THE BIOLOGICAL MOTHER NOT LIVING IN THE HOUSE

193. Have you spent time with your biological mother during the last 2 years?

Yes
1

No
2
(IF NO, SKIP TO PAGE 23)

194. How many days in the past year?

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

(CHILD'S RESPONSE)

195. How long ago was the last time you saw her?

(SPECIFY:) _____ **(CIRCLE:)** Days Ago Weeks Ago Months Ago Years Ago
1 2 3 4

Please use response scale #6.

196. How often do you wish you had a better relationship with your biological mother?

Almost Never 1 Rarely 2 Occasionally 3 Frequently 4 Almost Always 5

Please use scale #12 for the next question.

197. 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

Please look at scale #14 for the next two questions.

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

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

199. How much do you respect your biological mother?

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

Please use scale #15 for the next question.

200. How close do you feel to her?

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

(EVERYONE WHO ANSWERED PAGES 20 AND 21, SKIP TO PAGE 23)

IF YOU DID PREVIOUS PAGE, SKIP TO PAGE 23

**QUESTIONS ABOUT BIOLOGICAL MOTHER LIVING IN THE HOUSE BUT
WHO IS NOT (PARENT) OR (SCG)**

Please use response scale #6.

201. How often do you wish you had a better relationship with your biological mother?

| | | | | |
|----------------------|-------------|-------------------|-----------------|-----------------------|
| Almost Never 1 | Rarely 2 | Occasionally 3 | Frequently 4 | Almost Always 5 |
|----------------------|-------------|-------------------|-----------------|-----------------------|

Please use scale #12 for the next question.

202. How often do you and your biological mother 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 |
|----------------------|-----------------------------------|------------------------------|------------------------------|-------------------------------|-----------------------------|

Please look at scale #14 for the next two questions.

203. 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 |
|-----------------|--------------------|------------------|------------|

204. How much do you respect your biological mother?

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

Please use scale #15 for the next question.

205. How close do you feel to her?

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

BIOLOGICAL FATHER SECTION

IS BIOLOGICAL FATHER THE (PARENT), THE (SCG) OR (SPOUSE/PARTNER)?

YES
1
(IF YES, SKIP TO PAGE 26)

NO
2
(IF NO, CONTINUE HERE)

DOES THE BIOLOGICAL FATHER LIVE IN THE HOUSE?

YES
1
(IF YES, SKIP TO PAGE 25)

NO
2
(IF NO, CONTINUE HERE)

QUESTIONS ABOUT BIOLOGICAL FATHER NOT LIVING IN THE HOUSE

206. Have you spent time with your biological father during the last 2 years?

Yes
1

No
2
(IF NO, SKIP TO PAGE 26)

207. How many days in the past year?

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

(CHILD'S RESPONSE)

208. How long ago was the last time you saw him?

(SPECIFY:) _____ **(CIRCLE:)** Days Ago Weeks Ago Months Ago Years Ago
1 2 3 4

Please use response scale #6.

209. How often do you wish you had a better relationship with your biological father?

Almost Never 1 Rarely 2 Occasionally 3 Frequently 4 Almost Always 5

Please use scale #12 for the next question.

210. 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

Please look at scale #14 for the next two questions.

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

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

212. How much do you respect your biological father?

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

Please use scale #15 for the next question.

213. How close do you feel to him?

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

(EVERYONE WHO ANSWERED PAGES 23 AND 24, SKIP TO PAGE 26)

IF YOU DID PREVIOUS PAGE, SKIP TO PAGE 26

**QUESTIONS ABOUT BIOLOGICAL FATHER LIVING IN THE HOUSE BUT
WHO IS NOT (PARENT) OR (SCG)**

Please use response scale #6.

214. How often do you wish you had a better relationship with your biological father?

| | | | | |
|----------------------|-------------|-------------------|-----------------|-----------------------|
| Almost Never 1 | Rarely 2 | Occasionally 3 | Frequently 4 | Almost Always 5 |
|----------------------|-------------|-------------------|-----------------|-----------------------|

Please use scale #12 for the next question.

215. How often do you and your biological father 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 |
|----------------------|-----------------------------------|------------------------------|------------------------------|-------------------------------|-----------------------------|

Please look at scale #14 for the next two questions.

216. 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 |
|-----------------|--------------------|------------------|------------|

217. How much do you respect your biological father?

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

Please use scale #15 for the next question.

218. How close do you feel to him?

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

Now here are some questions about the future.

228. 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. _____

229. 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. _____

230. Now imagine yourself when you are grown up. If you could be anything you wanted to be, what would you be?

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

Please use scale #16.

232. How sure are you that this is the kind of job you would like to have?

| | | | |
|------------|----------|----------|------|
| Not At All | A Little | Somewhat | Very |
| 1 | 2 | 3 | 4 |

233. How likely is that you will have this kind of job when you grow up?

| | | | |
|------------|----------|----------|------|
| Not At All | A Little | Somewhat | Very |
| 1 | 2 | 3 | 4 |

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

240. Do you have a religion?

(ASK ONLY IF CHILD DOESN'T UNDERSTAND: Do you go to a church or temple?)

Yes
1

No
2

**(IF NO,
SKIP TO Q. 247, PAGE 30)**

241. What is it? **(DO NOT READ CATEGORIES, CIRCLE THE EXACT RELIGION NAMED)**

(ASK ONLY IF CHILD DOESN'T UNDERSTAND:)

For example, are you Catholic, Jewish, Baptist, etc.?

(CIRCLE ONE)

(26) African Methodist Episcopalian (AME)

(07) Baptist

(10) Catholic

(11) Christian

(12) Episcopalian

(14) Jehovah's Witness

(15) Jewish

(16) Lutheran

(21) Methodist

(30) Mormon (Latter Day Saints)

(22) Muslim / Islam

(17) Pentecostal/Holiness

(18) Presbyterian

(19) Protestant

(__ __) Other (SPECIFY:)

**(DO NOT FILL
IN NUMBERS)**

242. How often do you attend church or religious services?

(SPECIFY:) _____ **(CIRCLE ONE)** per Day Week Month Year
(NUMBER OF 1 2 3 4
TIMES)

Please look at scale #16 for the next question.

243. How important is religion in the day to day life of your family?

Not At All
1

A Little
2

Somewhat
3

Very
4

Please use response scale #12 for the next two questions.

251. How often do you talk in the family about your racial background?

- 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

252. How often do you talk in the family about discrimination you may face because of your race?

- 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

Please use response scale #6 for the next three questions.

253. How often do you study the traditions or history of people with your racial background?

- Almost Never 1
- Rarely 2
- Occasionally 3
- Frequently 4
- Almost Always 5

254. How often do you participate in community activities with people of your racial background?

- Almost Never 1
- Rarely 2
- Occasionally 3
- Frequently 4
- Almost Always 5

255. How often do you celebrate any special days connected to your racial background?

- Almost Never 1
- Rarely 2
- Occasionally 3
- Frequently 4
- Almost Always 5

256. What is the best thing about being a member of your race?

257. How has your race affected your goals?

258. How do you think your race has affected your parent(s) goals for you?

259. How well do your parents get along? **(READ CATEGORIES)**

| | | | | |
|----------------------|--------------------|------------------|----------------|--|
| Not Well at All 1 | Not Very Well 2 | Pretty Well 3 | Very Well 4 | (DO NOT READ) My Parents are Not Together 7 |
|----------------------|--------------------|------------------|----------------|--|

260. How happy is your family? **(READ CATEGORIES)**

| | | | | |
|-------------------|--------------|-----------------|------------|-----------------|
| Very Unhappy 1 | Unhappy 2 | Just So-So 3 | Happy 4 | Very Happy 5 |
|-------------------|--------------|-----------------|------------|-----------------|

Next are a few questions about your immediate family, that is, the people who live in your house.
Please use scale #12.

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> |
|--|-------------------------|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| 261. do something active together like playing sports or going for a walk? | 1 | 2 | 3 | 4 | 5 | 6 |
| 262. work on something together around the house? | 1 | 2 | 3 | 4 | 5 | 6 |
| 263. have dinner together? | 1 | 2 | 3 | 4 | 5 | 6 |

Please look at Scale # 18.

264. How often does your immediate family spend a lot of time together on weekends?

| | | | | | |
|----------------------|--|-------------------------------|----------------------------------|-------------------------------------|---------------------------------|
| Almost Never 1 | Less Than Once Every Two Months 2 | About Once A Month 3 | Every Other Week- End 4 | About 3 Weekends a Month 5 | Almost Every Weekend 6 |
|----------------------|--|-------------------------------|----------------------------------|-------------------------------------|---------------------------------|

Please look as response scale #10.

265. How often is your immediate family together for birthdays, anniversaries, and other holidays?

| | | | | |
|----------------------|-----------------------|-----------------------------|----------------------|-----------------------|
| Almost Never 1 | Not Too Often 2 | About Half the Time 3 | Fairly Often 4 | Almost Always 5 |
|----------------------|-----------------------|-----------------------------|----------------------|-----------------------|

Please look at Scale #16.

| | <u>Not At All</u> | <u>A Little</u> | <u>Somewhat</u> | <u>Very</u> |
|---|-------------------|-----------------|-----------------|-------------|
| 266. How important is it to your family that you all be together at dinnertime? | 1 | 2 | 3 | 4 |
| 267. How important is it to your family that you all do things together on weekends? | 1 | 2 | 3 | 4 |
| 268. How important is it to your family that you all be together for birthdays, anniversaries and other holidays? | 1 | 2 | 3 | 4 |

Still looking at Scale #16. . .

| | <u>Not At All</u> | <u>A Little</u> | <u>Somewhat</u> | <u>Very</u> |
|---|-------------------|-----------------|-----------------|-------------|
| 269. How enjoyable is it when your family has dinner together? | 1 | 2 | 3 | 4 |
| 270. How enjoyable is it when your family does things together on weekends? | 1 | 2 | 3 | 4 |
| 271. How enjoyable is it when your family is together for birthdays, anniversaries, and special holidays? | 1 | 2 | 3 | 4 |

Please look at response scale #12.

How often do the following 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> |
|---|-------------------------|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| 272. Your parent(s) helps you with your schoolwork during the school year. | 1 | 2 | 3 | 4 | 5 | 6 |
| 273. Your parent(s) checks your homework after it's completed; for example, checking that it's done correctly, or proof-reading reports during the school year. | 1 | 2 | 3 | 4 | 5 | 6 |

Please use response scale #6.

How often do the following things happen?

| | <u>Almost Never</u> | <u>Rarely</u> | <u>Occa- sionally</u> | <u>Frequently</u> | <u>Almost Always</u> |
|---|-------------------------|---------------|---------------------------|-------------------|--------------------------|
| 274. Your parent(s) think you know what is best for you. | 1 | 2 | 3 | 4 | 5 |
| 275. Your parent(s) believe that you should never criticize them. | 1 | 2 | 3 | 4 | 5 |
| 276. In general, you wish your parent(s) were less strict. | 1 | 2 | 3 | 4 | 5 |
| 277. Your parent(s) want you to understand why they punish you. | 1 | 2 | 3 | 4 | 5 |
| 278. Your parent(s) are unhappy when you're unhappy. | 1 | 2 | 3 | 4 | 5 |
| 279. Your parent(s) spend enough time with you. | 1 | 2 | 3 | 4 | 5 |
| 280. Your parent(s) encourage you to make difficult decisions on your own before asking for (their/his/her) help. | 1 | 2 | 3 | 4 | 5 |
| 281. In general, you wish your parent(s) were more strict. | 1 | 2 | 3 | 4 | 5 |
| 282. In general, your family has too many rules for you. | 1 | 2 | 3 | 4 | 5 |

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

Please use response scale #3.

283. How much do your parent(s) like your good friends?

| | | | | |
|--------------------|------------------|-----------|---------------------|---------------|
| Not At All 1 | A Little 2 | Some 3 | Quite A Bit 4 | A Lot 5 |
|--------------------|------------------|-----------|---------------------|---------------|

284. How many of your good friends do you parent(s) approve of? **(READ CATEGORIES)**

| | | | | |
|---------------------|------------|-----------|-----------|--------------------|
| Almost None 1 | A Few 2 | Some 3 | Most 4 | Almost All 5 |
|---------------------|------------|-----------|-----------|--------------------|

**(IF 4 OR 5, SKIP TO
Q. 286, PAGE 35)**

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

286. Do you ever hang around with kids your parent(s) wouldn't approve of?

Yes
1

No
2

**(IF NO, SKIP
TO Q. 296, PAGE 36)**

287. Do your parents ever find out that you hang around with these kids?

Yes
1

No
2

**(IF NO, SKIP
TO Q. 296, PAGE 36)**

Please use response scale #6.

When your parent(s) find out that you've been hanging around these kids,
how often do (they/she/he)...

| | <u>Almost Never</u> | <u>Rarely</u> | <u>Occasionally</u> | <u>Frequently</u> | <u>Almost Always</u> |
|--|-------------------------|---------------|---------------------|-------------------|--------------------------|
| 288. tell you how dangerous this is? | 1 | 2 | 3 | 4 | 5 |
| 289. tell you how upset they are? | 1 | 2 | 3 | 4 | 5 |
| 290. get you into good activities to meet other kinds of kids? | 1 | 2 | 3 | 4 | 5 |
| 291. scold or yell at you? | 1 | 2 | 3 | 4 | 5 |
| 292. threaten to hit or spank you? | 1 | 2 | 3 | 4 | 5 |
| 293. ground you or put you on restriction? | 1 | 2 | 3 | 4 | 5 |
| 294. take away other privileges? | 1 | 2 | 3 | 4 | 5 |
| 295. hit or spank you? | 1 | 2 | 3 | 4 | 5 |

(SKIP TO Q. 304, PAGE 36)

Please see scale #16.

If you were to hang out with kids your parent(s) would disapprove of and (they/he/she) found out, how likely is it that (he/she/they) would...

| | <u>Not at All</u> | <u>A Little</u> | <u>Somewhat</u> | <u>Very</u> |
|--|-------------------|-----------------|-----------------|-------------|
| 296. tell you how dangerous this is? | 1 | 2 | 3 | 4 |
| 297. tell you how upset they are? | 1 | 2 | 3 | 4 |
| 298. get you into good activities to meet other kinds of kids? | 1 | 2 | 3 | 4 |
| 299. scold or yell at you? | 1 | 2 | 3 | 4 |
| 300. threaten to hit or spank you? | 1 | 2 | 3 | 4 |
| 301. ground you or put you on restriction? | 1 | 2 | 3 | 4 |
| 302. take away other privileges? | 1 | 2 | 3 | 4 |
| 303. hit or spank you? | 1 | 2 | 3 | 4 |

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

Yes
1

No
2

(IF NO, SKIP TO Q. 306)

Please use response scale #12.

305. How often do you hang out with these kids?

| | | | | | |
|----------------------|--------------------------------|---------------------------|---------------------------|----------------------------|--------------------------|
| 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 |
|----------------------|--------------------------------|---------------------------|---------------------------|----------------------------|--------------------------|

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

Never
1

Hardly Ever
2

Sometimes
3

A Lot
4

(IF NEVER OR HARDLY EVER, SKIP TO Q. 308)

307. What kinds of things do your friends try to get you to do?

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

Yes
1

No
2
**(IF NO,
SKIP TO Q. 311)**

309. What do your parent(s) think? _____

310. What do your friends think? _____

Please use scale #12.

How often do the following 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> | |
|---|-------------------------|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------|---|
| 311. You and your friends talk about how things are going in your life. | | 1 | 2 | 3 | 4 | 5 | 6 |
| 312. You talk to your friends about how things are going with your parents. | | 1 | 2 | 3 | 4 | 5 | 6 |
| 313. You talk with your friends about your plans for the future. | | 1 | 2 | 3 | 4 | 5 | 6 |
| 314. You talk with your friends about problems you are having in school. | | 1 | 2 | 3 | 4 | 5 | 6 |

%%%%%%%%%

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

321. Did you have a job during the 8th grade school year?

Yes
1

No
2

(IF NO, SKIP TO Q. 325)

322. (IF YES:) What kind of job (was/is) it?

_____ (TYPE OF JOB)

323. Overall, how many hours (do/did) you work for pay ?

____ per (CIRCLE:) Hour Day Week Month Year
(# OF HOURS) 1 2 3 4 5

324. About how much money (do/did) you make at this job?

\$ ____ . ____ per (CIRCLE:) Hour Day Week Month Year Job
1 2 3 4 5 6

325. (Do/Will) you have a job during this summer?

Yes
1

No
2

(IF CHILD HAD A JOB IN 8TH GRADE SKIP TO Q. 329, PAGE 40 IF NEVER HAD A JOB SKIP TO Q. 332, PAGE 40)

326. (IF YES:) What kind of job ?

327. Overall, how many hours (do/will) you work for pay away from the house this summer?

____ per (CIRCLE:) Hour Day Week Month Year
(# OF HOURS) 1 2 3 4 5

328. About how much money (do/will) you make at this job?

\$ ____ . ____ per (CIRCLE:) Hour Day Week Month Year Job
1 2 3 4 5 6

Now some questions about school.

335. What is the name of your 8th grade school? **(DO NOT READ CATEGORIES)**

- (13) Burroughs, Eugene
- (05) Carroll, Charles
- (22) Decatur, Stephen
- (01) Eisenhower, Dwight
- (15) Goddard, Robert
- (02) Greenbelt
- (12) Gwynn Park
- (03) Hyattsville
- (21) Jackson, Andrew
- (18) Kenmoor
- (19) Kettering
- (20) Key, Francis S.
- (20) King, Martin Luther, Jr.
- (11) Lord Baltimore
- (10) Madison, James
- (09) Marshall, Thurgood (formerly Taney, Roger)
- (06) Mill, Walker
- (16) Orem, Nicholas
- (23) Oxon Hill
- (08) Shugart, G. Gardner
- (07) Stoddert, Benjamin
- (17) Tasker, Benjamin
- (04) Wirt, William

(__ __) Other: _____
(FOR OFFICE USE ONLY) (NAME OF MIDDLE SCHOOL)

337. In middle school, did you ever take a special class that helps students having difficulty with English, math or some other school subject? Yes 1 No 2
(IF NO, SKIP TO Q. 339)

338. **(IF YES):** Which class(es)? _____

339. In middle school, did you ever take an advanced class, honors program, or program for kids gifted in English, math or some other school subject? Yes 1 No 2
(IF NO, SKIP TO Q. 341)

340. **(IF YES):** Which class(es)? _____

341. What high school are you planning to go to in the Fall?

- (01) Bladensburg
- (02) Bowie
- (03) Central
- (04) Crossland
- (05) Douglass, Frederick
- (06) Duval
- (07) Fairmont Heights
- (08) Forestville
- (09) Friendly
- (10) Gwynn Park
- (11) High Point
- (12) Largo
- (13) Laurel
- (14) Northwestern
- (15) Oxon Hill
- (16) Parkdale
- (17) Potomac
- (18) Roosevelt, Eleanor
- (19) Suitland
- (20) Surrattsville

(__ __) Other: _____
 (FOR OFFICE USE ONLY) (NAME OF HIGH SCHOOL)

(IF OTHER IS NOT CIRCLED, SKIP TO Q. 344)

342. (IF OTHER:) Where is the high school you are going to?

_____ (CITY) _____ (STATE)

343. (IF OTHER:) What kind of school is that? (READ CATEGORIES)

Public Private, Religious Private, Not Religious
 1 2 3

Please look at scale #3.

How much. . .

Not at A Quite A A
All Little Some Bit Lot

344. did **your parents** talk to you about which courses you would take next year? 1 2 3 4 5

345. did **your friends** talk to you about which courses you would take next year? 1 2 3 4 5

346. How long did you talk to your school guidance counselor about your courses for next year?

 (NUMBER OF HOURS) (NUMBER OF MINUTES)

For Office
Use Only

347. Did you talk with anyone else about which courses you would take next year?

Yes No
1 2
**(IF NO,
SKIP TO Q. 349)**

348. **(IF YES:)** Who? _____
(RELATIONSHIP TO CHILD)

349. Has anyone explained to you which courses are college preparatory and which are not?

Yes No
1 2

350. Has anyone explained to you which courses you need to get into a good college?

Yes No
1 2

351. Does your high school have different courses for kids planning to go to college than for kids not planning to go to college?

Yes No
1 2

352. Has anyone ever discouraged you from taking a difficult college preparatory course?

Yes No
1 2
**(IF NO,
SKIP TO Q. 354)**

353. **(IF YES:)** Who? _____

//

Please use response scale #19.

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

- (1) 8th grade or less
- (2) 9th - 11th 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

355. 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) 9th - 11th 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

356. What things might keep you from getting as much education as you want?

Please use response scale #3.

| | Not At <u>All</u> | A <u>Little</u> | <u>Some</u> | Quite <u>A Bit</u> | A <u>Lot</u> |
|--|----------------------|--------------------|-------------|-----------------------|-----------------|
| 357. How much do you think discrimination because of your race might keep you from getting the amount of education you want? | 1 | 2 | 3 | 4 | 5 |
| 358. How much do you think discrimination because of your sex might keep you from getting the amount of education you want? | 1 | 2 | 3 | 4 | 5 |

On your 1st semester report card from 8th grade , how many. . .

359. As did you get?

(# OF As)

360. Bs did you get?

(# OF Bs)

361. Cs did you get?

(# OF Cs)

362. Ds did you get?

(# OF Ds)

363. Fs did you get?

(# OF Fs)

(IF 0 Ds OR Fs, SKIP TO Q. 376, PAGE 46)

When your (PARENT) found out about your (Ds and/or Fs) did (she/he)...

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 364. yell at you? | 1 | 2 |
| 365. help you with your homework? | 1 | 2 |
| 366. make you study more? | 1 | 2 |
| 367. talk to your teachers or other people at your school? | 1 | 2 |
| 368. get a tutor for you? | 1 | 2 |
| 369. hit or spank you? | 1 | 2 |
| 370. threaten to punish you? | 1 | 2 |
| 371. take away privileges, ground you, or put you on restriction? | 1 | 2 |
| 372. get another family member to help you with homework? | 1 | 2 |
| 373. do anything else? | 1 | 2 |

**(IF NO,
SKIP TO Q. 375,
PAGE 46)**

374. What else? _____

375. Did your (PARENT's) actions improve your behavior? (READ CATEGORIES)

Yes, A Lot 1 Yes, a Little 2 It Made No Difference 3 No, It Made You Work Less 4

(IF Q. 375 IS ANSWERED, SKIP TO Q. 387, PAGE 47)

Please use scale #16.

If you started to get Ds or Fs, how likely is it that your (PARENT) would...

| | <u>Not At All</u> | <u>A Little</u> | <u>Somewhat</u> | <u>Very</u> |
|---|-------------------|-----------------|-----------------|-------------|
| 376. yell at you? | 1 | 2 | 3 | 4 |
| 377. help you with your homework? | 1 | 2 | 3 | 4 |
| 378. make you study more? | 1 | 2 | 3 | 4 |
| 379. talk to your teachers or other people at your school? | 1 | 2 | 3 | 4 |
| 380. get a tutor for you? | 1 | 2 | 3 | 4 |
| 381. hit or spank you? | 1 | 2 | 3 | 4 |
| 382. threaten to punish you? | 1 | 2 | 3 | 4 |
| 383. take away privileges, ground you, or put you on restriction? | 1 | 2 | 3 | 4 |
| 384. get another family member to help you with homework? | 1 | 2 | 3 | 4 |

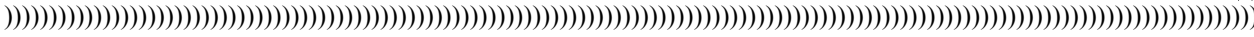
385. Would they do anything else?

Yes
1

No
2

(IF NO,
SKIP TO Q. 387,
PAGE 47)

386. What else? _____



Please use response scale #20 for the next two questions.

387. How good a student do your parent(s) expect you to be in school?

- One of the
Worst
Students
1
- Not as Good as
Most of the
Students
2
- Same as
Most of The
Students
3
- Better Than
Most of the
Students
4
- One of the
Best
Students
5

388. How well do your parent(s) expect you to do in high school?

- One of the
Worst
Students
1
- Not as Good as
Most of the
Students
2
- Same as
Most of The
Students
3
- Better Than
Most of the
Students
4
- One of the
Best
Students
5

389. Would your parent(s) say you can do school work better than, the same as, or not as good as other kids in your school? **(READ CATEGORIES)**

- Better
Than All
1
- Better Than
Most
2
- Same as
Most
3
- Not as Good
as Most
4
- Poorer
Than All
5



390. Were you ever suspended from school during middle school?

- Yes
1
- No
2

(IF NO, SKIP TO Q. 393, PAGE 48)

391. **(IF YES:)** How many times?

(NUMBER OF
TIMES)

392. Why were you suspended?

393. Were you ever suspended from the bus during middle school?

| | | |
|-----|----|-------------------------|
| Yes | No | I Don't Ride the Bus |
| 1 | 2 | 0 |

**(IF NO OR DOESN'T RIDE,
TO Q. 396)**

394. **(IF YES:)** How many times?

(NUMBER OF
TIMES)

395. Why were you suspended from the bus during middle school?

396. Were you ever expelled from school during middle school?

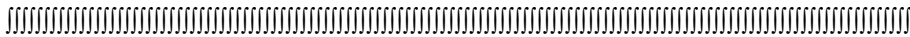
| | |
|-----|----|
| Yes | No |
| 1 | 2 |

**(IF NO, SKIP
TO Q. 399)**

397. **(IF YES:)** How many times?

(NUMBER OF
TIMES)

398. Why were you expelled?



Now I'd like to ask you some questions about help you may get from other people.

Please look at scale #10.

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> |
|--|-------------------------|--------------------------|--------------------------------|-------------------------|--------------------------|
| 399. your teachers to help you out? | 1 | 2 | 3 | 4 | 5 |
| 400. your friends to help you out? | 1 | 2 | 3 | 4 | 5 |
| 401. other students aside from your friends to help you out? | 1 | 2 | 3 | 4 | 5 |
| 402. adults aside from you parent(s) to help you out? | 1 | 2 | 3 | 4 | 5 |

412. What did you usually do after school on Tuesdays in May?
(DO NOT READ CATEGORIES, CIRCLE THE ANSWER(S) THAT ARE CLOSEST TO CHILD'S RESPONSE, THEN ASK THE FOLLOW UP QUESTIONS FOR THE CIRCLED ANSWER(S) ONLY)

(1) went straight home. Use response scale #8

Was there an adult there?
Never Seldom Often Always
1 2 3 4

What time does an adult get there? Who? _____

____ : ____
(TIME)

(02) stayed at school for an after school program.

What program? _____

(03) stayed at school for an activity like sports, band or a school club.

What activity? _____

(04) went to an organized activity outside of school.

What activity? _____

How did you get there? _____

(05) went to a friends house.

Use response scale #8.

Was there an adult there? Never Seldom Often Always
1 2 3 4

How did you get there? _____

(06) other (SPECIFY:) _____

Use response scale #8.

Was there an adult there? Never Seldom Often Always
1 2 3 4

How did you get there? _____

Vertical line with horizontal tick marks for recording data.

413. What did you usually do after school on Wednesdays in May?
(DO NOT READ CATEGORIES, CIRCLE THE ANSWER(S) THAT ARE CLOSEST TO CHILD'S RESPONSE, THEN ASK THE FOLLOW UP QUESTIONS FOR THE CIRCLED ANSWER(S) ONLY)

(1) went straight home. Use response scale #8

Was there an adult there?
Never Seldom Often Always
1 2 3 4

What time does an adult get there? Who? _____

____ : ____
(TIME)

(02) stayed at school for an after school program.

What program? _____

(03) stayed at school for an activity like sports, band or a school club.

What activity? _____

(04) went to an organized activity outside of school.

What activity? _____

How did you get there? _____

(05) went to a friends house.

Use response scale #8.

Was there an adult there? Never Seldom Often Always
1 2 3 4

How did you get there? _____

(06) other (SPECIFY:) _____

Use response scale #8.

Was there an adult there? Never Seldom Often Always
1 2 3 4

How did you get there? _____

Vertical line with horizontal tick marks for data entry.

414. What did you usually do after school on Thursdays in May?
(DO NOT READ CATEGORIES, CIRCLE THE ANSWER(S) THAT ARE CLOSEST TO CHILD'S RESPONSE, THEN ASK THE FOLLOW UP QUESTIONS FOR THE CIRCLED ANSWER(S) ONLY)

(1) went straight home. Use response scale #8

Was there an adult there?
Never Seldom Often Always
1 2 3 4

What time does an adult get there? Who? _____

____ : ____
(TIME)

(02) stayed at school for an after school program.

What program? _____

(03) stayed at school for an activity like sports, band or a school club.

What activity? _____

(04) went to an organized activity outside of school.

What activity? _____

How did you get there? _____

(05) went to a friends house.

Use response scale #8.
Was there an adult there? Never Seldom Often Always
1 2 3 4

How did you get there? _____

(06) other (SPECIFY:) _____

Use response scale #8.
Was there an adult there? Never Seldom Often Always
1 2 3 4

How did you get there? _____

Vertical line with horizontal tick marks for data entry.

415. What did you usually do after school on Fridays in May?
(DO NOT READ CATEGORIES, CIRCLE THE ANSWER(S) THAT ARE CLOSEST TO CHILD'S RESPONSE, THEN ASK THE FOLLOW UP QUESTIONS FOR THE CIRCLED ANSWER(S) ONLY)

(1) went straight home. Use response scale #8

Was there an adult there?
Never Seldom Often Always
1 2 3 4

What time does an adult get there? Who? _____

____ : ____
(TIME)

(02) stayed at school for an after school program.

What program? _____

(03) stayed at school for an activity like sports, band or a school club.

What activity? _____

(04) went to an organized activity outside of school.

What activity? _____

How did you get there? _____

(05) went to a friends house.

Use response scale #8.

Was there an adult there? Never Seldom Often Always
1 2 3 4

How did you get there? _____

(06) other (SPECIFY:) _____

Use response scale #8.

Was there an adult there? Never Seldom Often Always
1 2 3 4

How did you get there? _____

Vertical line with horizontal tick marks for data entry.

416. When your parent(s) aren't home at night do they usually...(READ CATEGORIES)

- Leave you all By Yourself 1
- Leave You By Yourself But With Someone Around If You Need Help 2
- Make Sure Someone Older Stays With You 3

@@

Please use scale #3.

417. How much did your family plan for your summer activities?

- None 1
- A Little 2
- Some 3
- Quite A Bit 4
- A Lot 5

418. Are you going to summer school this summer?

- Yes 1
 - No 2
- (IF NO, SKIP TO Q. 421, PAGE 56)

419. (IF YES:) Why? (DO NOT READ CATEGORIES, CIRCLE ALL THAT APPLY)

- (01) required
- (02) make up work
- (03) get ahead in work
- (04) for fun
- (05) day care, so you have adult supervision during the day
- (06) other: (SPECIFY:)

420. How many hours a day (do/will) you go to summer school?

(NUMBER OF HOURS)

OLDER SIBLING QUESTIONS

DOES (CHILD) HAVE AN (OS)?

YES
1
(IF YES
CONTINUE HERE)

NO
2
(IF NO,
GO TO PAGE 61)

**INTERVIEWER: WRITE IN FIRST NAME OF THE TARGET
OLDER SIBLING HERE:**

(FIRST NAME OF OS)

**INSERT THE NAME YOU WROTE ON THE LINE ABOVE EACH
TIME YOU SEE (OS).**

Now we have some questions about (OS).

Please use scale #12.

How often . . .

| | <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> |
|---|-------------------------|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| 429. does (OS) help you with your schoolwork? | 1 | 2 | 3 | 4 | 5 | 6 |
| 430. does (OS) help you if you have personal problems? | 1 | 2 | 3 | 4 | 5 | 6 |
| 431. do you and (OS) do things together that you enjoy? | 1 | 2 | 3 | 4 | 5 | 6 |

Please use scale #15 for the next question.

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

| | | | |
|-----------------------|---------------------|--------------------|------------------------|
| <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 #14 for the next two questions.

433. How much do you like (OS)?

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

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

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

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

436. What do you dislike most about (OS)?

Please use scale #22 to answer the following questions.
How much do you agree or disagree that (OS)

| | <u>Strongly Disagree</u> | <u>Disagree</u> | <u>Agree</u> | <u>Strongly Agree</u> |
|---|------------------------------|-----------------|--------------|---------------------------|
| 437. is a good student? | 1 | 2 | 3 | 4 |
| 438. usually does what (PARENT) wants? | 1 | 2 | 3 | 4 |
| 439. has friends who do well in school? | 1 | 2 | 3 | 4 |
| 440. is really smart? | 1 | 2 | 3 | 4 |

Please use scale #23 to answer the following questions.
Has (OS) ever

| | <u>Never</u> | <u>Once</u> | <u>Twice</u> | <u>3-4 Times</u> | <u>5 or More Times</u> |
|--|--------------|-------------|--------------|----------------------|----------------------------|
| 441. gotten involved with drugs or alcohol? | 1 | 2 | 3 | 4 | 5 |
| 442. been suspended or expelled from school? | 1 | 2 | 3 | 4 | 5 |
| 443. gotten in trouble with the police? | 1 | 2 | 3 | 4 | 5 |
| 444. gotten involved in gang activity? | 1 | 2 | 3 | 4 | 5 |

Please think about times during the past month when you and (OS) have spent time talking or doing things together. With those times in mind, please tell us how often you acted in the following ways toward him/her.

Use response Scale #24.

During the past month, how often did you. . .

| | <u>Almost Never</u> | <u>Once In A While</u> | <u>Some Of The Time</u> | <u>About Half the Time</u> | <u>Very Often</u> | <u>Almost Every Day</u> |
|--|-------------------------|--------------------------------|---------------------------------|------------------------------------|-----------------------|---------------------------------|
| 445. let (him/her) know you really care about (him/her)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 446. criticize (him/her) or (his/her) ideas? | 1 | 2 | 3 | 4 | 5 | 6 |
| 447. shout or yell at (him/her) because you were mad at (him/her)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 448. help him/her do something that was important to (him/her)? | 1 | 2 | 3 | 4 | 5 | 6 |

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.

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

Yes
1

No
2
**(IF NO,
SKIP TO Q. 451)**

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

451. Anything else you'd like to add?

Yes
1

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

452. **(IF YES:)** What else?

Thank You!!!!