

**The Interim Impact
Evaluation for the
Moving to
Opportunity
Demonstration**

C-OPC-21484

OMB Submission

August 14, 2001

Prepared for

U.S. Department of Housing and
Urban Development
451 Seventh Street, S.W.
Washington, DC 20410

Prepared by

Judith D. Feins
Debra McInnis
Abt Associates Inc.
55 Wheeler St.
Cambridge, MA 02138

Table of Contents

Part A - Justification.....	1
A.1 Circumstances Making Information Collection Necessary.....	1
A.2 Purpose and Use of Information.....	3
A.2.1 Evaluation Overview.....	6
A.2.2 Purpose of the Data Collection.....	15
A.2.3 Who Will Use the Information.....	16
A.2.4 Instruments, Item by Item Justification.....	16
A.3 Use of Improved Information Technology.....	17
A.3.1 Information Technology and Sample Tracking	17
A.3.2 Information Technology and Administrative Data Collection for the Evaluation	18
A.4 Efforts to Identify Duplication	20
A.5 Involvement of Small Entities.....	21
A.6 Consequences of Less Frequent Data Collection.....	21
A.7 Special Circumstances.....	21
A.8 Consultation Outside the Agency.....	22
A.9 Payments to Respondents.....	23
A.10 Arrangements and Assurances of Confidentiality	25
Informed Consent and Permission for Child/Youth Data Collection	25
Data Confidentiality Protections.....	25
A.11 Sensitive Questions	26
A.12 Estimate of Annualized Burden Hours and Costs.....	28
A.13 Estimated Recordkeeping and Reporting Cost Burden on Respondents	31
A.14 Estimate of Cost to the Federal Government	31
A.15 Changes in Burden	32
A.16 Plans for Tabulation, Analysis, and Publication	32
A.16.1 Impact Estimates: The Basic Model.....	32
A.16.2 Impact Estimates: Effects of the Treatment on the Treated.....	33
A.16.3 Impacts on Subgroups	34
A.16.4 Variation in Impacts Over Time.....	34
A.16.5 Adjustments for Varying Random Assignment Ratios.....	35
A.16.6 Analytic Techniques, Tabulations, and Reporting.....	36
A.16.7 Time Schedule for Analysis and Reporting	37
A.17 Expiration Date Display Exemption	37
A.18 Exceptions to Certification.....	37

Part B - Collection of Information Employing Statistical Methods.....	39
B.1 Respondent Universe and Sampling Methods	39
Universe of Core Households and Interim Evaluation Sample	39
Universe of Core Household Members.....	39
Sampling of Children and Youth	39
B.2 Information Collection Procedures	40
Sample Design	40
Estimation Procedures.....	41
Degree of Accuracy Required.....	41
Procedures with Special Populations	43
B.3 Methods to Maximize Response Rates	43
Preliminary Tracking and Locating	43
Use of Incentive Payments.....	44
Sample Control During the Data Collection Period.....	44
B.4 Test of Procedures.....	45
B.5 Individuals Consulted on Statistical Aspects of the Design.....	46
References	47

Appendix A:	Interim Survey of Households
Appendix B:	Interim Survey of Youth
Appendix C:	Interim Survey of Children
Appendix D:	Woodcock-Johnson Revised (Child and Youth Educational Achievement Assessment)
Appendix E:	Item-by-Item Justification for the Interim Survey of Households
Appendix F:	Item-by-Item Justification for the Interim Survey of Youth
Appendix G:	Item-by-Item Justification for the Interim Survey of Children
Appendix H:	<i>Federal Register</i> Notice
Appendix I:	MTO Enrollment Agreement
Appendix J:	Consent Forms for the Interim Evaluation

Part A: Justification

A.1 Circumstances Making Information Collection Necessary

This request is for the clearance of several survey instruments for the Interim Evaluation of the Moving to Opportunity for Fair Housing (MTO) demonstration program. MTO is a unique experimental research demonstration. Originally authorized by Congress in the Housing and Community Development Act of 1992, MTO makes use of Section 8 rental assistance, in combination with intensive housing search and counseling services, to learn whether moving from a high-poverty neighborhood to a low-poverty community significantly improves the social and economic prospects of poor families. This carefully designed random assignment research effort was sponsored by the U.S. Department of Housing and Urban Development (HUD) in five cities: Baltimore, Boston, Chicago, Los Angeles, and New York. The operational phase of MTO ended in February 1999.

The MTO demonstration had two sets of research goals. First, in the short term, the demonstration compared the costs and services of the MTO program with the routine implementation of the Section 8 tenant-based rental assistance program. HUD reported to Congress in 1996 on the progress and effectiveness of the demonstration. Second, in the long term, the demonstration will assess the impact of the demonstration on participating families' housing, employment and earnings, receipt of cash assistance and income, adult health and education, and the development, education, delinquency, and risk behavior of children in these families, as well as a number of factors that may mediate impacts in these areas.

In order to ensure that the long-term research questions can be answered, the MTO demonstration contains an experimental research design involving the three-way random assignment of participant families to:

- the **MTO EXPERIMENTAL GROUP**, which receives Section 8 certificates or vouchers usable only in low-poverty areas (areas with less than 10 percent of the population below the poverty line in 1989), along with counseling and assistance in finding a private unit to lease;
- the **SECTION 8 COMPARISON GROUP**, which receives regular Section 8 certificates or vouchers (geographically unrestricted) and ordinary briefings and assistance from the PHA; and
- the in-place control group, which receives no certificates or vouchers but continues to receive project-based assistance.

Over a ten-year period, the participants assigned to these three groups will be tracked and periodically surveyed to determine the long-term effects of the demonstration. The experience of families receiving the special MTO assistance can be compared with that of families who receive the "regular" Section 8 treatment. The in-place control group is essential in order to estimate correctly the separate impacts of Section 8 rental assistance by itself and MTO assistance with counseling, providing a benchmark against which the outcomes of the two other groups can be measured.

The MTO interim evaluation (the subject of this request) will examine many facets of family life that may have been affected by MTO participation from 4 to 7 years after program entry. The interim evaluation involves the first attempt since baseline to interview sample members in depth, using common instruments across all sites. HUD expects to conduct the final evaluation data collection in 2005 or 2006, which will represent 8 to 11 years after program entry.

A total of 4,608 families enrolled in the MTO demonstration and were randomly assigned, between September 1994 and August 1998. Baseline data were collected from participants under a clearance granted by OMB in 1994.¹ In order to maintain address information for the MTO families and to track interim changes in family status, employment status, and receipt of program services, contact was made periodically with the MTO families through brief canvasses. These were carried out in 1997 and 2000, under clearances previously granted by OMB.²

This request covers the following instruments, which are necessary in order for HUD to determine the mid-term effects of the MTO demonstration:

- A household survey, designed to gather data on interim impacts and mediating factors concerning the respondent and up to two of the respondent's children;
- A youth survey, designed to gather information on interim impacts and mediating factors for sampled youth ages 12 to 19; and
- A child survey, designed to gather information on interim impacts and mediating factors for sampled children ages 8 to 11.

¹ Clearance No. 2528-0161, initially expiring June 1997, finally expiring November 30, 2000.

² Clearance of the MTO canvass data collection was originally granted by OMB under clearance number 2528-0189, expiration date January 1999, extended to April 1999 (see Notice of Short Term Extension from Donald R. Arbuckle, OMB, dated 1/19/1999). This clearance was subsequently extended through June 30, 2002 (see Notice of Office of Management and Budget Action from Donald R. Arbuckle, OMB, dated June 24, 1999).

The interim evaluation will also collect educational achievement data and fluid reasoning development through administration of selected portions of the Woodcock-Johnson Psycho-Educational Battery-Revised. Sampled children ages 5 through 19 in MTO families will be tested for achievement in the areas of reading and math. Selected children age 5 to 11 will be tested on fluid reasoning skills. Further details regarding collection of achievement data are provided in section A.2.1 below.

A.2 Purpose and Use of Information

HUD selected Abt Associates to perform the interim impact evaluation, as well as to track and locate families in the demonstration to support HUD's short- and long-term evaluation needs. The data collected with the interim evaluation survey instruments will be used by Abt Associates and its team of researchers to measure and assess MTO's impacts in six primary domains:

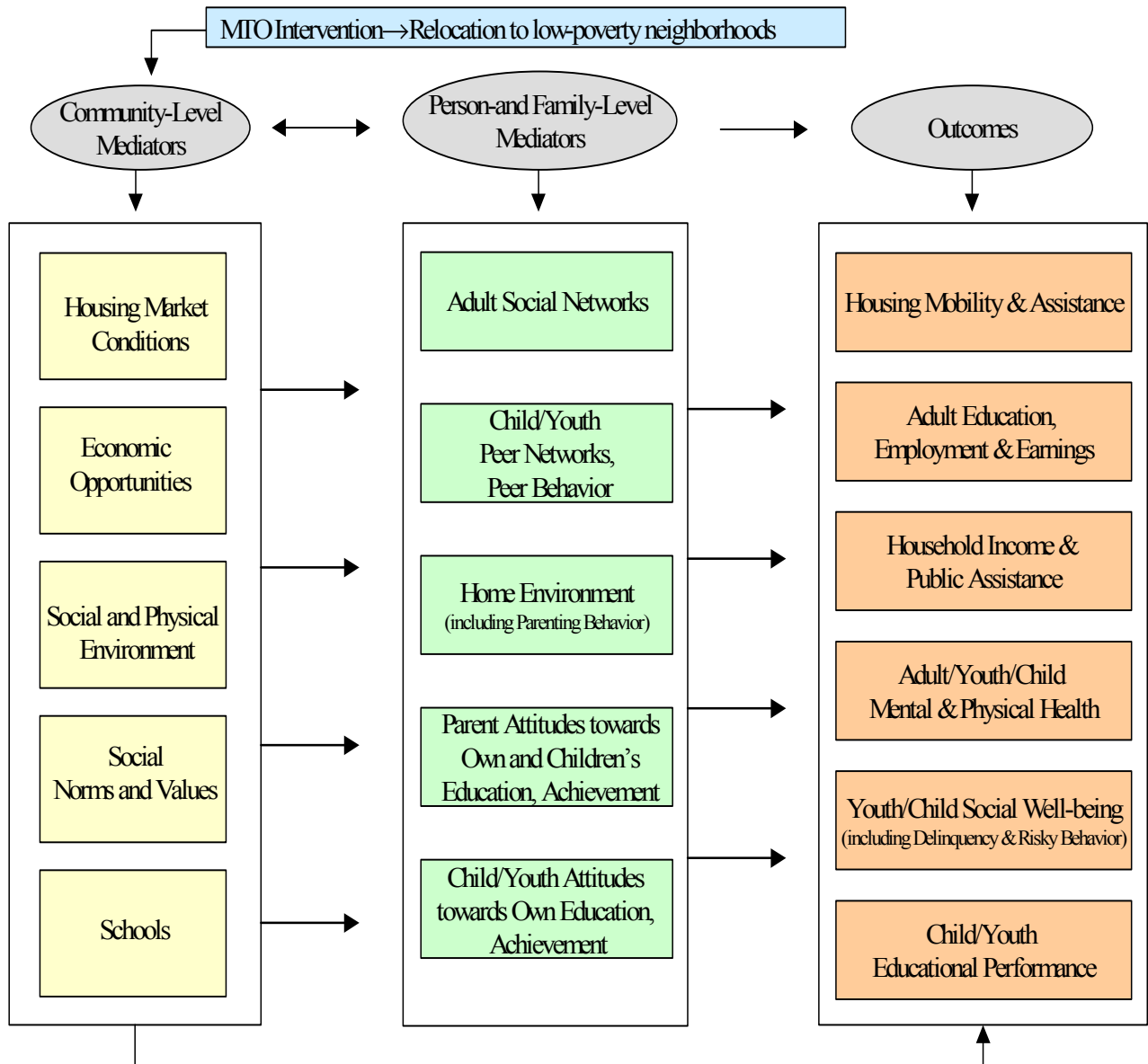
- housing mobility and assistance;
- adult education, employment and earnings;
- household income and cash assistance;
- adult, youth, and child physical and mental health;
- youth and child social well-being, including delinquency and risky behavior; and
- youth and child educational performance.

The hypothesis underlying the MTO evaluation is that relocation of families to low-poverty neighborhoods will lead to improved well-being for adults and children in these six domains. Exhibit 1 lays out in a broad way the hypothesized pathways by which relocation to low-poverty neighborhoods leads to improved outcomes for families. The model shows that the hypothesized influence of neighborhood or community on the lives of families is mediated by a series of factors that bear a logical relationship to each other. That is, the most immediate effects of relocation involve changes to community-level factors, which are necessary precursors to changes in family- and person-level factors, which subsequently affect the outcomes of interest. Although the specific mediating factors to be examined will vary across the outcome domains, the exhibit shows the critical components of the model that are relevant to one or more of the outcome domains.

As listed in the exhibit, the major categories of community-level mediators are housing market conditions, economic opportunities, the social and physical environment, community norms and values, and quality of the school system. *Economic opportunities* in the local community will influence family members' employment and earnings directly and a number of other outcomes indirectly. For example, if family members obtain jobs with better health insurance coverage, they may have better access to medical care and, as a result, improved health. Better economic opportunities may also provide constructive alternatives to crime and delinquency. We will attempt to obtain direct measures of wage rates, unemployment

rates, and job growth at the local level. We will also ask sample members in the household survey about their proximity to employment.

Exhibit 1: Hypothesized Pathways of MTO Impacts



Individuals who move to a new community are likely to be affected by the ***norms and values*** of that community through peer pressure and community expectations. We would expect these effects to be stronger the more the individual interacts with members of the new community. We would also expect such effects to be stronger if the norms and values of the new community are substantially different from those of the individual's old community. It will be important, then, to examine families' social networks, to determine the extent to which they interact with their new community, and to obtain at least proxy measures of the extent to which the norms and values of the community in which the family now lives differ from those of their original neighborhood.

The ***social and physical environment*** in the community may affect a number of outcomes. For example, a potentially important mediating factor may be the incidence of crime and violence in the community. This will affect not only the families' sense of security and well-being, but also the likelihood that they themselves will become involved in illegal activities. The social resources of the community, including school quality, recreational facilities, public and private social services, and health care facilities, will facilitate or limit certain behaviors and outcomes. The physical environment, including safety hazards, air quality, and presence of allergens, may have important effects on family health.

Finally, the ***quality of the school system*** in a community is an important factor in the pathway from community to educational outcomes for children and youth. Schools in lower-poverty neighborhoods are likely to be higher quality, as measured by school achievement scores, teacher qualifications, teacher and student expectations concerning achievement, class size, and difficulty of course offerings. We will measure these indicators of school quality from extant data available from school districts, via web sites and published reports on the schools and faculty in that district.

In turn, these community characteristics (or mediators) are hypothesized to lead to changes in parent attitudes and behaviors, such as stronger belief in the value of education, stronger belief in the chances their own children will have high achievement, parenting practices that are more supportive of educational achievement; and to changes in youth attitudes and behaviors, such as more positive feelings about school and education, more positive peer interactions, etc. These important mediating attitudes and behaviors will be measured through the household and youth surveys.

Ultimately, these changes in family- and person-level mediators lead to the outcomes specified in the model: improvement in the family economic situation, improved health for adults, youth and children in the family, improved social well-being for youth and children, and improved educational achievement for youth and children.

It is important for the evaluation to collect information on these mediating factors as well as on outcomes, in order to be able to trace back effects through the various pathways from relocation to outcomes. We wish to structure the impact analysis to shed light not only on the ultimate impacts of moving out of public housing but also on the *causal mechanisms* through which those effects occur. Therefore, in each domain we not only specify the outcomes of interest but also describe alternative pathways through which impacts on those outcomes might occur and the mediating factors along those pathways. Estimation of impacts on those mediating factors, as well as on final outcomes, can help to distinguish the causal mechanisms responsible for the estimated impacts.

A.2.1 Evaluation Overview

The MTO Demonstration

The Moving to Opportunity (MTO) demonstration was originally authorized in Section 152 of the Housing and Community Development Act of 1992. The demonstration combines Section 8 rental assistance with intensive housing search and counseling services that are intended to ease families' relocation to low-poverty communities and help them become self-sufficient. The legislation set the basic parameters of the demonstration as follows:

- **Family eligibility:** To be eligible, a family had to have a very low income, have children, and reside in public housing or project-based Section 8-assisted housing located in areas with high concentrations of poverty.
- **Site eligibility:** The demonstration was restricted to no more than six *very large cities* with populations of at least 400,000 in metropolitan areas of at least 1.5 million people. Of the 21 cities eligible to participate in MTO, five cities were selected by a competitive process for the demonstration. They are **Baltimore, Boston, Chicago, Los Angeles, and New York;**
- **Demonstration operations:** Local programs were created via grant agreements between the Secretary of HUD and *nonprofit organizations (NPOs)* to provide counseling and services in connection with the demonstration, and *public housing agencies (PHAs)* to administer the rental assistance. The NPOs were funded to help pay for the costs associated with counseling participating families, assisting them in finding appropriate units, and working with landlords to encourage their participation in the MTO program. Local programs had to match federal counseling funds with funds from state or local public or private sources. PHAs received administrative funds for the increased number of Section 8 certificates or vouchers made available through the MTO program.

Prior non-experimental studies of other mobility programs have been unable to determine conclusively whether observed outcomes were attributable to the impact of the program or

simply reflected the characteristics of the families who chose to enter the program. The MTO demonstration is an experimental research demonstration, carefully designed to answer two crucial sets of questions about the impact of neighborhood on social and economic opportunity for very low-income families:

- What are the impacts of MTO on families' locational choices, and on the housing and neighborhood conditions of families moving to low-poverty neighborhoods?
- What are the impacts of moves to low-poverty neighborhoods on the social and economic well-being of MTO families?

The mechanism that HUD has chosen to address these questions is an experimental research design involving the three-way random assignment of participants to:

- The ***MTO experimental group***, which receives certificates or vouchers usable only in low-poverty areas, along with counseling and assistance in finding a private unit to lease;
- The ***Section 8 comparison group***, which receives regular Section 8 certificates or vouchers (geographically unrestricted) and ordinary briefings and assistance from the PHA; or
- The ***in-place control group***, which receives no certificates or vouchers and continue to receive project-based assistance.

The interim evaluation is designed to answer these questions at the mid-point in the ten-year evaluation period. The experience of families receiving MTO assistance and that of families receiving "regular" Section 8 treatment will be compared with the experience of the in-place control group, which will provide a benchmark against which the outcomes of the two other groups can be measured.

The Interim Impact Evaluation

Background. Poverty in the United States has become increasingly concentrated in high-poverty areas.³ A growing literature suggests that such concentration has a variety of detrimental effects on the residents of these areas, in terms of both their current well-being and their future opportunities.⁴ The deleterious effects of high-poverty areas are thought to

³ See Jargowsky (1997).

⁴ See, for example, Wilson (1987, 1996); Jencks and Mayer (1990); and Brooks-Gunn, Duncan, Klebanov, and Saland (1993).

be especially severe for children, whose behavior and prospects are particularly susceptible to a number of neighborhood characteristics, such as peer group influences, school quality, and the availability of supervised after-school activities.

There is a large literature on the harmful effects of living in concentrated-poverty neighborhoods; less has been written about whether and how other neighborhood environments exert positive influences on behavior and life changes. Ellen and Turner (1997) summarize the literature in this area, citing various theories about the mechanisms by which middle-class (often predominantly white) neighborhoods shape or re-shape the lives of their residents.

Until recently, such effects could only be studied by comparing the behavior and life outcomes of low-income residents of high-poverty areas with those of poor families in low-poverty neighborhoods. Such comparisons potentially confused the effects of neighborhood with the effects of the characteristics of families who lived in those two types of residential areas. The Moving to Opportunity (MTO) demonstration was designed to support direct analysis of neighborhood impacts by employing an experimental design (random assignment) to provide the first opportunity to measure the effects of neighborhood without these confounding factors.

HUD is interested in using this interim evaluation to establish a framework for the final evaluation of MTO's impacts, by defining a set of measures for each impact area that are appropriate for investigating impacts at the interim point (4 to 7 years after random assignment) and are also appropriate to the final evaluation after 8 to 11 years. The interim evaluation is also designed to contribute to our knowledge about the mechanisms by which the neighborhood environment affects the futures of resident adults and children.

In response to this broad research mandate, the Abt Associates team has designed a comprehensive approach to the interim evaluation. The impacts of both the MTO experimental treatment and regular Section 8 assistance will be estimated for a wide range of outcomes in the domains specified above. Data for this analysis will come from a combination of sources, including interviews with heads of household and with children and youth ages 8-19, achievement tests administered to children and youth ages 5-19 by Abt Associates, and extraction of data from administrative records of earnings, welfare benefits, housing assistance, and involvement with the criminal justice system.

The sample for the interim impact analysis consists of the 4,252 families randomly assigned before December 31, 1997. These families contain 8,938 children and youth ages 5-19. The sample does not cover the entire MTO program population. An additional 356 families

randomly assigned in calendar year 1998 are excluded from the interim evaluation because they have less than four years' experience in the program.⁵

Policy Context. The questions addressed in this interim evaluation are unusually deep and far-reaching. The basic experimental contrast between project-based assistance and tenant-based vouchers addresses a fundamental policy choice that first arose in the 1970s and has not been fully resolved in the intervening decades. Over that period, there has been increasing concern that the high concentration of poverty associated with public housing projects may adversely affect resident families. Partly for that reason, a large part of the expansion of housing assistance since 1980 has taken the form of certificates and vouchers that provide subsidies to obtain housing in the private market.⁶ Absent compelling evidence of adverse effects, however, we have continued to maintain the existing stock of project units. This evaluation will cast new light on the desirability of replacing some of these units with rental assistance in the private market.

Within this broad policy issue, there is a question as to whether it is sufficient to move families out of projects into the surrounding community or whether it is necessary to change their environment substantially. Left to their own devices, public housing tenants who receive vouchers will tend to move to areas that still have relatively high rates of poverty. It is not clear whether such moves are sufficient to overcome any deleterious effects associated with project-based assistance. The experimental contrast between the effects of regular Section 8 vouchers, which place no restriction on where the recipient moves, and those of the MTO experimental vouchers, which require that the recipient move to a low-poverty area, speaks to this issue.

The experiment is not, however, simply a test of two specific assistance programs. More fundamentally, it seeks to measure the effects of neighborhood on the lives of low-income families with children and, by extension, the potential benefits of policies designed to disperse those families into low-poverty areas. What we learn about the effects of neighborhood on the lives of low-income families may also speak to the desirability of policies that seek to change the neighborhoods in which these families currently live. If the truly comprehensive changes induced by MTO have little or no effect on outcomes, then the more modest changes that can be made in their existing neighborhoods seem unlikely to have the potential for meaningful effects. Alternatively, large estimates of neighborhood effects may indicate that important changes in individual outcomes can be brought about by community influences. Specific mechanisms may also be identified that will help target issues that can be directly addressed in today's high-poverty communities, such as the

⁵ Random assignment began in September 1994 and ended in July 1998. The interim evaluation sample of 4,252 families represents 92.3 percent of the full program population.

⁶ Between 1980 and 1997, over 40 percent of the net growth in the number of assisted families resulted from increases in household-based assistance in existing housing (U.S. House of Representatives (1998), Section 15, Table 15-26).

physical safety of areas in which children play or the availability of after-school or summer programs to encourage constructive activities over risky behaviors.

Participant Data Collection for the Interim Impact Evaluation. Clearance is being requested for three instruments:

- A household survey;
- A youth survey (for youth ages 12 to 19 in MTO families); and
- A child survey (for children ages 8 to 11 in MTO families).

Clearance is also being requested to use the Woodcock-Johnson Revised Assessment for educational achievement testing. The survey instruments are presented in Appendix A (Interim Survey of Households), Appendix B (Interim Survey of Youth), and Appendix C (Interim Survey of Children).

The Interim Survey of Households. The interim survey of households consists of a 65-minute interview with one adult per core MTO household⁷. This adult will be the head of the MTO core family, as defined by the applicant during the Section 8 eligibility determination process. The respondent will be asked questions about his/her mobility, housing and neighborhood conditions, employment status and history, educational attainment, exposure to violence, health, and household composition (similar to the annual MTO canvass). In addition, where the respondent is the primary caretaker of children in the household, she/he will be asked a series of questions about the health, education, and social behavior of up to two children between 5 and 19 years old. In cases where there are more than two children in this age range, we will randomly select two children to be the subject of these questions and to be respondents in the youth survey and child survey.

In developing the interim survey of households, we have drawn heavily on existing studies and instruments. The purpose of doing so is threefold: to have measures consistent with other studies; to use measures that have proven significant in other research; and to have national data with which to compare the MTO results.

Exhibit 2 summarizes the data collection components for *children and youth* that will be carried out for the MTO interim evaluation. At the most, the testing and interviewing combined will take an hour for those between 8 and 11. For the younger children, the testing will take only about 30 minutes, although the tester may play with and supervise the child after that.

⁷ In addition to the head of the MTO core family, adult caregivers for the approximately 500 children and youth who no longer reside in the core family household and are sampled to be part of the evaluation will also be asked to respond to the interim survey of households.

Exhibit 2
Child Data Collection Components

Child Age Group	Educational Testing	Interview
Ages 5-7	30 minutes	None
Ages 8-11	45 minutes	15 minutes
Ages 12-19 (youth)	45 minutes	30 minutes

The Interim Survey of Youth. The interim survey of youth will be administered to sample children between the ages of 12 and 19. The youth survey will be 30 minutes in length. It will cover attitudes toward school, ties to the neighborhood, involvement in after-school and community activities, health, and risky behavior. As with the interim survey of households, we have taken great care to select questions from existing surveys whenever possible, ensuring that the questions we ask are questions that have been successfully administered to similar populations and for which national distributions are available.

The Interim Survey of Children. The interim survey of children will be administered to children ages 8-11 who are randomly sampled from MTO families. The child survey will be 15 minutes in length and will focus on school, health, friends, the neighborhood, and family support.

Educational Achievement Testing for Children and Youth. Sampled children ages 5 to 19 will be asked to complete an educational achievement test, as summarized in Appendix D. The test will be 30 minutes in length for those under 8 and 45 minutes in length for those 8 to 19. Our primary measures of educational achievement will be derived from these reading and math tests administered directly to young members from MTO families. We will not conduct any aptitude testing.

After careful analysis of available tests, we believe that the Woodcock-Johnson-Revised (WJ-R) battery best suits the needs of this study. For all children age 5 to 19, we will administer the two tests in the WJ-R Broad Reading cluster (Letter-Word Identification and Passage Comprehension) and the two tests in the Broad Mathematics cluster (Calculation and Applied Problems). In addition, for one child age 5 to 11 we will administer the WJ-R test on Concept Formation.

The WJ-R test battery was selected for the MTO interim evaluation for a number of reasons, as follows:

- First, it is designed to be a test of achievement, as opposed to innate ability. Thus, it measures the construct, educational achievement, that may be affected by a move through MTO.

- Second, the WJ-R has strong psychometric properties. The Woodcock-Johnson Broad Reading and Broad Math clusters both have high average reliabilities for the age range of the study: above .90 for each of the two clusters and above .78 for each of the four tests individually, from calculations based on the split-half procedure comparing responses to odd and even items. Among a tenth grade sample, the correlations with other achievement tests were moderately high and were similar to correlations between other tests of this type (McGrew, Werder, and Woodcock, 1991). Although evidence on the predictive validity of the WJ-R is currently scant, within two years we expect these other longitudinal studies to be useful in assessing how well these tests predict later outcomes.
- Third, the WJ-R was designed to span a wide range of ages, easily encompassing the sampled MTO children ages 5 to 19.
- Fourth, the test will be administered individually. As a result, the WJ-R is suitable for use both in the home and in other settings, a flexibility this study will need. Because we will be administering the test both in the teen center and in people's homes (for children under 12 and for youth who do not come to the teen centers), we need a test that can be used effectively in both types of settings. Also, although time-consuming, individual administration means it can be used reliably and validly with younger children. For tests that are more commonly administered in a group classroom setting, it would be hard to reproduce the appropriate testing environment in someone's home.
- Fifth, the WJ-R is an adaptive test (meaning that the questions each respondent is asked depend on how many questions he/she has gotten right earlier in the test), so it finds a subject's achievement level relatively efficiently and reduces testing time for many students. Many other tests are good at determining whether or not a student is at a given grade level, but they are not good at distinguishing how far below or above grade level a student may be; the WJ-R has good discriminating power across a wide range of ability levels. We hypothesize that many MTO children may be below grade level, and we want to have a test that can pin down their levels with some precision.
- Sixth, the WJ-R is currently being used in related studies. The sub-tests of Woodcock-Johnson that we intend to use were administered in 1997 in the PSID child supplement (ages 6-12) and will be administered again to these children (in 2002 and later) as they grow older, providing a nationally representative sample against which we can benchmark the MTO results. In addition, these sub-tests are being administered (in 1999-2002) to 1,200 youth ages 10 to 14 in "Welfare, Children, and Families: A Three-City Study," providing another comparable population for which panel data are being collected. HUD's Contractor, Abt

Associates, is currently administering the WJ-R for the Third National Evaluation of the Even Start Family Literacy Program.

The WJ-R test on Concept Formation is being administered to 5 to 11 years olds to capture whether or not the intervention impacts children capabilities or aptitudes to draw inferences and organize information. These aptitudes are both developmental and educational, i.e., they are the result of maturational changes that take place without specific environmental inputs but also can be affected by the kinds of instructional experiences that children have. Our hypothesis is that MTO children who move to higher-income communities will attend higher quality schools, and these schools, because of the types of students enrolled, may be able to focus less on discipline and on students' acquisition of basic skills and more on teaching children the beginnings of fluid reasoning. In particular, students may be learning about how to form higher-order constructs and "sets," which involve the ability to go from specific examples to more general, abstract concepts. The ability to make sense of a novel situation is a fundamental building block of learning, and one that is increasingly emphasized by employers in the modern economy. Therefore, a test of fluid reasoning could provide a window into whether children are developing the tools to be able to teach themselves.

Direct Measurement of Blood Pressure, Height, Weight

In conjunction with the survey data collection, we will take direct measurements of blood pressure for adult respondents and of height and weight for child respondents. These measurements will be taken in the home, using appropriate and up-to-date equipment, by interviewers well-trained in these procedures. The time required to take these measurements has been included in the survey burden estimates. There will be no direct measurement for youth respondents, many of whom will be surveyed and tested in teen centers.

Measurement of **adult blood pressure** is triggered by an interviewer prompt in the household survey and is accompanied by questions related to this important health indicator. Elevated blood pressure (hypertension) is also well known to be associated with increased risk of cardiovascular disease, and is a particularly acute issue for African-Americans. There are many mechanisms through which MTO may affect blood pressure. While blood pressure has a substantial genetic component, it is also a function of stress, weight, and activity patterns such as exercise and diet—all of which could be affected by living in a new neighborhood with different social norms. Interviewers will use automated sphygmomanometers approved by the American Association for the Advancement of Medical Instrumentation Standard, accepted by the FDA as the national standard.

Measurement of **child height and weight** is triggered by an interviewer prompt in the child survey. Obesity is a basic health outcome with higher incidence in low-income populations in the U.S. Obesity in young children has been found to be predictive of later health problems. Moves to lower-poverty neighborhoods may reduce obesity through several

mechanisms: lower incidence of depression and stress; behavioral changes (like exercise); different social norms and eating habits.

Specialists in obesity and practicing pediatricians argue strongly that parental and self-reports of height and weight for children who are younger than 12 are ultimately unreliable. Since survey questions on height and weight will not provide evidence that will be considered credible by health researchers, we will train the interviewers to weigh and measure children ages 5-11. Interviewers will bring portable equipment into the home to carry out these measurements.

Participant Data Collection Procedures. HUD's Contractor has designed data collection procedures to coordinate the various parts of this effort. The *interim survey of households* will be administered in person by trained interviewers, using the Bellview Computer-Assisted Personal Interviewing (CAPI) system on a laptop computer. The survey will be administered in the respondent's home, with the session scheduled at the respondent's convenience. As described in Section A.11 below, this technology will permit the interviewer to turn the screen toward the respondent and let him/her self-administer sensitive questions. For core household heads with children ages 5-11, the household interview will be coordinated with the child testing and interview.

The *interim survey of children* will be conducted in conjunction with the administration of achievement tests for this same population. Children will be interviewed and tested in their homes, in conjunction with the household survey. Interviewing and testing in households with sampled children will be conducted by sending a team of two field staff, a trained interviewer and a trained tester, to the home together. The purpose of coordinating the child and adult data collection is three-fold: to reduce the degree of intrusion and time burden; to ensure that the parent is home at the time of the child data collection (for reassurance); and to occupy parent and child separately so that their interview and testing sessions can be separately completed (so that the parent does not influence the child's answers or performance).

The data collection for youth ages 12-19 will be carried out separately, both in timing and location, from the household and child data collection. The *interim survey of youth* will be conducted in conjunction with the administration of achievement tests for this same population. However, to the extent possible, the tests and interviews will be conducted at "teen centers," in order to increase privacy and participation and minimize costs. We will conduct in-home interviews and tests with those youth who do not come to the teen centers.

The evaluation team will establish teen centers in various locations in the five metropolitan areas where most MTO families reside. HUD's Contractor will seek locations of interest to teens, such as meeting rooms in local shopping malls, to help draw them to attend the sessions. Field staff will operate the teen centers on several consecutive weekends, at

different points over the data collection period. Sessions at these centers are likely to run on Saturdays or Sundays, beginning hourly from 10 AM until 4 PM, yielding six sessions per day. A total of 15 youth might be invited to each session, with a total of 80 sessions to be run across all five sites.

Teen centers will be located in different parts of the five metropolitan areas, to accommodate both suburban and urban residents with minimum travel time and expense. In addition, we will separate teen sessions by random assignment group, to ensure that we do not create interaction among youths from different experimental groups.

Sample youth ages 12-19 will be invited to schedule an appointment to attend one of several testing sessions in their area for their group. At the center, they will complete the 30-minute youth survey and 45-minute achievement test.. We expect that 60 percent of the youth in the sample will attend these sessions. For the remaining 25 percent (up to the target 85 percent response rate), we will interview them within one week from their invited session in their home.

Youth who do not appear for their appointments or who cannot be scheduled for a teen center time (including those living outside the five metropolitan areas) will be followed up for in-person interviewing and achievement testing. The in-person procedure is likely to take place in the youth's home, although it is possible that other locations can be used (if they prefer). A trained tester cross-trained as an interviewer will administer the WJ-R test and then set up a laptop computer for the youth to complete the survey. As in the teen center setting, the interviewer will give the youth privacy to complete the survey but will answer questions and provide assistance if needed.

A.2.2 Purpose of the Data Collection

As discussed above, prior studies of mobility programs have been unable to demonstrate whether observed outcomes were the result of program impacts or of the characteristics of the families who chose to enroll in the program. This study has been carefully designed to allow comparison of well-matched groups of families in three different locations: public housing in high-poverty areas; private housing in moderate-to-high poverty areas; and private housing in low-poverty areas. The purpose of the interim evaluation data collection is to support the mid-term research on MTO families, making an initial determination of the impacts of moving out of public housing in high-poverty areas. The proposed data collection activities will provide reliable measures of a broad range of outcomes; impacts on these outcomes will be estimated for both the MTO experimental group, who moved to low-poverty areas, and the Section 8 comparison group, who were free to move to any area (but who primarily moved to moderate-to-high poverty areas). In both cases, the impact of moving will be measured relative to the outcomes of the in-place control group, who remained in public housing.

A.2.3 Who Will Use the Information

The primary beneficiary of the interim evaluation data collection will be HUD, which will use the information to assess mid-term effects of MTO for families who have been in the demonstration between four and seven years. These data will begin to answer HUD's questions about impacts in the domains of housing, employment and earnings, cash assistance, educational achievement, health, and delinquency and risky behavior, for the families assisted under the demonstration program. Evaluation contractor Abt Associates will produce a Final Report of the interim evaluation in November 2002.

Secondary beneficiaries of this data collection will be those in the social science research community who have expressed interest in the MTO demonstration and in working with the MTO data. HUD is considering creation of a restricted access analysis file from these data, with appropriate privacy protections, once the interim evaluation analysis has been completed by Abt Associates.

Ultimately, these data will benefit researchers and policy analysts in a wide range of areas. The effects of location on the well-being of low-income families is likely to manifest itself in numerous ways, and may be relevant to a broad array of public programs. This project offers the first opportunity to obtain reliable measures of these effects. The long-term indirect benefits of this research are therefore likely to be substantial.

A.2.4 Instruments, Item by Item Justification

In this section, we present our justification of these instruments and their contents.

Three survey instruments have been developed for the interim evaluation, because of the interest in measuring impacts on adults, youth, and younger children. The household (adult) instrument has several sections concerning the respondent (head) and the full household. In addition, it contains a Parent-on-Child module (to be administered if the parent has a sampled child ages 5-11) and a Parent-on-Youth module (to be administered to parents of youth ages 12-19). These appear as one module with skip patterns according to age. Finally, the household instrument contains a member roster (adapted from the MTO canvass instrument) and an update on secondary contact information.

The youth instrument contains sections on education, employment and earnings (for those ages 14 and over), delinquency and risky behavior, health, neighborhood, and family. The child instrument (for respondents ages 8 to 11) covers a smaller set of study domains. The youth and child instruments have been designed to focus on the topics best reported by the children and youth themselves. The contents of the Parent-on-Child/Youth module have been coordinated with the youth and child instruments so that they focus on topics better reported by the parent or on topics where a uniform report is needed across all ages of sampled children.

Because of their length, the item-by-item justifications for these instruments have been provided in appendixes rather than within this section's text. Appendix E provides item-by-item justifications of the questions in the Interim Survey of Households. It shows not only the content and reason for inclusion but also the source of the survey question. Justifications for the Parent-on-Youth and Parent-on-Child modules (separated to match the skip patterns) follow those for the main body of the household survey instrument. Appendix F provides the same item-by-item information for the Interim Survey of Youth. Finally, Appendix G provides item-by-item justifications for the questions in the Interim Survey of Children.

A.3 Use of Improved Information Technology

Improved information technology will be used in this evaluation in three distinct ways:

- to assist the ongoing sample tracking and locating efforts;
- to measure certain outcomes through data abstracted from administrative records; and
- to facilitate collection of the survey data in standardized and accurate ways that also accommodate the confidential collection of sensitive data.

The administrative data collection will significantly reduce the burden on respondents to the household and youth surveys, as will the linkage of interim evaluation data with data collected at baseline for MTO families.

A.3.1 Information Technology and Sample Tracking

The long-term tracking of the MTO population (being conducted by Abt Associates) uses several electronic databases as part of the passive locating effort, in order to minimize respondent burden. The searches of electronic data files include:

- Periodic comparisons of administrative databases; and
- Quarterly searches of electronic data maintained by outside vendors.

These methods do not involve direct contact with the MTO families; they are unintrusive and effective ways to maintain current information on the MTO families. Each strategy is described briefly below.

Routine Checks of Administrative Databases. Abt Associates has collected periodic extracts of tenant characteristics and certification data (HUD Form 50058 data) for MTO families, from some of the public housing agencies (PHAs) participating in the MTO

demonstration for the duration of the tracking period and more recently from the Multifamily Tenant Characteristics System (MTCS) at HUD.

Searches of Other Electronic Databases. Passive tracking for the MTO sample also involves use of electronic databases. Abt Associates routinely checks the National Change of Address Database (which catalogs U.S. Postal Service change-of-address notices). Abt also checks national consumer credit databases which list address information provided by creditors based on credit applications and ongoing account maintenance⁸. In addition, automated decedent data are searched annually.

A.3.2 Information Technology and Administrative Data Collection for the Evaluation

The second way in which improved information technology will benefit the MTO interim evaluation is through collection of administrative data on certain outcomes. By accessing administrative information at the state and national level, the evaluation contractor has been able to reduce the scope and burden of the survey instruments. Exhibit 3 shows the plans for collecting these data.

⁸ It is important to note that during periods of active data collection (those which involve direct contact with the family) consumer credit databases are consulted quite frequently to gain updated information.

Exhibit 3**Administrative Data Sources for Outcomes**

Domain	Outcomes	Data Sources
Employment and Earnings	Quarterly employment and earnings	State Unemployment Insurance (UI) wage records
Delinquency and Risky Behavior	Arrests and court dispositions	State agencies that maintain data on criminal records
Welfare and other Transfer Programs	Monthly TANF benefits, monthly Food stamp benefits, monthly SSI benefits, exits from cash assistance, date of TANF time limit, TANF sanctions, and participation in welfare to work activities	State welfare agency records
Housing Assistance	Receipt of housing assistance Amount of housing assistance	Multifamily Tenant Characteristics System (HUD) Tenant Rental Assistance Certification System (HUD)

Administrative Data Sources for Mediating Factors

Domain	Mediating Factors	Administrative Data Sources
Education	school quality school resources crime rates for local area unemployment rate school attendance, grade completion	US Department of Education Common Core of Data on schools FBI, local police departments, Census 2000, Bureau of Labor Statistics (BLS) Local school district web sites and published data
Employment and Earnings	crime rates for local area unemployment rate	FBI, local police departments BLS
Delinquency and Risky Behavior	crime rates for local area school resources school quality SES level	FBI, local police departments US Department of Education Common Core
Welfare and other Transfer Programs	unemployment rate receipt of public assistance in the local area crime rate in the local area	BLS Census 2000 FBI, local Police Departments
Housing Assistance	Fair Market Rents (FMRs) for local area, by housing unit size	HUD

A.3.3 Information Technology and Survey Administration

The surveys for the MTO interim evaluation will be administered using computer-assisted personal interviewing (CAPI) technology. The system that Abt will use (Bellview CAPI) is Pulse Train Technology's integrated multimedia personal interviewing system. Bellview CAPI has a very user-friendly design, making it easy to self-administer questions. This technology also allows the respondent to answer open-end questions directly, ensures that

question skipping is done according to the proper skip patterns, and carries out logic checking of questionnaire responses to ensure data quality. All of this is critical for the MTO interim evaluation data collection since we plan to allow adult and youth respondents to complete sensitive questions on their own to preserve anonymity.

The field interviewers carry laptop computers loaded with our CAPI program. For adults and youths answering sensitive questions, the interviewer will turn her computer toward the respondent and allow the respondent to complete the section.

Bellview CAPI also improves survey management. The system allows interviewers, surveys, and survey assignments to be managed from one central site. Interviewers also have direct e-mail access to supervisors, allowing prompt responses to questions that arise.

Information technology will facilitate the survey data collection in another way, too. Parents will be asked for a history of the schools the sampled children have attended since random assignment. The interviewers will be able to complete the identification of schools with the parents, by accessing data from the Department of Education Common Core of Data.⁹ This will reduce the number of questions they need to ask the parents.

A.4 Efforts to Identify Duplication

The purpose of the surveys for the MTO interim impact evaluation is to obtain current information on the status and well-being of adults, youth, and children in the MTO program population. Information about these respondents' educational achievement, employment and job skills development, physical and mental health, delinquency and risky behavior, and neighborhood ties is not available through any other source. Further, as described in A.3 above, the evaluation will utilize administrative data in conjunction with survey data, so that there will be no duplication of reporting on (e.g.) cash benefits, housing assistance, or residential mobility.

Duplication is also being avoided in this study by use of the MTO data system, which links all the data collected from families in the Participant Baseline Survey (and during the 1997 and 2000 canvasses) with the data newly collected for the interim evaluation. For example, there is no need to ask about personal characteristics or background factors for known household members, because these were covered at baseline. There is no need to ask about where families moved, either initially through the demonstration or later on their own, because address histories can be constructed from tracking data.

The educational achievement data for this study, to be collected by testing sampled children 5-19, do not represent a duplication of existing data. Children in the MTO sample are now

⁹ These data are available at <http://nces.ed.gov/ccd/ccddata.html>.

living in at least 123 school districts. Investigation of the achievement tests used by the numerous school districts in the main MTO sites reveals wide variation in the tests used across districts and grade levels, even within each site. This variation would make it extremely difficult to pool test data across school districts in a way that provides a meaningful measure of achievement. Further, in some areas, permission of the principal of the particular school is required before the district will release data for research, making it infeasible as well as undesirable to collect administrative data on academic achievement for this evaluation.

Finally, the interim survey of households will also obtain current location and household composition information, eliminating the need for these families to be contacted again for a routine canvass in 2001 or 2002.

A.5 Involvement of Small Entities

No small businesses or other small entities are involved as respondents in the proposed data collection effort. Respondents are all members of families participating in the MTO demonstration.

A.6 Consequences of Less Frequent Data Collection

HUD's original plan for the maintenance and evaluation of the Moving to Opportunity demonstration program was designed to minimize the frequency of data collection from participants while at the same time maintaining the longitudinal panel for a ten-year period. The plan involved significant participant data collection only in the baseline period, at the mid-point of the observation period, and at the end. Sample tracking, primarily with passive methods would be used to maintain the panel in the intervening years.

This request is for the mid-point data collection, to conduct the interim evaluation. There will be no other data collection of similar scale until the final evaluation, at the end of the ten-year period. However, HUD does anticipate conducting future MTO canvasses, between the mid-term and final evaluations, in order to ensure the integrity of the research sample for the final evaluation.

A.7 Special Circumstances

The proposed data collection activities are consistent with the guidelines set forth in 5 CFR 1320.6 (Controlling Paperwork Burden on the Public, General Information Collection Guidelines). There are no circumstances that require deviation from these guidelines.

A.8 Consultation Outside the Agency

In accordance with the Paperwork Reduction Act of 1995, the Department of Housing and Urban Development (HUD) published a notice in the *Federal Register* announcing the agency's intention to request an OMB review of data collection activities for the MTO Interim Evaluation. The notice was published on June 18, 2001 in Volume 66, Number 117, pages 32835-36 and provided a 60-day period for public comments. A copy of this notice appears in Appendix H.

The MTO interim impact evaluation design was developed and is being implemented with the assistance of Abt Associates Inc., the prime contractor. Key members of the Abt team include Drs. Larry Orr and Judith Feins of Abt, Dr. Susan Popkin of the Urban Institute, Drs. Larry Katz and Jeffrey Liebman of Harvard University, and Dr. Jeffrey Kling of Princeton University.

HUD staff have consulted with the Abt team on the design at critical junctures in the study. The purpose of such consultation is to ensure the technical soundness and usefulness of the data collection instruments, as well as the accessibility of the data required from the MTO tracking system for carrying out the evaluation.

HUD has also formed a Technical Review Panel for the interim evaluation. Its members are: Drs. Greg Duncan and Thomas Cook of Northwestern University; Dr. Lynn Olson of the American Academy of Pediatrics; Dr. Robert Sampson of the University of Chicago; Dr. Jeanne Brooks-Gunn of Columbia University; and Dr. Kristin Moore of Child Trends. In 1994, HUD staff also consulted with Dr. Jeffrey E. Zabel of the Census Bureau on the subject of attrition rates. In addition, HUD and members of the evaluation team have consulted with a variety of academic experts in various fields, including Dr. Katherine Stovel of the University of Washington, Dr. Jens Ludwig of Georgetown University, and Dr. Tama Leventhal of Columbia University.

One comment was received as a result of the *Federal Register* Notice. The commenter recommended making modifications to the surveys in five areas: (1) experience of skill development; (2) social networks; (3) racial and class identity; (4) self-esteem/self-efficacy; and (5) parent/child relationships. In general, the commenter was concerned that the survey is overly focused on outcomes without providing enough information on mechanisms, that might predict those outcomes. As such, the commenter's recommendations focused on adding questions about why neighborhood has the impact it does. HUD carefully reviewed these comments in relation to HUD's attached justifications for what was included in the draft survey instruments. HUD agrees with the commenter that for the quantitative data collection it has given priority to measuring outcomes, making the conscious effort to limit questions on mechanisms in order to reduce respondent burden and overall project cost. Focusing on the many possible outcomes associated with the intervention takes full

advantage of the experimental design while questions related to mechanisms are non-experimental in nature. HUD expects that the qualitative data collection being undertaken as part of the Interim MTO Evaluation will provide guidance on mechanisms.

Nonetheless, HUD has made modifications to the data collection that may address some of the commenter's concerns. Specifically, HUD has added questions to better understand how discrimination has played a role in neighborhood experience and respondent housing mobility (Adult Survey A15, A24f to k), and interviewer observation items were added as a part of the data collection to understand more about parent/child relationships without imposing additional burden on the respondents. Given the broad scope of the study and limited amount of information we can collect on any one topic, HUD has concluded that while the other comments made are highly worthwhile, we have adequately covered social networks and questions of self-esteem and self-efficacy.

A.9 Payments to Respondents

Payments to respondents were authorized by OMB for the MTO canvass in 1997 and again in 1999. The incentives were used for household respondents and contributed to successful canvasses in 1997 and 2000. At this time, ***HUD is requesting OMB approval of continued use of incentives for MTO respondents for the interim impact evaluation.***

The use of incentive payments for the MTO interim evaluation can be justified on the same grounds that were cited when first requesting their use for the MTO canvass:

- ***The MTO panel is small.*** A total of 4,608 households joined the program and were randomly assigned to one of the three groups during the course of the demonstration. A total of 1,676 families in the MTO experimental and Section 8 comparison groups used Section 8 certificates or vouchers issued through the program to move.¹⁰ This population size will permit detection of impacts in the likely size range only if panel attrition is kept very low and survey response rates are high.
- ***The MTO study period is long.*** A 10-year study is needed to provide sufficient time to detect a wide range of program impacts on the education, employment, and social well-being of the families in the program. The present study is only the mid-point of that observation period. It is important to maintain the panel past the interim impact evaluation, making every effort to encourage further participation after this important data collection.

¹⁰ Families assigned to the third group, the in-place control group, remain in their current public or Section 8 project-based housing.

- ***The MTO population is responsive to incentive payments.*** Previous research had shown that sample members with low incomes and/or low educational attainment have proven responsive to incentives, as have minority group members. These characteristics are heavily represented in the MTO panel.¹¹ Experience with MTO canvasses in 1997 and 2000 bears out the value of the incentive.
- ***Incentive payments can reduce the cost of locating mobile panel members before the main survey data collection.*** Abt Associates is planning a focused locating effort leading up to the survey data collection for the interim evaluation. Based upon prior research as well as the MTO tracking experience, the use of an incentive payment is estimated to significantly reduce the need for expensive field locating.¹²

There are also two new reasons to increase the incentives to MTO respondents:

- ***The interim evaluation data collection is the first major step in testing the impacts of MTO.*** By late 2001, when the surveys are to be conducted, four to seven years will have elapsed since enrollment, and other positive incentives to cooperate with the data collection (such as willingness to fulfill the commitment made at enrollment) are likely to be low. At a 1992 OMB-sponsored symposium on the topic of incentive payments, “most participants agreed with the general thesis that incentives should be considered whenever the positive forces to cooperate are low.”¹³
- ***The interim evaluation data collection is extensive.*** The combination of the household survey with interviewing and testing youth and children represents a substantial time commitment for the sample members. It seems necessary to recognize the extent of this data collection (compared to the brief canvasses) by offering larger incentive amounts.

For all these reasons, HUD is requesting authorization for a coordinated set of incentive payments for this study:

¹¹ See among the sources documenting this recommendation: Allen P. Duffer et al., "Effects of Incentive Payments on Response Rates and Field Costs in a Pretest of a National CAPI Survey" (Research Triangle Institute, May 1994), *passim*; see also "National Adult Literacy Survey Addendum to Clearance Package, Volume II: Analyses of the NALS Field Test" (Educational Testing Service, September 1991), pp. 2-3.

¹² See Duffer et al., *ibid.*

¹³ See *Providing Incentives to Survey Respondents: Final Report* (Council of Professional Associations on Federal Statistics, September 1993), p. 10.

- a) Incentive payments of \$10 for household heads and departed members to return the initial mailing with consent to interview and test sampled children and youth and with any updated contacting information;
- b) Incentive payments of \$50 for the household heads and other adult heads surveyed, who will be asked to complete a 65-minute interview;
- c) Incentive payments of \$50 for youth ages 12-19, who will be asked to respond to a 30-minute interview and cooperate with 45 minutes of achievement testing; and
- d) Incentive payments of \$25 for the household heads or other adult care givers responsible for the younger children being tested; and
- e) Small gifts (worth \$5 or less) for the children under 12 who cooperate with the testing and (if 8-11) the interview.

A.10 Arrangements and Assurances of Confidentiality

Informed Consent and Permission for Child/Youth Data Collection

At the initial intake session for the MTO demonstration program between 1994 and 1998, applicants heard an explanation of the program and of the research design (including the random assignment to three groups). Those who then decided to join MTO signed an Enrollment Agreement acknowledging informed consent and permitting collection of various data about themselves and their family members. A copy of the MTO Enrollment Agreement is provided in Appendix I.

For the MTO interim impact evaluation, we plan to obtain the permission of the core household heads for testing and interviewing their children under the age of 18. For youth ages 18-19, the interim evaluation data collection will be the first direct contact with the MTO research. The evaluation contractor will seek these youths' own consent to collect data at this time and for the remainder of the observation period. The evaluation contractor will also obtain the assent of those under 18. Appendix J contains the three consent forms proposed for this study, incorporating language provided by HUD's Office of General Counsel for this purpose.

Data Confidentiality Protections

The data collected in the surveys for the MTO interim evaluation, as well as the educational achievement test results and the administrative data from the states, will all be used for research purposes only (for analysis and for long-term tracking of the research sample). Mailings to potential respondents and all in-person introductions will include assurances that

participation is voluntary, that all information will be kept confidential, and that the respondents' answers will be reported as part of a group only.

In addition, HUD is applying for an NIMH Confidentiality Certification for the MTO interim evaluation. This certification strengthens the privacy protections otherwise applicable to such research, by virtue of the language in the Public Health Service Act Section 301(d),¹⁴ which says:

The Secretary may authorize persons engaged in biomedical, behavioral, clinical, or other research...to protect the privacy of individuals who are the subject of such research by withholding from all persons not connected with the conduct of such research the names or other identifying characteristics of such individuals. Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals.

The certification is being requested for the entire MTO interim evaluation. The study's data collection plan, this OMB statement, and the proposed survey instruments has been reviewed and approved by Abt Associates' Institutional Review Board. Pending the receipt of revised consent forms and clarification of minor questions copies of the revised consent forms are presented in Appendix J. The IRB's approval is required in order to obtain NIMH certification.

A.11 Sensitive Questions

Two of the surveys for the MTO interim evaluation, the household survey and the youth survey (for youth ages 12-19), contain some sensitive questions, in the areas of sexual activity, drug and alcohol use, and other risk behaviors. All of the questions dealing with these topics have been drawn from existing survey instruments, including the National Longitudinal Survey of Youth, the Survey of Program Dynamics, the Boston Youth Survey (1989), and Welfare, Children, and Families ,A Three-City Study. All of these questions have been answered without particularly high non-response in other data collection efforts. *No sensitive questions will be asked of children below the age of 12.*

Asking these questions about risk behaviors is of considerable importance to this study, because one of the six key study domains concerns delinquency and risk behavior. It is hypothesized that MTO may have important effects on problem behaviors for youth and, to a lesser extent, adults. An extensive literature (summarized in Brock and Durlauf, 1999) posits various theories that neighborhoods may affect social pathologies such as delinquency, substance use, and early childbearing:

¹⁴ 42 U.S. Code Section 241(d).

- *Peer Influences through Contagion Effects.* Research tells us that higher socioeconomic status (SES) youth have a lower prevalence of delinquent and risky behaviors, compared with low-SES youth. Therefore, we hypothesize that youth in the MTO treatment groups will display lower levels of delinquent and risky behaviors than will youth in the control group. This prediction follows from epidemic or contagion models which emphasize the power of peers to influence one another's behavior and assume "like begets like."
- *Relative Deprivation or Competition Effects.* Models of "relative deprivation" suggest that well-off neighbors may provoke resentment among those from poorer backgrounds so that poor youth could be more likely to develop (or fall into) a deviant sub-culture when living in low-poverty neighborhoods. These models also suggest youth in the MTO experimental group may also show higher levels of delinquent behaviors than youth in the control group.
- *Neighborhood Adult Influences.* Collective socialization models posit that adults in a neighborhood may influence young people who are not their children. More affluent adults may act as role models who demonstrate that success is possible if you work hard and play by the rules; and high-SES adults may act as "enforcers" who help maintain public order. In this model, youth in the MTO treatment groups may have lower social pathologies than control group members since MTO movers end up in neighborhoods with a larger proportion of high-SES adults. Movers in the MTO experimental group, who must move to low-poverty areas, may also show lower rates of anti-social behavior than those in the Section 8 comparison group, who may move into higher-poverty areas.
- *Community Resources.* More affluent neighborhoods are likely to offer better labor market opportunities for youth, greater school resources, and possibly a larger range of "positive" recreational and extracurricular activities. Enhanced community resources may increase the perceived returns to legitimate work, educational investments, and "clean" recreational activities relative to illegal activities and other delinquent behaviors. The MTO experimentals (and possibly the Section 8 comparison group) might be expected to have lower delinquency rates and higher rates of involvement in positive activities (work and schooling) if this theory holds.
- *Neighborhood safety influence.* Greater neighborhood safety (lower crime and violence rates) reduces the need to join gangs for protection and may thereby reduce delinquent behaviors and increase positive activities for the MTO treatment groups.

For all these hypothesized reasons, the changes in neighborhood resulting from MTO moves may have affected delinquency and risky behavior among both adults and youth in the sample. We view the measurement of outcomes in this area as extremely important, necessitating the use of sensitive questions in the surveys.

As stated earlier, we will explain the privacy protections of this study to each respondent and assure them that their responses will be kept completely confidential and anonymous. The review by Abt Associates' Institutional Review Board and the Certificate of Confidentiality being sought from NIMH offer additional protections.

We will explain to respondents that these questions are about just one aspect of their lives and that their answers will not be treated any differently than other data collected. They will be treated with the same protections of privacy and confidentiality. In addition, we will offer special means to make the respondents comfortable with answering these questions. Adult and youth respondents will be given the chance to enter their answers directly into the automated CAPI (Computer-Assisted Personal Interviewing) system using the screen and keyboard with which the interviewer has been administering the instruments. As described above, the youth interviews will be administered in a "teen center" setting outside the home, to improve the respondents' confidence in the privacy of their answers and therefore to encourage more truthful responses from them.

A.12 Estimate of Annualized Burden Hours and Costs

The data collection for the MTO interim evaluation is a one-time effort. Although HUD plans to conduct additional data collection at the end of the 10-year observation period, the present request covers only the mid-term data collection effort to be carried out in 2001-2002.

Exhibit 4 shows the actual respondent burden for the MTO population to date. It shows the time, in hours, initially spent by all applicants who completed the MTO enrollment form and the baseline survey. It then shows the actual burden resulting from the two MTO canvasses conducted to date, in 1997 and 2000. The total burden of MTO data collection from participants to date is 5,557 hours over a period of seven years.

Exhibit 4**Actual Respondent Burden****(Through December 31, 2000) Under Prior OMB Clearances**

Form	Respondent	Number of Respondents	Time to complete (minutes)	Frequency	Total Burden (hours)
Enrollment Form	Eligible MTO applicants	5,301	5 minutes	1 per respondent	442 hours
Participant Baseline Survey	Eligible MTO applicants	5,301	40 minutes	1 per respondent	3,534 hours
1997 Canvass	Families randomly assigned in MTO through 12/31/96	2,624 ^a	Long form 19 min.; short form 13 min.	1 per respondent	756 hours
2000 Canvass	All families randomly assigned in MTO	3,808 ^b	13 minutes	1 per respondent	825 hours
TOTAL					5,557 hours

^a Total sample for the 1997 MTO canvass was 2,883; response rate was 91 percent. A portion of the sample was administered the long form canvass (at 19 minutes) while the remainder was administered the short form (13 minutes in length). See Judith D. Feins and Debra McInnis, *Implementation of Tracking and Data Systems for the Moving to Opportunity Demonstration, Task Order 5 OMB Submission* (Cambridge, MA: Abt Associates, Inc., March 1, 1999).

^b Total sample for the 2000 MTO canvass was 4,608; response rate was 82.6 percent. The entire sample was administered the short form of the canvass (13 minutes in length).

Exhibit 5 shows the estimated respondent burden for the data collection associated with the MTO interim evaluation, the data collection for which clearance is being sought in this package. Following HUD's plan for the longitudinal study, the mid-term data collection is one of only two points in time when extensive follow-up data are to be collected.

Exhibit 5
Estimated Future Respondent Burden
For the MTO Interim Evaluation Data Collection

Form	Respondent	Number of Respondents ^b	Time to complete (minutes)	Frequency	Total Burden
Interim Survey of Households	Adult head of core household ^a	4,277	65 minutes	1 per respondent	4,633 hours
Interim Survey of Youth	Sampled youth ages 12-19 from MTO core households	3,000 ^c	30 minutes	1 per respondent	1,500 hours
Travel time to teen centers	Sampled youth ages 12-19 from MTO core households	3,000 ^c	60 minutes	1 per respondent	3,000 hours
Interim Survey of Children	Sampled children ages 8-11 from MTO core households	2,100 ^c	15 minutes	1 per respondent	525 hours
Educational Achievement Battery (WJ-R)	Sampled youth and children (ages 5-19) from MTO core households	3,000 youth; 2,100 children ages 8-11; 900 children ages 5-7	45 min. for youth and children 8-11; 30 min. for children 5-7.	1 per respondent (5,100 @45 minutes; 900 @30 minutes)	4,275 hours
MTO Interim Evaluation (all)		10,277 respondents total			13,933 hours total

^a The core household refers to the set of persons expected to move together through the MTO program. This household's membership is defined by the applicant for MTO, during the process of completing HUD Form 50058 with the PHA staff. The applicant lists all individuals who will move into a new unit with a Section 8 certificate or voucher, if the family is assigned to the MTO experimental or Section 8 comparison group and succeeds in leasing up. The adult head is the person designated as head on the 50058. In most, but not all, cases, this is the same person who completed the Enrollment Agreement and Participant Baseline Survey when applying to join MTO. For youth and children sampled for this research who no longer reside with the core head of household, their primary caregiver will be administered the adult guide with significant skips out of sections applicable only to the core head of household. We estimate that interviews will be completed with approximately 3,827 adult heads of core households and 450 primary caregivers.

^b Number of respondents for each form reflects a 90 percent response rate. The study's target response rate is 85 percent, but we will seek a 90 percent response if resources allow.

^c Up to two children and youth ages 5-19 will be randomly sampled from each MTO core household. Figures in this exhibit for the distribution of the sample among different subsets, by age, are estimated. The actual numbers will be known when the sample is drawn.

A.13 Estimated Recordkeeping and Reporting Cost Burden on Respondents

The cost to respondents will be the time required to respond to the survey. Youth will incur some expenses to travel to the teen centers. However, these costs will certainly be much lower than the incentive payments being made to the youth.

A.14 Estimate of Cost to the Federal Government

Exhibit 6 shows the costs to the federal government of past and current data collections for the Moving to Opportunity demonstration. The first row of the exhibit shows the actual cost of MTO data collection during the baseline period, when families were joining MTO and when site agencies were submitting data monthly to HUD's implementation contractor.

The second and third rows of Exhibit 6 show the actual cost of the MTO canvasses conducted in 1997 and 2000, which together totaled \$1,269,824. For the number of families in the first canvass sample (only part of the full MTO population, which was not yet complete at the time), the 1997 canvass cost came to \$154 per family. The per family cost in 2000 came to \$179.

Exhibit 6
Actual and Estimated Costs to the Federal Government

Line Item	Cost to the Federal Government	Total Cost
Total costs for MTO data collection during program operations (1994-1999) ^a	\$689,491	\$689,491
Total costs for 1997 MTO canvass (including incentive payments)	\$444,711	\$444,711
Total costs for 2000 MTO canvass (including incentive payments)	\$825,113	\$825,113
Estimated costs for Interim Evaluation data collection (including incentive payments)		
U.S. Department of Housing and Urban Development	\$1,388,639	
Other federal agencies (NICHD, NSF)	<u>\$1,684,952</u>	
Subtotal	\$3,073,591	\$5,205,360

^a Includes Enrollment Agreements and Participant Baseline Surveys, as well as data collection from site agencies.

The last row of Exhibit 6 shows the *estimated costs* for the interim evaluation data collection covered in this request for OMB clearance. These estimates were prepared by HUD's current Contractor, Abt Associates. Costs to be funded by HUD for the evaluation's survey data collection (including educational testing) will total \$1,388,639. Two other federal agencies, NICHD and NSF, have agreed to provide \$1,684,952 in resources to this data collection.

Grants from several private foundations for this research bring the total data collection funding to \$5.2 million.

A.15 Changes in Burden

This request for clearance does not involve a change in burden due to any program changes or adjustments. It concerns a new data collection not previously submitted to OMB for review.

A.16 Plans for Tabulation, Analysis, and Publication

The data collected for the MTO interim impact evaluation will be analyzed, tabulated, and reported to HUD by the evaluation contractor. This section describes the basic analytic framework for the evaluation.

A.16.1 Impact Estimates: The Basic Model

A central objective of the evaluation is to estimate the impacts of the housing vouchers and certificates received by the MTO experimental group and the Section 8 comparison group (the “treatment groups”) on a wide range of outcomes in the domains discussed in the remainder of this chapter. Random assignment assures that simple comparisons of raw mean outcomes between each of these groups and the in-place control group will provide unbiased estimates of these impacts. To improve the precision of the estimates, we will use regression analysis to control for any chance differences between the treatment and control groups on a number of characteristics measured at baseline. Our basic impact model, then, is:

$$2.1 \quad O_i = \alpha_0 + \sum_k \beta_k X_{ki} + \tau T_i + \epsilon_i$$

where O_i is the outcome at follow-up for sample member i ; X_{ki} is a set of k baseline characteristics of sample member i ; T_i is a dichotomous variable equal to 1 if sample member i belongs to the treatment group and zero if s/he is a control; ϵ_i is a random error term; and α_0 and τ are coefficients to be estimated.

In this model, τ is an unbiased estimate of the *average* impact of the treatment on *all sample members assigned to the treatment group*. It is important to note that this estimate averages in the effect on some individuals who did not receive the subsidy because they are members of families that did not lease up. This estimate is known as the “intent to treat” (ITT) estimate, because it reflects the effect of the treatment on all those to whom it was *offered*, whether or not they actually received it. Thus, it addresses research questions 1 and 2 posed at the beginning of this chapter.

A.16.2 Impact Estimates: Effects of the Treatment on the Treated

While the ITT estimates produced by the basic model are useful for some purposes, it is also important to know the effect of the treatment on those who actually availed themselves of the subsidy, i.e., who leased up and moved. This is the issue posed by research questions 5 and 6 at the beginning of this chapter. Fortunately, we can derive this estimate of the impact of the “treatment on the treated” (TOT) directly from the ITT estimates and knowledge of the proportion of treatment group members who leased up, as follows (see Bloom (1984) and Angrist, Imbens, and Rubin (1996)):

$$2.2 \quad I_{TOT} = I_{ITT} / p_L$$

where I_{TOT} and I_{ITT} are the TOT and ITT estimates of impact, respectively, and p_L is the proportion of the treatment group who leased up.

This adjustment provides an unbiased estimate of the impact of the treatment on those who leased up, under the relatively weak assumption that the treatment had no effect on those who failed to lease up. It is important to note that this adjustment requires no assumption about the characteristics of those who leased up and/or those who did not; in particular, the adjusted estimate will be unbiased even if those who lease up differ markedly from those who do not.

We will produce both “intent-to-treat” and “treatment-on-treated” impact estimates for both the MTO experimental group and the Section 8 comparison group. Great care must be exercised in interpreting comparisons of the impacts on the two treatment groups, however, because the proportion of families who leased up, and therefore the subset of families on whom the treatment had an effect, differed substantially between the two groups. Thus, when we compare the intent-to-treat estimates, we might find that the regular Section 8 subsidies had a larger effect on certain outcomes, *either* because they had a larger effect on those families who leased up *or* because a larger proportion of families leased up in the Section 8 comparison group (or both). And, as noted earlier, in comparing the impact of the treatment on the treated in the two treatment groups, we must be mindful that these represent impacts on different subsets of families, corresponding to the different lease-up rates in the two groups. We might, for example, find that the MTO subsidy had a larger effect on those who leased up than the regular Section 8 subsidy *either* because it would have a larger effect for *any* subset of families *or* because the subset of families who leased up in the MTO experimental group were more susceptible to such effects than those who leased up in the Section 8 comparison group.

A.16.3 Impacts on Subgroups

We will produce impact estimates for adults and youths age 12-17 in MTO households, across all sites. Youths are of particular interest because previous research on mobility programs has shown fairly substantial effects on some outcomes for this age group (see Rosenbaum, 1992, and Katz, Kling, and Liebman, 1999). We will also estimate impacts for a number of subgroups of these broader populations, such as ethnic groups, individuals in families who were receiving welfare at baseline and those who were not, and those in families grouped by size and age of head. Such estimates will allow us to pinpoint the population groups who benefit most (and those who benefit least) from a mobility program such as MTO.

Impacts on mutually exclusive subgroups (e.g., ethnic groups) will be estimated jointly by running a variant of equation 2.2 on the overall sample:

$$2.3 \quad O_i = \gamma_0 + \sum \gamma_k X_{ki} + \sum \delta_m D_{mi} T_i + \nu_i$$

where D_{mi} is a set of dichotomous variables indicating whether individual i is a member of subgroup m . The coefficients δ_m measure the impact of the treatment on subgroup m . Statistical tests will be applied to determine whether impacts differ across the m subgroups.¹⁵

A.16.4 Variation in Impacts Over Time

We expect that the effects of a change in neighborhood will take some time to materialize, i.e., that impacts will reflect the cumulative influences of living in a new environment. Therefore, it will be desirable to analyze the time path of impacts wherever possible. For some outcomes, this will not be possible because of data collection constraints; we will simply have point-in-time outcome measures taken at the time of the interim evaluation survey. For these outcomes, equations 2.1 - 2.3 will yield estimates of impact at that point in time. For some outcomes, however, we will have continuous histories from the point of random assignment through the follow-up period. For example, wherever possible, we plan

$$2.4 \quad O_i = \gamma_0 + \sum \gamma_k X_{ki} + \sum \delta_n t_n T_i + \nu_i$$

to collect continuous administrative records on earnings, welfare benefits, and housing assistance from the date of random assignment through the end of the follow-up period. To measure the time path of impacts on these outcomes, we will use an estimating equation of the following form:

¹⁵ We will use an F-test of the null hypothesis that $\delta_1 = \delta_2 = \dots = \delta_m$.

where t_n is a dichotomous variable indicating subperiod n of the follow-up period (e.g., month n or quarter n after random assignment). The estimated coefficients γ_n^* measure impacts in each of the n subperiods.

A.16.5 Adjustments for Varying Random Assignment Ratios

The initial random assignment ratio in all MTO sites was set to yield equal numbers of *leased-up families* in the MTO experimental and Section 8 comparison groups, given the best available estimate of the lease-up rates that could be expected in the two groups (80 percent in the Section 8 group and 30 percent in the MTO group.)¹⁶ Equal numbers of leased-up families would provide the most statistically efficient (i.e., minimum variance) estimates of differential impact between the two groups receiving certificates or vouchers.

As the demonstration proceeded, it became clear that the lease-up rates for the MTO experimental families in several sites were significantly higher than predicted, relative to the Section 8 lease-up rate. Continuing to assign families at the same random assignment ratio would have resulted in an unbalanced experimental sample, with substantially more leased-up families in the MTO experimental group than in the Section 8 comparison group. Not only would this have been statistically inefficient, but it would have exceeded the resources available to the nonprofit organizations responsible for providing counseling to the MTO experimental families. Therefore, the random assignment ratio was changed to a new ratio that, on the basis of the experience of the early random assignment cohorts in the site, was expected to produce equal numbers of leased-up families in the MTO experimental and Section 8 comparison groups. The random assignment ratio was changed at least once in every site.

When the ratio of treatment and control families randomly assigned differs among parts of the sample, a simple comparison of mean outcomes (or, equivalently, a regression of the form shown in equation 2.1, with a single treatment dummy) may yield biased impact estimates. This is true because such differences confound assignment to treatment group with site and time period, so that assignment is no longer random over the entire assigned sample. In this situation, unbiased impact estimates can still be obtained, however, by estimating the impact of the program within each “assignment set” (i.e., within each subsample assigned under the same random assignment ratio) and then computing the impact on the overall treatment group as the weighted average of the assignment set impacts. Since the treatment and control groups are well-matched within each assignment set, this yields an unbiased impact estimate. The impact within assignment sets can be estimated with a regression of the form:

¹⁶ The initial ratio was 8 MTO experimental families to 3 Section 8 comparison families to 5 in-place control families.

$$2.5 \quad O_i = \gamma_0 + \sum \gamma_k X_{ki} + \sum \delta_r S_{ri} T_i + v_i$$

where S_{ri} is a set of dichotomous variables indicating membership in assignment set r and the coefficients δ_r measure the impact of the treatment within each assignment set.

Alternatively, it is possible to weight individual sample members to correct for these variations in random assignment ratio. This approach is particularly useful for descriptive analyses where regression analysis is either not appropriate or not convenient. In earlier work, Abt Associates has developed such individual weights for the overall MTO sample. Similar weights can be developed for the interim analysis sample. Whichever approach is taken, regression analysis or weighted descriptive statistics, care must be exercised in deriving the estimates and, especially, their standard errors, to ensure that the estimates are unbiased and that appropriate tests of statistical significance are applied.

A.16.6 Analytic Techniques, Tabulations, and Reporting

The experimental design of MTO allows for use of fairly straightforward analytic techniques. The difference in mean outcomes between the in-place control group and either the MTO experimental group or the Section 8 comparison group provides an unbiased estimate of the impact of the treatment. To improve the precision of the estimates, OLS regression will be used to control for chance differences between groups in characteristics that affect the outcomes. For dichotomous outcomes, logistic regression will be employed.

The analytic results will be presented in tables that show the control mean, the means for the MTO experimental and Section 8 comparison groups, the (regression-adjusted) differences in means and their statistical significance, and the MTO and Section 8 impacts as percentages of the control mean. The outcomes to be analyzed were discussed in detail in Section A.2. Exhibit 7 shows one way of displaying these results.

Exhibit 7

Sample Table Shell for Presentation of Impact Estimates

Impact or Outcome Measures	Adjusted Mean ^a			Difference in Means		Effect Size (Percent Change) ^b	
	In-Place Controls	MTO Experimentals	Section 8 Comparisons	Experimentals vs. Controls	Section 8 vs. Controls	Experimentals vs. Controls	Section 8 vs. Controls

The final report of the interim evaluation, to be submitted to HUD in November 2002, will present a comprehensive analysis of all the data collected over the course of the evaluation. A draft outline of the report is shown in Exhibit 8. The report will include an Executive Summary suitable for dissemination to policy makers and the general public, as well as a more detailed explication of the results in the text and a series of appendices containing documentation of estimation methods and statistical results, data sources, and additional descriptive information. The text of the report will be written in language accessible to the layman.

A.16.7 Time Schedule for Analysis and Reporting

Collection of data from MTO participants is expected to begin in November 2001 and be completed by June 2002. The analysis of these data will be carried out between July and October. A final report is due to HUD at the end of November 2002.

A.17 Expiration Date Display Exemption

All data collection instruments created for the MTO interim impact evaluation will display prominently the expiration date for OMB approval.

A.18 Exceptions to Certification

This submission describing data collection requests no exceptions to the Certificate for Paperwork Reduction Act (5 CFR 1320.9).

Exhibit 8

Draft Outline: Final Report

Executive Summary

Chapter 1 - The Interim Evaluation

- The Moving to Opportunity Demonstration
- Previous Studies of Mobility Programs and the Effects of Neighborhood
- Previous Analyses of the MTO Demonstration
- Research Questions
- Overview of This Report

Chapter 2 - The Evaluation Sample

- Sample Allocation by Experimental Treatment and Site
- Socioeconomic and Demographic Characteristics of the Sample
- Lease-up Rates and the Determinants of Lease-up Success
- Other Participation Analyses
- Residential Mobility of the Sample over the Follow-up Period
- Sample Members' Perceptions of the Move Experience and Neighborhood

Chapter 3 - The Impacts of Neighborhood on Family Outcomes

Using the Experimental Design to Estimate Impacts

Education (Children)

Employment and Earnings (Adults)

Delinquency and Risky Behavior (Youth Age 12-17)

Health (Adults and Children)

Welfare and Other Cash Assistance

Housing Assistance

[each section will include a discussion of outcomes, mediating factors, and the estimated impacts on the overall sample and selected subgroups]

Chapter 4 - Interpretation and Implications of the Results

How Neighborhood Affects the Lives of Low-Income Families

Implications for Policies to Encourage Residential Mobility

Implications for the 10-Year Impact Analysis

Appendix A - Estimation Methods and Derivation of Outcome Measures

Appendix B - Data Sources and Data Collection Methods

Appendix C - Descriptive Tables

Appendix D - Detailed Estimation Results

Part B: Collection of Information Employing Statistical Methods

B.1 Respondent Universe and Sampling Methods

Universe of Core Households and Interim Evaluation Sample

The purpose of the MTO interim impact evaluation is to assess the effect of the experimental treatment on the lives of participants about mid-way through the 10-year observation period. Because the MTO population was built up over time, there is no single moment that represents the mid-point for all the families. Out of the full program population (4,608 families), the interim evaluation will include 92.3 percent, for a sample totaling 4,252 families.

Universe of Core Household Members

Within the 4,252 core households that are the sample for the interim evaluation, there are 15,733 core members ranging in age from 3 to 96. The core household membership is fixed by definition, having been established by the applicant during the process of Section 8 eligibility determination before random assignment. Thus, core household membership is exogenous to the experiment, while current household composition is not.

Note that the current family composition of the MTO core household heads does not necessarily correspond to the core composition. This could be because members have left or new members have been added in the four to seven years since random assignment. But it could also be because the core household never came into being: if the family did not move as part of the MTO program (either did not succeed in leasing up or was assigned to the in-place control group), its members may have remained in an earlier configuration (particularly the base household composition described in the Participant Baseline Survey).

Through passive tracking and the 1997 and 2000 MTO canvasses, data are available on the whereabouts of nearly all core household members. Sampling of children and youth for the interim evaluation will be carried out regardless of where they are located, and arrangements will be made to test and interview children and youth wherever they are currently living.

Sampling of Children and Youth

Among core household members, 8,938 persons will be between the ages of 5 and 19 on June 1, 2001. These are the members eligible to be selected for the child and youth samples. Exhibit 9 shows their distribution by age group and by number in core family.

The sampling plan calls for random selection of up to two children ages 5 to 19 per core household. Over 90 percent of the 4,252 core households in the interim evaluation still have children in this age range. (The remainder had children under 18 when they joined MTO but now have only core children 20 and over.) The distribution of numbers per household (shown in the lower panel of Exhibit 9) implies that, for the for two-thirds of the households in the study with only one or two children in the relevant age range, there need be no selection of children. The sampling will only affect the remaining 1,144 households. Due to the mix of ages in these households, we will not know the precise age composition of the child/youth sample until it is actually drawn. Where two children are drawn from the same household, appropriate sibling adjustments will be made during the analysis.

Exhibit 9

Child and Youth Population for MTO Interim Evaluation

	Number	Percent
Age Group on 6/1/2001		
Ages 5-7	1264	14.13%
Ages 8-11	2928	32.73%
Ages 12-17	3739	41.80%
Ages 18-19	1014	11.34%
TOTAL	8945	100.00%
Number of Children or Youth in Core Household		
None	289	6.80%
One or two	2819	66.30%
Three or more	1144	26.90%

B.2 Information Collection Procedures

Sample Design

There is no sampling required for the selection of households covered in the MTO interim evaluation. All households enrolled in the MTO demonstration through the end of calendar 1997 will be included in the study.

The selection of children and youth ages 5-19 from among core members will involve a simple random sample. Up to two children will be sampled from each household in the study, without further stratification on age. In this way, analyses can be conducted combining children of different ages without having to weight the data specifically for this step.

Estimation Procedures

As described in Section A.16 above, the data to be collected for the interim evaluation will be used to estimate impacts of the demonstration on a wide range of outcomes in six behavioral domains. For each outcome, impacts will be estimated by regressing the outcome on a set of baseline characteristics and a dummy variable that indicates whether the sample member belongs to the treatment or control group. Impacts will be estimated separately for the MTO experimental group and the Section 8 comparison group, relative to the in-place control group. With random assignment, ordinary least squares will produce unbiased estimates.

Degree of Accuracy Required

It is important to consider the precision with which the evaluation will be able to measure these impacts, given the sample sizes available. The best way to assess the precision of the estimates that can be derived from an experimental design is to examine the *minimum detectable effects* (MDEs) obtainable under that design. The minimum detectable effect is the smallest true program impact that has a good chance of being identified with data from a given sample. The smaller the MDE, the more precise the estimate. Specifically, we define minimum detectable effect as the smallest true impact that has an 80 percent chance of being statistically significant, using a two-tailed hypothesis test at the 10 percent level.

Exhibit 10 shows MDEs as a percent of the control mean for selected outcomes, for heads of household and youths ages 12-19.¹⁷ Separate MDEs are shown for the MTO experimental group and the Section 8 comparison group. The MDEs shown in the exhibit are based on the sample of individuals randomly assigned through December 31, 1997; for youth outcomes, the sample includes up to two children age 12-19 in each household.

As can be seen in the exhibit, for these adult outcomes we can be confident of detecting impacts of 10-29 percent, with slightly better precision (smaller MDEs) for the Section 8 comparison group than for the MTO experimental group. This latter difference reflects the much lower lease-up rate in the MTO experimental group, which degrades the precision of the estimates for any given sample size. If the impacts of MTO are similar to those found by Rosenbaum (1992) for the Gautreaux project, this should be sufficient precision to detect them. For youth, the minimum detectable effects vary more widely, from as small as 2 percent for standardized test scores to over 100 percent for several outcomes. Although the MDEs for many of the youth outcomes are relatively large, it is likely that we will have

¹⁷ The MDEs shown here do not take into account two offsetting influences on the precision of the estimates. First, to the extent that covariates in the impact regression explain some of the variation of the dependent variable, the precision of the estimates will be somewhat better than shown here. Second, because the random assignment ratio varied across sites and over time, to obtain unbiased impact estimates the sample observations must be weighted to reflect their different assignment probabilities; this will reduce the precision of the estimates. We do not expect either of these factors to change the MDEs by more than 5-10 percent, and for a typical dependent variable, we expect them to be roughly offsetting.

sufficient precision to detect the impacts of MTO on youths, Katz et al. (1999) found impacts on a number of youth outcomes that were quite large relative to the control mean.

Exhibit 10

Minimum Detectable Effects on Selected Outcomes (TOT Estimates)

Outcome	Control Mean	MDE, MTO Experimental Group	MDE, Section 8 Group
Adults			
Quarterly earnings	\$1997	29%	25%
Currently employed	.43	22%	19%
Receiving food stamps	.53	18%	16%
Receiving TANF	.47	20%	18%
Receiving any housing assistance	.75	11%	10%
General Health (very good/good vs. fair/poor)	.58	18%	16%
Youths, age 12-19			
Score on standardized test	.93	4%	3%
General health (very good/good vs. fair/poor)	.43	28%	25%
# days smoked, past 30 days	2.15	32%	28%
Gangs in neighborhood/school?	.62	19%	17%
Sibling/cousin/friend a gang member?	.33	34%	30%
Gang member in past 12 months?	.03	127%	112%
Assault or serious fight in past 12 months	.26	41%	36%
Ever arrested or taken into police custody	.13	62%	55%
# sexual partners in past 12 months	1.52	51%	45%

Many of the outcomes with relatively large percentage MDEs relate to behaviors or conditions that affect only a small fraction of the sample; this is true, for example, for belonging to a gang in the last 12 months, which characterizes only 3 percent of even a low-income population like the MTO sample. It may be possible to obtain more precise estimates of impacts on these outcomes by focusing on subgroups for whom the outcome in question is most relevant.¹⁸ One way to do this is to use baseline data to identify those most at risk of such behaviors or conditions. To the extent that appropriate baseline data are available, we will do so in the analysis.

¹⁸The MDEs in Exhibit 10 do not take account of the inclusion of baseline variables as covariates in the impact regression. This effect will vary across outcomes, but will generally be relatively small. For outcomes that are persistent over time, however (e.g., chronic medical conditions), inclusion of the baseline value can substantially improve the precision of the impact estimate.

In summary, then, it appears that the pooled sample of families assigned by December 31, 1997 will provide adequate precision to detect impacts of the size that are likely to be caused by the experimental treatments.

Procedures with Special Populations

The MTO population contains a considerable number of respondents whose first language is Spanish. As in all previous MTO data collections, HUD's Contractor will translate each of the survey instruments and modules into Spanish, for administration in the language most comfortable for the respondent. All preliminary contacting materials and consent forms will also be made available in Spanish.

For respondents who are most comfortable in other languages or in sign language, the Contractor will use translators to carry out the interviews. These might be family members or staff members of community agencies. The contact and advance letters will both provide a TTY number for use by the hearing-impaired. Any calls to request materials in other languages will be noted, so that appointments with those respondents can be scheduled with a translator included.

For the educational testing of youth and children, however, HUD's Contractor will only administer the WJ-R tests in English. We have been advised that the test is not well translated, with respondents likely to get confused and provide unreliable data. In addition, prior data collection and focus group experience indicates that the children in MTO families are proficient in English even when the parents are not.

B.3 Methods to Maximize Response Rates

The target response rate for all elements of the MTO interim evaluation data collection is 85 percent. Due to the tracking and locating efforts HUD has sponsored since the demonstration began, there has been very little attrition and the location of the sample is known to a very high degree.

Several methods will be used to maximize the response rates for the MTO interim evaluation data collection. These methods involve preliminary tracking and locating, incentive payments, and sample control during the data collection period.

Preliminary Tracking and Locating

In order to maximize response to the MTO interim evaluation, HUD's Contractor has planned a focused locating effort before the main data collection begins. The purpose of this locating effort is to obtain updated address, phone, and secondary contact information for all MTO heads of household, as is done in advance of each MTO canvass. Abt Associates will also attempt to collect the same information for sampled children (ages 5-19) no longer living

with the core household head. At the same time, consent will be sought for data collection from sampled children. (The consent forms can be found in Appendix G.)

The locating effort will be carried out largely by mail, with some reminder phone calls and some in-person visits to collect the form. The initial mailing will include consent forms to be completed by the head of household and/or sampled youth ages 18-19:

- The consent form to be completed by the head of household authorizes data collection with sampled children ages 5-17 (educational testing for all, interviews for those 8-17) and collects updated address, phone, and secondary contact information for the household and for core household members no longer living with them.
- The consent form to be completed by sampled youth ages 18 and 19 authorizes us to interview and test them directly.

The locating packet containing these items will be sent to all household heads. We anticipate receiving a 15 percent response to the initial mailing. Approximately 4 weeks after the initial mailing, reminder calls will be made to all household heads who have not yet returned their forms. We estimate that another 15 percent will respond after they receive this call. Returns for an additional 7 percent are likely to come from postal updates or credit bureau searches. Finally, we anticipate an additional 10 percent from in-person visits to homes of non-respondents to the 2000 canvass. In all, we estimate receiving updated locating information for 47 percent of the sample.

Use of Incentive Payments

When respondents are being contacted to schedule appointments, either for data collection in the home or for the youth data collection at teen centers, the interviewers will offer incentive payments as discussed fully in Section A.9 above. The substantial amounts being offered for cooperation with the surveys and educational testing should help gain cooperation from most of the sample members.

Sample Control During the Data Collection Period

During the data collection period, non-response levels and response bias will be minimized in the following ways:

- The Contractor will use trained field interviewers and testers who are skilled at maintaining rapport with respondents, so that the number of break-offs and the incidence of item nonresponse will be kept low.

- The data collection procedures will limit intrusiveness by conducting the adult and child interviews and testing simultaneously (to reduce the amount of time in the home) and by conducting the youth data collection at teen centers.
- Respondents will have a choice of time for the data collection, and youth will have some choice of place as well.
- Additional tracking and locating steps will be taken, as needed, when sample members are not found at the phone numbers or addresses previously collected.
- Finally, the Contractor's survey director and field supervisors will manage the sample to ensure that the target response rates are achieved (or approached) evenly for all three randomly assigned groups in each MTO site and for movers and non-movers alike.

By these methods, the Contractor anticipates being able to achieve an 85 percent response rate for all data collection components associated with the interim evaluation.

Of course, it is vital that MTO participants cooperate not only with the interim evaluation data collection but also with ongoing data collection for MTO over the long term. It does little good to locate a sample member if he/she then refuses to be interviewed, or to interview a sample member for this study but end up with a long-term refusal. The interviewers and testers trained for this data collection will be reminded frequently that the research objectives are best met by both current completes and willing respondents for the future.

B.4 Test of Procedures

HUD's data collection contractor, Abt Associates, has pretested all three survey instruments covered by this clearance request. The pretesting was conducted between May 15 and May 21, 2001 with volunteer public housing residents and Section 8 recipients in the Charlotte, NC and Minneapolis, MN metropolitan areas. The pretest interviewers kept close track of elapsed time. They also took detailed notes on places in the instruments where skip patterns needed revision or where respondents did not understand the question wording.

As a result of the pretest, a number of revisions were made to the three survey instruments:

- Each one was shortened, to conform with the planned length. Updated timing estimates, recalibrated based on the pretests, indicate that the instruments included in this package are now the lengths shown in Exhibit 5 above.

- The language was simplified, and/or words were defined, in several places in the Youth and Child instruments, in order to be sure that all respondents would understand what was being asked.
- Skip patterns were clarified (if from existing surveys) or modified to make the questions flow more smoothly and logically for the respondents.

The procedures for collection of educational achievement data using the WJ-R battery have been used in other studies by the Contractor. Further, during the training of testing personnel, there will be opportunity to administer the tests on child and youth volunteers of various ages.

B.5 Individuals Consulted on Statistical Aspects of the Design

The individuals shown in Exhibit 11 assisted the Department in the statistical design of the interim evaluation.

Exhibit 11

Individuals Consulted on the Study Design

Name	Telephone Number	Role in Study
Dr. Larry Orr	301-913-0520	Principal Investigator, Abt Associates
Dr. Barbara Goodson	617-349-2811	Senior Scientist, Abt Associates
Dr. Lawrence Katz	617-588-0304	Abt Associates team, Harvard University
Dr. Jeffrey Liebman	617-495-8518	Abt Associates team, Harvard University
Dr. Jeffrey Kling	609-258-6153	Abt Associates team, Princeton University
Dr. Greg Duncan	847-467-1503	Technical Review Panel, Northwestern University

Inquiries regarding the statistical aspects of the study's planned analysis should be directed to:

Dr. Larry Orr Abt Associates Telephone: (301) 913-0520

References

Angrist, Joshua, Guido Imbens, and Donald Rubin. (1996). "Identification of Causal Effects Using Instrumental Variables." *Journal of the American Statistical Association*. 91:434 (June), 444-455.

Bloom, Howard. (1984). "Accounting for No-shows in Experimental Evaluation Designs." *Evaluation Review* 8 (April): 225-46.

Brooks-Gunn, Jeanne, Greg J. Duncan, Pamela K. Klebanov, and Naomi Sealand. (1993). "Do Neighborhoods Influence Child and Adolescent Development?" *American Journal of Sociology* 99: 353-95.

Duffer, Allen P. et al. (1994). "Effects of Incentive Payments on Response Rates and Field Costs in a Pretest of a National CAPI Survey" Chapel Hill, NC: Research Triangle Institute.

Jencks, Christopher, and Susan E. Mayer. (1990). "The Social Consequences of Growing Up in a Poor Neighborhood." In *Inner-City Poverty in the United States*, eds. L.E. Lynn, Jr. and M.G.H. McGeary. Washington, DC: National Academy Press, pp. 111-186.

National Adult Literacy Survey Addendum to Clearance Package, Volume II: Analyses of the NALS Field Test (Educational Testing Service, September 1991), pp. 2-3.

Providing Incentives to Survey Respondents: Final Report (Council of Professional Associations on Federal Statistics, September 1993), p. 10.

Feins, Judith D. and Debra McInnis. (1999). *Implementation of Tracking and Data Systems for the Moving to Opportunity Demonstration, Task Order 5 OMB Submission*. Cambridge, MA: Abt Associates, Inc.

Brock, W. and S. Durlauf. (1999). "Interactions-based Models." Unpublished manuscript, University of Wisconsin, August.

Ellen, Ingrid Gould and Margery Austin Turner. (1997). "Does Neighborhood Matter? Assessing Recent Evidence." *Housing Policy Debate*. Volume 8: 833-866.

Jargowsky, Paul A. (1997). "Poverty and Place: Ghettos, Barrios, and the American City." New York: Russell Sage Foundation.

Katz, Lawrence F., Jeffrey R. Kling, and Jeffrey B. Liebman. (1999b). "Moving To Opportunity In Boston: Early Impacts of a Housing Mobility Program." Unpublished manuscript, Princeton University, December 1999.

McGrew, Kevin S., Judy K. Werder, and Richard W. Woodcock. (1991). *WJ-R Technical Manual*. Allen, TX: DLM.

Rosenbaum, James E. (1992). "Black Pioneers: Do Their Moves to the Suburbs Increase Economic Opportunity for the Mothers and Children?" *Housing Policy Debate*. 2:4, 1179-1213.

U.S. House of Representatives. (1998). *Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means* ("Green Book"). Washington, D.C.: Government Printing Office.

Wilson, William Julius. (1987). *The Truly Disadvantaged: The Inner City, The Underclass, and Public Policy*. Chicago: University of Chicago Press.

_____. (1996). *When Work Disappears: The World of the New Urban Poor*. New York: Alfred A. Knopf.

Appendix A:

Interim Survey of Households

- & Main Instrument
- & Household Roster
- & Secondary Contact Information
- & Parent-on-Child/Youth Module

MTO INTERIM EVALUATION HOUSEHOLD SURVEY REVISED FOR SUBMISSION TO HUD

Hello, my name is _____ and I work for Abt Associates. Thank you for taking the time to speak with me today.
NAME OF INTERVIEWER

*As you know I will be talking with you for about one hour and [my colleague _____ will be doing some
educational testing [and asking a few questions] of _____ (and _____).]*
CHILD'S NAME CHILD'S NAME

*Your participation in this study will help HUD to improve housing programs across the country. As we told you when we
scheduled this appointment, your participation is completely voluntary, and all of your answers (and those of your
child/children) will be kept confidential. HUD is very interested in how applying for the MTO program may have
changed your life. We will ask you a series of questions about neighborhood housing, employment, health, friendships and
household composition. Your participation in the MTO program may have affected all of these areas of your life, not just
where you live. Because of this, it is important that I ask about all of these topics. HUD is also aware that you may have
opinions about MTO. In order to pass along your views and feelings about the program, what you liked or disliked about
it, we will ask you to share your experiences at the end of this interview. Nothing you say can be traced back to you, nor
can your participation affect any housing subsidy you may be receiving. Your name will never be linked to your answers.
At the end of your interview you will receive \$50 for your participation [and \$25 dollars for your/each child's
participation].*

Now I'd like to start by asking you some questions about your current housing situation.

SECTION A: HOUSING AND NEIGHBORHOOD
--

(1004) HOUSING QUALITY

I'd like to start with some questions about the house or apartment you live in now.

A1. Overall, how would you describe the condition of your current house or apartment? Would you say it was in excellent, good, fair, or poor condition? (MTO Baseline)

- | | |
|------------|----------------------------|
| EXCELLENT | <input type="checkbox"/> 1 |
| GOOD | <input type="checkbox"/> 2 |
| FAIR | <input type="checkbox"/> 3 |
| POOR | <input type="checkbox"/> 4 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

A2. Not including bathrooms and hallways, how many rooms are there in your house or apartment? (3CITY, modified)

- | | |
|-------------|----------------------------|
| ONE | <input type="checkbox"/> 1 |
| TWO | <input type="checkbox"/> 2 |
| THREE | <input type="checkbox"/> 3 |
| FOUR | <input type="checkbox"/> 4 |
| FIVE | <input type="checkbox"/> 5 |
| SIX OR MORE | <input type="checkbox"/> 6 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

A3. Now I am going to ask you some questions about problems that people have in some homes or apartments. Where you live now, how much of a problem are... (MTO Baseline; modified)

- | | BIG
PROB. | SMALL
PROB. | NO PROB.
AT ALL | RF | DK |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A3a. Walls with peeling paint or broken plaster?
Would you say they are a big problem, a
small problem or no problem at all? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A3b. Plumbing that doesn't work? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A3c. Rats or mice? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A3d. Cockroaches? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A3e. Broken locks or no locks on the door to your
unit? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A3f. Broken windows or windows without screens? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A3g. A heating system that does not work? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

A4. How many months or years have you lived in your current house or apartment? (MTO Baseline, modified)

- ☐ ₁ MONTHS _____
- ☐ ₂ YEARS _____ (IF ONE YEAR OR MORE SKIP TO A7)
- REFUSED ☐ ₉₉₇
- DON'T KNOW ☐ ₉₉₈

A5. Was there ever a time during the past year (that is, since MONTH/YEAR) when you did not have your own place to stay? (Original)

- YES ☐ ₁
- NO (SKIP TO A7) ☐ ₂
- REFUSED ☐ ₇
- DON'T KNOW ☐ ₈

A6. During the past year when you did not have your own place to stay, we would like to know about any places where you stayed. Did you... (Original)

- | | YES | NO | REFUSED | DON'T KNOW |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A6a. Stay with a relative? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ |
| A6b. Stay with a friend? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ |
| A6c. Stay in a shelter? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ |
| [INTERVIEWER: A SHELTER IS: A homeless shelter, emergency shelter, or domestic violence shelter] | | | | |
| A6d. Stay on the street? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ |

A6e. During most of the time when you did not have your own place to stay in the past year, (was your child/were your children) with you? (Limited Benefit Plan Survey and Milwaukee Survey, modified.)

- YES, ALL OF THE TIME ☐ ₁
- YES, PART OF THE TIME ☐ ₂
- NO, NOT AT ALL ☐ ₃
- REFUSED ☐ ₇
- DON'T KNOW ☐ ₈

(601) CURRENT HOUSING TENURE (INCLUDES DOUBLED UP, HOMELESSNESS)

A7. [INTERVIEWER: IF RESIDENCE IS JAIL OR HOMELESS, SKIP TO A10]

Now I'd like to ask you some questions about your housing situation. Do you...

	YES	NO	REFUSED	DON'T KNOW
A7a. rent your home or apartment? [IF YES, SKIP TO A10]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A7b. own your own home? [IF YES, SKIP TO A10]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A7c. live with family or friends and pay part of the rent or mortgage? [IF YES, SKIP TO A8]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A7d. live with family or friends and do not pay rent? [IF YES, SKIP TO A8]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A7e. live in a group shelter? [IF YES, SKIP TO A10]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A7f. live in some other housing arrangement? (SPECIFY)_____ [IF YES, SKIP TO A10]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

A8. What is your relationship to the head of the household in which you are living? (Original)

RELATIVE	<input type="checkbox"/> 1
SPOUSE (SKIP TO A9)	<input type="checkbox"/> 2
PARTNER/BOYFRIEND	<input type="checkbox"/> 3
FRIEND	<input type="checkbox"/> 4
OTHER (SPECIFY): _____	<input type="checkbox"/> 5
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

A8a. What is the main reason you are living in someone else's housing unit? [DO NOT READ RESPONSE CATEGORIES] (Adapted from Homelessness: Programs and the People They Serve)

- | | |
|---|-----------------------------|
| COULDN'T PAY RENT ON OWN UNIT | <input type="checkbox"/> 01 |
| LOST JOB OR ENDED JOB | <input type="checkbox"/> 02 |
| WAS DOING DRUGS | <input type="checkbox"/> 03 |
| LANDLORD MADE ME LEAVE | <input type="checkbox"/> 04 |
| DIDN'T GET ALONG WITH PEOPLE WHERE I LIVED BEFORE | <input type="checkbox"/> 05 |
| RESPONDENT OR A CHILD WERE ABUSED/VIOLENCE IN THE HOUSEHOLD | <input type="checkbox"/> 06 |
| CHANGE IN FAMILY STATUS | <input type="checkbox"/> 07 |
| MOVED IN WITH PARTNER/BOYFRIEND (GIRLFRIEND) | <input type="checkbox"/> 08 |
| OTHER (SPECIFY) _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

A9. How many months or years has it been since you rented or owned your own unit? (Original)

NUMBER OF MONTHS: _____ OR NUMBER OF YEARS: _____

- | | |
|--|-----------------------------|
| I HAVE NEVER OWNED OR RENTED MY OWN UNIT | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

(703) CURRENT NEIGHBORHOOD SATISFACTION

Now I'd like to ask you some questions about places you have lived.

A10. How many months or years have you lived in your current neighborhood? (MTO Baseline, modified)

- | | |
|--------------|-----------------------------|
| MONTHS _____ | <input type="checkbox"/> 1 |
| OR | |
| YEARS _____ | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

A11. Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are... (MTO Baseline)

- | | |
|-----------------------|----------------------------|
| Very satisfied | <input type="checkbox"/> 1 |
| Somewhat satisfied | <input type="checkbox"/> 2 |
| In the middle | <input type="checkbox"/> 3 |
| Somewhat dissatisfied | <input type="checkbox"/> 4 |
| Very dissatisfied | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(1005) NEIGHBORHOOD QUALITY

A12. Now I would like to ask you about problems that occur in some neighborhoods. In your neighborhood, how big of a problem is... (MTO Baseline, modified)

- | | BIG
PROB. | SMALL
PROB. | NO
PROB. | REFUSED | DON'T
KNOW |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A12a. Litter or trash on the streets or sidewalk? Is it a big problem, a small problem or no problem? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A12b. How big of a problem is graffiti or writing on the walls? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A12c. People drinking in public? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A12d. Abandoned buildings? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A12e. Groups of people just hanging out? (HOPE VI) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A12f. Police not coming when called? (HOPE VI) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

A13. Have you seen people using or selling illegal drugs in your neighborhood during the past 30 days? (Original)

- | | |
|--------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO A15) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO A15) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO A15) | <input type="checkbox"/> 8 |

A14. How often have you seen this in the past 30 days? (Original)-Would you say almost every day, once a week, or once or twice in the past 30 days?

- ALMOST EVERY DAY (INCLUDES 4-7 DAYS A WEEK) ☐ ₁
- ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK) ☐ ₂
- ONCE OR TWICE IN THE PAST 30 DAYS (INCLUDES 1-3 TIMES IN 30 DAYS) ☐ ₃
- REFUSED ☐ ₇
- DON'T KNOW ☐ ₈

A15. Now I have a few questions about discrimination. Sometimes people feel they are discriminated against, or treated badly or differently because of their race or ethnicity. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly because of your race or ethnicity in the following places? How about...
[READ A15a-d]:(Gallup, modified)

	YES	NO	REFUSED	DON'T KNOW
A15a. In a store where you were shopping or a restaurant where you wanted to eat?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A15b. In your own neighborhood?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A15c. At your child's school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
A15d. In dealing with the police, such as a traffic accident?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

(802) EASE OF ACCESS TO RESOURCES (TRANSPORTATION)

Now, I'd like to ask you a couple of questions about how you get from place to place.

A16. How long does it take you to get to the nearest bus or train stop? (MTO Baseline)

- Less than 15 minutes ☐ ₁
- 15-30 minutes ☐ ₂
- 31-45 minutes ☐ ₃
- 46 minutes to 1 hour ☐ ₄
- More than 1 hour ☐ ₅
- REFUSED ☐ ₇
- DON'T KNOW ☐ ₈

A17. Do you have a valid driver's license? (MTO-Baseline)

- YES ☐ ₁
- NO ☐ ₂
- REFUSED ☐ ₇
- DON'T KNOW ☐ ₈

A18. Does anyone in your household own a car, van, or truck that runs? **[INTERVIEWER: DO NOT INCLUDE MOTORCYCLES OR RECREATIONAL VEHICLES]** (3-City)

YES ☐ 1
NO ☐ 2
REFUSED ☐ 7
DON'T KNOW ☐ 8

(1001) LEVEL OF CRIME AND VIOLENCE

Now I'd like to get a sense of how safe you think your neighborhood is.

A19a How safe do you feel... (MTO-Baseline)

	VERY SAFE	SAFE	UNSAFE	VERY UNSAFE	RF	DK
A19a. On the streets near your home during the day? Would you say very safe, safe, unsafe or very unsafe?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A19b. On the streets near your home at night? Very safe, safe, unsafe, or very unsafe?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

A20. Please tell me if any of the following things has happened to you or anyone who (lives/lived) with you in the past 6 months...(MTO-Baseline)

	YES	NO	REFUSED	DON'T KNOW
A20a. Was anyone's purse, wallet, or jewelry snatched from them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A20b. Was anyone threatened with a knife or a gun?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A20c. Was anyone beaten or assaulted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A20d. Did anyone try to break into your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A20e. Was anyone stabbed or shot?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(704) NUMBER OF INTERMEDIATE MOVES

A21a. Since [YEAR OF RANDOM ASSIGNMENT] have you gone in person to rent a house or apartment you thought was available and been told by a landlord, real estate agent, or manager you could not rent it?

YES ☐ 1
NO (SKIP TO A22) ☐ 2
REFUSED (SKIP TO A22) ☐ 7
DON'T KNOW (SKIP TO A22) ☐ 8

A21b. For the most recent time this happened, what was the main reason THEY GAVE for not renting the house or apartment to you?

- | | |
|--|-----------------------------|
| NOT ENOUGH INCOME | <input type="checkbox"/> 1 |
| UNIT NOT AVAILABLE/ALREADY RENTED | <input type="checkbox"/> 2 |
| BAD CREDIT | <input type="checkbox"/> 3 |
| POOR HOUSING REFERENCES | <input type="checkbox"/> 4 |
| HOUSEKEEPING | <input type="checkbox"/> 5 |
| DON'T RENT TO SECTION 8 | <input type="checkbox"/> 6 |
| DON'T RENT TO PEOPLE FROM PUBLIC HOUSING | <input type="checkbox"/> 7 |
| DON'T RENT TO PEOPLE WITH CHILDREN | <input type="checkbox"/> 8 |
| DON'T RENT TO WHITE/ BLACK/ HISPANIC/ ASIAN PEOPLE | <input type="checkbox"/> 9 |
| DON'T OR CAN'T RENT TO DISABLED | <input type="checkbox"/> 10 |
| DIDN'T SAY | <input type="checkbox"/> 11 |
| CAN'T REMEMBER | <input type="checkbox"/> 12 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

A21c. For the most recent time this happened, what do you think was the main reason they did not rent to you?

- | | |
|--|-----------------------------|
| SAME REASON THE LANDLORD/AGENT/MANAGER SAID | <input type="checkbox"/> 1 |
| BECAUSE OF RESPONDENT'S RACE OR ETHNICITY | <input type="checkbox"/> 2 |
| BECAUSE RESPONDENT HAD CHILDREN | <input type="checkbox"/> 3 |
| BECAUSE RESPONDENT WAS DISABLED | <input type="checkbox"/> 4 |
| BECAUSE RESPONDENT HAD SECTION 8 | <input type="checkbox"/> 5 |
| BECAUSE RESPONDENT HAD LIVED IN PUBLIC HOUSING | <input type="checkbox"/> 6 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

A21d. After this happened, were you able to rent another unit in the same general area as the one you were denied, did you rent a unit in a different neighborhood, or were you not able to rent one? (Original)

RESPONDENT RENTED A UNIT NEARBY THE ONE DENIED ☐ 1

RESPONDENT RENTED A UNIT IN A DIFFERENT NEIGHBORHOOD THAN THE ONE DENIED ☐ 2

RESPONDENT NOT ABLE TO RENT A UNIT ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

A21e. **[INTERVIEWER: IF RESPONSE TO A21b IS "DON'T RENT TO PEOPLE WITH CHILDREN" OR "DON'T RENT TO WHITE/BLACK/HISPANIC/ASIAN PEOPLE"; OR IF RESPONSE TO A21c IS "BECAUSE OF RESPONDENT RACE OR ETHNICITY", "BECAUSE RESPONDENT HAD CHILDREN", OR "BECAUSE RESPONDENT HAD SECTION 8" THEN ASK A21f, OTHERWISE SKIP TO A22.]**

A21f. Did you make a discrimination complaint or bring a discrimination lawsuit because you were denied access to the unit?

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

A22. How many times have you moved since [YEAR OF RANDOM ASSIGNMENT]?

NUMBER OF TIMES: _____

REFUSED ☐ 97

DON'T KNOW ☐ 98

[IF NO MOVES (A22=0 OR DK OR RF), SKIP TO A25]

[IF ONE MOVE (A22=1) OR NOT CORE MOVER, SKIP TO A24f.]

[IF 2+ MOVES (A22>=2) AND CORE MOVER, CONTINUE]

Now I'd like to talk about some of the places you have lived and your reasons for moving or staying.

(702, 704) FIRST MOVE HOUSING/NEIGHBORHOOD SATISFACTION

Please think back to the place you rented when you first moved using the Section 8 voucher or certificate you received in [YEAR OF RANDOM ASSIGNMENT]. Our records show that you moved to [PROGRAM MOVE ADDRESS].

A23. What was the MAIN reason you moved away from there? (Original)

- | | |
|--|-----------------------------|
| BETTER SCHOOLS FOR MY CHILDREN | <input type="checkbox"/> 01 |
| CHANGE IN MARITAL / ROMANTIC STATUS | <input type="checkbox"/> 02 |
| BETTER TRANSPORTATION | <input type="checkbox"/> 03 |
| A BETTER, OR BIGGER APARTMENT/HOUSE | <input type="checkbox"/> 04 |
| TO GET OR CHANGE JOB / TO BE NEAR MY JOB | <input type="checkbox"/> 05 |
| TO GET AWAY FROM DRUGS AND GANGS | <input type="checkbox"/> 06 |
| TO BE NEAR MY FAMILY | <input type="checkbox"/> 07 |
| DID NOT GET ALONG WITH LANDLORD | <input type="checkbox"/> 08 |
| CHANGE IN RENT/UNIT TOO EXPENSIVE | <input type="checkbox"/> 09 |
| UTILITIES WERE TOO EXPENSIVE | <input type="checkbox"/> 10 |
| LANDLORD WAS NOT WILLING TO RENEW LEASE | <input type="checkbox"/> 11 |
| SAFETY CONCERNS | <input type="checkbox"/> 12 |
| UNIT FAILED SECTION 8 INSPECTION | <input type="checkbox"/> 13 |
| SECTION 8 TERMINATED | <input type="checkbox"/> 14 |
| GOT EVICTED | <input type="checkbox"/> 15 |
| PROBLEMS WITH LANDLORD | <input type="checkbox"/> 16 |
| BUILDING SOLD | <input type="checkbox"/> 17 |
| OTHER: (SPECIFY): _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

A24. Thinking back to when you left [PROGRAM MOVE ADDRESS], where did you look for another place to live at that time? Did you look in: (Original)

- | | YES | NO | REFUSED | DON'T KNOW |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| A24a. The neighborhood you were living in? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A24b. Similar neighborhoods? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A24c. Suburban areas outside the city? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A24d. Your old neighborhood near public housing? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A24e. Other types of areas? (SPECIFY:) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

A24f. What was the MAIN reason you moved to your current house or apartment? Please consider only the reasons you chose your current house or apartment instead of another available one. (MTO Baseline; modified)

- | | |
|---|-----------------------------|
| BETTER SCHOOLS FOR MY CHILDREN | <input type="checkbox"/> 01 |
| CHANGE IN MARITAL / ROMANTIC STATUS | <input type="checkbox"/> 02 |
| TO HAVE BETTER TRANSPORTATION | <input type="checkbox"/> 03 |
| A BETTER, OR BIGGER APARTMENT/HOUSE | <input type="checkbox"/> 04 |
| CHANGE OF JOB/TO BE NEAR MY JOB | <input type="checkbox"/> 05 |
| NO DRUGS AND GANGS | <input type="checkbox"/> 06 |
| TO BE NEAR MY FAMILY | <input type="checkbox"/> 07 |
| MTO/PROGRAM FOUND IT FOR ME | <input type="checkbox"/> 08 |
| SAFETY CONCERNS/FELT NEIGHBORHOOD WAS SAFER | <input type="checkbox"/> 13 |
| OTHER: (SPECIFY): _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

(602) RENT/MORTGAGE

A25. [INTERVIEWER: IF OWNER, SKIP TO A27]

Now I'd like to talk about how much you pay each month for housing.

A25a. Altogether in the month just past, what did you pay as rent? We are interested only in knowing your part of the payment. (NSAF99)

PER MONTH: \$ _____. ____

REFUSED ☐ 9997

DON'T KNOW ☐ 9998

A25b. What is the total current monthly payment on this house or apartment? (NSAF99)

AMOUNT PER MONTH: \$ _____. ____

REFUSED ☐ 9997

DON'T KNOW ☐ 9998

A26. Do you currently receive any governmental housing assistance in paying rent such as through public housing or Section 8? (HOPE VI Interim Assessment Resident Survey; modified to focus on renters)

YES (SKIP TO A26b) ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

A26a. Are you paying lower rent because the Federal, state, or local government is paying for part of the rent? (NSAF)

- | | |
|-----------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO A27) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO A27) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO A27) | <input type="checkbox"/> 8 |

A26b. Is this assistance: public housing, a Section 8 Certificate or Voucher, Project-based Section 8 or some other type of assistance? (HOPE VI Interim Assessment Resident Survey)

- | | |
|-------------------------------------|----------------------------|
| PUBLIC HOUSING | <input type="checkbox"/> 1 |
| A SECTION 8 CERTIFICATE OR VOUCHER | <input type="checkbox"/> 2 |
| PROJECT BASED SECTION 8 | <input type="checkbox"/> 3 |
| OTHER TYPE OF ASSISTANCE (SPECIFY): | <input type="checkbox"/> 4 |
| _____ | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO A30)

A27. What was the most recent type of housing assistance you received? Was it public housing, a Section 8 Certificate or Voucher, or some other type of assistance? (Original)

- | | |
|--|----------------------------|
| PUBLIC HOUSING | <input type="checkbox"/> 1 |
| SECTION 8 CERTIFICATE OR VOUCHER | <input type="checkbox"/> 2 |
| PROJECT-BASED SECTION 8 | <input type="checkbox"/> 3 |
| NEVER RECEIVED HOUSING ASSISTANCE (SKIP TO A28) | <input type="checkbox"/> 4 |
| OTHER TYPER OF ASSISTANCE (SPECIFY): | <input type="checkbox"/> 5 |
| _____ | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

A27a. People leave housing assistance/public housing/Section 8 for different reasons. Which of the following would you say was the main reason you left? (Original)

- | | |
|--|-----------------------------|
| INCOME TOO HIGH/OVER-INCOME/NO LONGER ELIGIBLE | <input type="checkbox"/> 1 |
| RENT OR UTILITIES GOT TOO HIGH | <input type="checkbox"/> 2 |
| EVICTED | <input type="checkbox"/> 3 |
| LOST SUBSIDY DUE TO PROBLEM WITH PHA (BROKE RULES, ETC.) | <input type="checkbox"/> 4 |
| RELOCATED FROM PUBLIC HOUSING AND COULD NOT MOVE BACK | <input type="checkbox"/> 5 |
| LANDLORD WOULD NOT TAKE SECTION 8 | <input type="checkbox"/> 6 |
| WANTED TO OWN A HOME | <input type="checkbox"/> 7 |
| BOUGHT A HOME | <input type="checkbox"/> 8 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 95 |
| <hr/> | |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

A28. **[INTERVIEWER: IF RENTER, SKIP TO A30]:** What is the monthly amount you pay for owning this house or apartment? We are interested in the payment you make to the bank or mortgage company. (Original)

- | | |
|------------------------------------|----------------------------|
| ENTER AMOUNT: \$__ __ __ __. __ __ | <input type="checkbox"/> 1 |
| NO PAYMENT IS PAID | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

A28a. Does that amount include taxes and insurance? (Original)

- | | |
|----------------------------|----------------------------|
| YES (SKIP TO A29) | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

A28b. What is the amount paid annually for taxes? (Original)

- | | |
|--|----------------------------|
| TAXES: ENTER AMOUNT \$__ __ __ __. __ __ | <input type="checkbox"/> 1 |
| NO TAXES PAID | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

A28c. What is the amount paid annually for insurance? (Original)

INSURANCE: ENTER AMOUNT \$ _____. ☐ 1

NO INSURANCE PAID ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

A29. Did a government agency or nonprofit agency help you with the purchase of your home by providing down-payment assistance or help with fixing or building the home? For example, Habitat for Humanity. (Original)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

(603) UTILITIES

A30. What are the annual costs of utilities and fuels for this (house/apartment/mobile home)? If you have lived here less than 1 year, estimate the annual cost. (Census 2000, modified)

A30a. Electricity: ANNUAL COST: \$_____. ☐ 1

(IF VOLUNTEERED):

INCLUDED IN RENT OR IN CONDOMINIUM FEE ☐ 2

NO CHARGE ☐ 3

NO ELECTRICITY USED ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8

A30b. Gas: ANNUAL COST: \$_____. ☐ 1

(IF VOLUNTEERED):

INCLUDED IN RENT OR IN CONDOMINIUM FEE ☐ 2

NO CHARGE ☐ 3

NO GAS USED ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8

A30c. Water and sewer: ANNUAL COST: \$ __, __ __ __.00 ☐ 1

(IF VOLUNTEERED):

INCLUDED IN RENT OR IN CONDOMINIUM FEE ☐ 2

NO CHARGE ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

A30d. Oil, coal, kerosene, wood, etc.:

ANNUAL COST: \$ __, __ __ __.00 ☐ 1

(IF VOLUNTEERED):

INCLUDED IN RENT OR IN CONDOMINIUM FEE ☐ 2

NO CHARGE OR THESE FUELS NOT USED ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

(606) HOUSING SECURITY—ABILITY TO PAY

A31. People sometimes have trouble paying their utility bills on time. During the past 12 months, were you ever more than 15 days late paying your electric, gas, or water bill? (Original)

YES ☐ 1

NO (**SKIP TO A35**) ☐ 2

NOT APPLICABLE (**SKIP TO A35**) ☐ 3

UTILITIES INCLUDED IN RENT (**SKIP TO A35**) ☐ 4

REFUSED (**SKIP TO A35**) ☐ 7

DON'T KNOW(**SKIP TO A35**) ☐ 8

A32. When you had trouble paying for utilities, were you ever charged a fee for late payment? (Original)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

A33. Did you receive a notice that your gas, water, or electricity would be shut off if you did not pay your bill? (Original)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

A34. In the past 12 months, was your gas, water, or electricity ever shut off for nonpayment? (Original)

- | | |
|--------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO A35) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO A35) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO A35) | <input type="checkbox"/> 8 |

34a. When that happened, did you or your children move out, even for a little while, because the utilities were shut off? (Original)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

A35. **[INTERVIEWER: IF OWNER, SKIP TO A38]:** During the past 12 months, were you ever more than 15 days late paying your rent? (Original)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

A36. In the last 12 months, has your current or a previous landlord ever threatened to evict you for non-payment of rent? (Original)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

A37. During the last 12 months, have you been evicted from a home for any reason? (Original)

- | | |
|--------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO A41) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO A41) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO A41) | <input type="checkbox"/> 8 |

A37a. Why was that?

NON-PAYMENT OF RENT ☐ 1

OTHER (SPECIFY:) _____ ☐ 5

REFUSED ☐ 7

DON'T KNOW ☐ 8

(SKIP TO A41)

A38. During the past 12 months, were you ever more than 15 days late paying your mortgage? (Original)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

A39. In the last 12 months, has the bank ever threatened to foreclose on your mortgage for any reason? (Original)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

A40. During the last 12 months, did the bank foreclose on your mortgage? (Original)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

(SKIP TO B1)

(607) HOUSING SECURITY—RELATIONS WITH LANDLORD

A41. In the past 12 months, has the owner or manager complained about your housekeeping, visitors, life style, partner's behavior, damage to the unit, or your children's behavior? (Original)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

SECTION B: EDUCATION AND TRAINING
--

Now I'd like to talk about your educational background and any educational programs you may be currently enrolled in.

(116-118) EDUCATIONAL PROGRESS

B1. What is the highest grade or year of regular school that you have completed and gotten credit for? (NLSY79-18)

GRADE (1-12): _____

- | | |
|--------------------------------|-----------------------------|
| FIRST YEAR OF COLLEGE | <input type="checkbox"/> 13 |
| SECOND YEAR OF COLLEGE | <input type="checkbox"/> 14 |
| THIRD YEAR OF COLLEGE | <input type="checkbox"/> 15 |
| FOURTH YEAR OF COLLEGE | <input type="checkbox"/> 16 |
| FIFTH YEAR OF COLLEGE | <input type="checkbox"/> 17 |
| SIXTH YEAR OF COLLEGE | <input type="checkbox"/> 18 |
| SEVENTH YEAR OF COLLEGE | <input type="checkbox"/> 19 |
| EIGHTH YEAR OF COLLEGE OR MORE | <input type="checkbox"/> 20 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

[INTERVIEWER: IF HIGHEST GRADE IS 12+, FILL IN PARENTHETICAL]

B2. Do you have (a high school diploma or) a GED? (NSAF99) [PROBE FOR GED VS. HIGH SCHOOL DIPLOMA]

- | | |
|---------------------|----------------------------|
| GED | <input type="checkbox"/> 1 |
| HIGH SCHOOL DIPLOMA | <input type="checkbox"/> 2 |
| BOTH | <input type="checkbox"/> 3 |
| NEITHER | <input type="checkbox"/> 4 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

B3a. Now I would like to ask you about any regular school or any training you may have had since September 2000.
Have you participated in any additional regular schooling or in some other type of schooling or training program that lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job?

- | | |
|-------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO B4) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO B4) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO B4) | <input type="checkbox"/> 8 |

B3b. What kind of schooling or training was that? (RECORD VERBATIM)

- REGULAR SCHOOLING ☐ 1
GENERAL EQUIVALENCY DIPLOMA (GED) ☐ 2
ENGLISH AS A SECOND LANGUAGE ☐ 3
COMPUTER TRAINING ☐ 4
OTHER (SPECIFY) _____ ☐ 5
REFUSED ☐ 97
DON'T KNOW ☐ 98

B3c. How many weeks did you participate in schooling or training during the period since September 2000?

- NUMBER OF WEEKS: _____
REFUSED ☐ 97
DON'T KNOW ☐ 98

B3d. During those weeks, how many hours a week did you usually spend in schooling or training?

- NUMBER OF HOURS: _____
REFUSED ☐ 97
DON'T KNOW ☐ 98

B3e. Are you currently participating in schooling or training?

- YES ☐ 1
NO ☐ 2
REFUSED ☐ 7
DON'T KNOW ☐ 8

(109) FAMILY INVOLVEMENT IN EDUCATION

Now I'd like to ask you about your involvement in your children's schooling.

B4. [INTERVIEWER: IF NO SAMPLE CHILDREN AGES 5-19, SKIP TO C1]: In the past 12 months, have you or another adult who lives with you...(MTO Baseline)

- | | YES | NO | REFUSED | DON'T KNOW |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| B4a. gone to a general meeting at your (child/ren)'s school, like a back-to-school night or parent/teacher organization meeting? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| B4b. gone to a school event, like a play, sports event, or science fair? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| B4c. been a volunteer at your (child/ren)'s school, or been on a school committee? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| B4d. worked with a youth group, sports team, or club outside of school? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

SECTION C: EMPLOYMENT AND EARNINGS

Now I'd like to ask a few questions about any jobs you may have.

(201) HOURS WORKED PER WEEK

C1. Last week, did you do any work for pay? (CPS)

- | | |
|---|----------------------------|
| YES (SKIP TO C3) | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| IF VOLUNTEERED, RETIRED (SKIP TO C21) | <input type="checkbox"/> 3 |
| IF VOLUNTEERED, DISABLED (SKIP TO C20) | <input type="checkbox"/> 4 |
| IF VOLUNTEERED, UNABLE TO WORK (SKIP TO C20) | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

C2. What is the main reason that you did not work for pay last week? (MTO-Boston; modified response categories)

- | | |
|---|-----------------------------|
| RETIRED (SKIP TO C21) | <input type="checkbox"/> 01 |
| DISABLED (SKIP TO C20) | <input type="checkbox"/> 02 |
| UNABLE TO WORK (SKIP TO C20) | <input type="checkbox"/> 03 |
| HAS JOB BUT TEMPORARILY ABSENT (SKIP TO C3) | <input type="checkbox"/> 04 |
| COULDN'T FIND ANY WORK (SKIP TO C22) | <input type="checkbox"/> 05 |
| CHILD CARE PROBLEMS (SKIP TO C22) | <input type="checkbox"/> 06 |
| FAMILY RESPONSIBILITIES (SKIP TO C22) | <input type="checkbox"/> 07 |
| IN SCHOOL OR OTHER TRAINING (SKIP TO C22) | <input type="checkbox"/> 08 |
| WAITING FOR A NEW JOB TO BEGIN (SKIP TO C22) | <input type="checkbox"/> 09 |
| OTHER (SPECIFY):
_____ (SKIP TO C22) | <input type="checkbox"/> 95 |
| REFUSED (SKIP TO C22) | <input type="checkbox"/> 97 |
| DON'T KNOW (SKIP TO C22) | <input type="checkbox"/> 98 |

C3. Last week, did you have more than one job, including part-time and weekend work? (CPS)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

C4. How many hours per week do you usually work at your [main] job? (By main job, we mean the one at which you usually work the most hours.) [INTERVIEWER: IF "REFUSED" OR "DON'T KNOW" IN C3, OR IF MULTIPLE JOBS, FILL IN PARENTHETICAL "main"] (CPS)

HOURS EACH WEEK _____ (SKIP TO C5)

HOURS VARY EACH WEEK

☐ 01

REFUSED

☐ 97

DON'T KNOW

☐ 98

C4a. Do you usually work 35 hours or more per week at your [main] job? (CPS)

YES

☐ 1

NO

☐ 2

HOURS VARY

☐ 3

REFUSED

☐ 7

DON'T KNOW

☐ 8

(204) OCCUPATION/INDUSTRY

C5. Now I have a few questions about the (main) job at which you worked last week. What kind of business or industry is this? What do they make or do where you work? (CPS) (RECORD VERBATIM)

REFUSED
DON'T KNOW

(SKIP TO C6)

☐ 97

☐ 98

C5a. Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else? (CPS)

MANUFACTURING

☐ 1

RETAIL TRADE

☐ 2

WHOLESALE TRADE

☐ 3

SOMETHING ELSE (SPECIFY): _____

☐ 4

REFUSED

☐ 7

DON'T KNOW

☐ 8

C6. What kind of work do you do, that is, what is your occupation? For example, plumber, typist, farmer (CPS)
[RECORD VERBATIM]

REFUSED

☐ 97

DON'T KNOW

☐ 98

C7. What are your usual duties or activities at this job? For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick. (CPS; modified) [RECORD VERBATIM]

REFUSED

☐ 97

DON'T KNOW

☐ 98

(207) JOB TENURE

C8. When did you first start working (at your main job)? (NLSY79)

Enter Date: Mon/Day/Year __ __ / __ __ / __ __ __ __

REFUSED

☐ 7

DON'T KNOW

☐ 8

(202) AVERAGE HOURLY EARNINGS

C9. For your (main) job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis? (CPS)

HOURLY

☐ 1

WEEKLY

☐ 2

BIWEEKLY (every 2 weeks)

☐ 3

TWICE MONTHLY

☐ 4

MONTHLY

☐ 5

ANNUALLY

☐ 6

PER UNIT (SPECIFY UNIT TYPE) _____

☐ 7

OTHER: (SPECIFY) _____

☐ 8

REFUSED

☐ 97

DON'T KNOW

☐ 98

C10. Do you usually receive overtime pay, tips, or commissions (at main job)? (CPS)

YES

☐ 1

NO

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

[INTERVIEWER: IF RATE OF PAY IS HOURLY, SKIP TO C13; IF RATE OF PAY IS PER UNIT, SKIP TO C12a]

C11. (Including overtime pay, tips, and commissions), what are your usual (weekly/biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions? (CPS)

Enter dollar amount \$ _____. ____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

[IF RATE OF PAY NOT ANNUAL (C9=6) SKIP TO C15]

C12. How many weeks a year do you get paid for? (CPS)

NUMBER OF WEEKS _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

(SKIP TO C15)

C12a. **[INTERVIEWER: DEFINE [UNIT] AS UNIT TYPE FROM C9. IF PER UNIT AND OVERTIME PAY, TIPS, AND COMMISSIONS (C9=7 AND C10=1), SKIP TO C12d.]**

C12b. What is your rate of pay per [UNIT] (on this job)? (Original)

\$ _____.

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C12c. For how many [UNIT]s are you usually paid per week (on this job)? (Original)

NUMBER OF UNITS: _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

(SKIP TO C15)

C12d. Excluding overtime pay, tips and commissions, what is your rate of pay per [UNIT] (on this job)? (Original)

\$ _____.

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C12e. For how many [UNIT]s are you usually paid per week at this rate? (Original)

NUMBER OF UNITS: _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C12f. How many hours do you usually work per week at this rate? (Original)

HOURS PER WEEK: _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C12g. (At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

\$ _____.

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C12h. Is that... (Original)

Per hour

☐ 1

Per day

☐ 2

Per week

☐ 3

Per month

☐ 4

Per year

☐ 5

Per UNIT

☐ 6

OTHER: (SPECIFY) _____

☐ 7

REFUSED

☐ 97

DON'T KNOW

☐ 98

C12i. **[INTERVIEWER: IF OVERTIME RATE OF PAY IS NOT PER UNIT (C12h NOT EQUAL 7),
SKIP TO C12k.]**

C12j. For how many [UNIT]s are you usually paid per week at this rate? (Original)

NUMBER OF UNITS: _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C12k. How many hours do you usually work per week at this rate? (Original)

HOURS PER WEEK: _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

(SKIP TO C15)

C13. [INTERVIEWER: IF HOURLY AND OVERTIME PAY, TIPS, AND COMMISSIONS, SKIP TO C14a.]

C13a. What is your hourly rate of pay (on this job)? (CPS)

\$ _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

(SKIP TO C15)

C14a. Excluding overtime pay, tips and commissions, what is your hourly rate of pay (on this job)? (CPS)

\$ _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C14b. How many hours do you usually work per week at this rate?(CPS)

_____ HOURS PER WEEK

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C14c. (At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions? (CPS)

\$ _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C14d. Is that... (Original)

- | | |
|-----------------------|----------------------------|
| Per hour | <input type="checkbox"/> 1 |
| Per day | <input type="checkbox"/> 2 |
| Per week | <input type="checkbox"/> 3 |
| Per month | <input type="checkbox"/> 4 |
| Per year | <input type="checkbox"/> 5 |
| OTHER: (SPECIFY)_____ | <input type="checkbox"/> 6 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

C14e. How many hours do you usually work per week at this rate? (CPS)

_____ HOURS PER WEEK

- | | |
|------------|-----------------------------|
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

(203) FRINGE BENEFITS

C15. Through your employer are you eligible for any of the following benefits? By eligible we mean the benefit is available for you now, even if you have decided to not receive it or have not needed it.

- | | YES | NO | RF | DK |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 15a. Health insurance? (SPD, modified) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 15b. Sick leave? (MTO Canvass) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| 15c. Paid vacation? (MTO Canvass) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

(208) SOCIAL NETWORKS & JOBS

[Asked about main current job]

C16. I'd like to ask you how you found the (main) job you have now. What is the most important source of information you used to find this job? [INTERVIEWER: CODE RESPONSE.] (3CITY; modified)

- | | |
|---|-----------------------------|
| A FRIEND, RELATIVE, OR ACQUAINTANCE | <input type="checkbox"/> 01 |
| A GOVERNMENT EMPLOYMENT AGENCY (SKIP TO C18) | <input type="checkbox"/> 02 |
| A PRIVATE EMPLOYMENT AGENCY (SKIP TO C18) | <input type="checkbox"/> 03 |
| CHECKING DIRECTLY WITH MY EMPLOYER (SKIP TO C18) | <input type="checkbox"/> 04 |
| A REFERRAL FROM A JOB TRAINING PROGRAM (SKIP TO C18) | <input type="checkbox"/> 05 |
| THE NEWSPAPER (SKIP TO C18) | <input type="checkbox"/> 06 |
| A SCHOOL EMPLOYMENT SERVICE (SKIP TO C18) | <input type="checkbox"/> 07 |
| A COMPUTER SEARCH (SKIP TO C18) | <input type="checkbox"/> 08 |
| CHURCH (SKIP TO C18) | <input type="checkbox"/> 09 |
| COMMUNITY CENTER (SKIP TO C18) | <input type="checkbox"/> 10 |
| OTHER (SKIP TO C18) | <input type="checkbox"/> 95 |
| REFUSED (SKIP TO C18) | <input type="checkbox"/> 97 |
| DON'T KNOW (SKIP TO C18) | <input type="checkbox"/> 98 |

C17. Did this person live in the same neighborhood as you at the time you got the job? (3CITY, modified)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(209) ACCESS TO JOBS

C18. How did you usually get to work last week? [INTERVIEWER: CODE RESPONSE.] (Census2000, modified.)

[INTERVIEWER: IF MORE THAN ONE METHOD, PROBE FOR ONE USED FOR MOST DISTANCE.]

- | | |
|--------------------------|-----------------------------|
| CAR, TRUCK, OR VAN | <input type="checkbox"/> 01 |
| BUS OR TROLLEY BUS | <input type="checkbox"/> 02 |
| STREETCAR OR TROLLEY CAR | <input type="checkbox"/> 03 |
| SUBWAY OR ELEVATED | <input type="checkbox"/> 04 |
| RAILROAD | <input type="checkbox"/> 05 |
| FERRYBOAT | <input type="checkbox"/> 06 |
| TAXICAB | <input type="checkbox"/> 07 |
| MOTORCYCLE | <input type="checkbox"/> 08 |
| BICYCLE | <input type="checkbox"/> 09 |
| WALKED | <input type="checkbox"/> 10 |
| WORKED AT HOME | <input type="checkbox"/> 11 |
| OTHER METHOD | <input type="checkbox"/> 12 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

C19. How many minutes did it usually take you to get from home to work last week? (Census2000)

- | | | |
|-------------------|-------|-----------------------------|
| NUMBER OF MINUTES | _____ | |
| REFUSED | | <input type="checkbox"/> 97 |
| DON'T KNOW | | <input type="checkbox"/> 98 |

(SKIP TO C28)

C20. Do you have a disability that prevents you from accepting any kind of work during the next six months? (CPS)

- | | |
|---------------------------------|----------------------------|
| YES (SKIP TO C28) | <input type="checkbox"/> 1 |
| NO (SKIP TO C22) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO C22) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO C22) | <input type="checkbox"/> 8 |

C21. Do you currently want a job, either full-time or part-time? (CPS modified)

- | | |
|--------------------------|----------------------------|
| YES OR MAYBE, IT DEPENDS | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(205) NOT EMPLOYED—JOB SEARCH, DURATION, INTENSITY

C22. Have you been doing anything to find work during the past four weeks? (CPS)

- | | |
|------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO C28) | <input type="checkbox"/> 2 |
| RETIRED (SKIP TO C28) | <input type="checkbox"/> 3 |
| DISABLED (SKIP TO C28) | <input type="checkbox"/> 4 |
| UNABLE TO WORK (SKIP TO C28) | <input type="checkbox"/> 5 |
| REFUSED (SKIP TO C28) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO C28) | <input type="checkbox"/> 8 |

C23. What are all the things you have done to find work during the past four weeks? **[INTERVIEWER: CHECK ALL THAT APPLY.]** (CPS)

- | | |
|--|-----------------------------|
| CONTACTED EMPLOYER(S) | <input type="checkbox"/> 01 |
| CONTACTED PUBLIC EMPLOYMENT AGENCY
PROGRAMS/COURSES | <input type="checkbox"/> 02 |
| CONTACTED PRIVATE EMPLOYMENT AGENCY | <input type="checkbox"/> 03 |
| CONTACTED FRIENDS OR RELATIVES | <input type="checkbox"/> 04 |
| OTHER PASSIVE | <input type="checkbox"/> 05 |
| CONTACTED SCHOOL/UNIVERSITY EMPLOYER
CENTER | <input type="checkbox"/> 06 |
| SENT OUT RESUMES/FILLED OUT APPLICATIONS | <input type="checkbox"/> 07 |
| CHECKED UNION/PROFESSIONAL REGISTERS | <input type="checkbox"/> 08 |
| PLACED OR ANSWERED ADS | <input type="checkbox"/> 09 |
| OTHER ACTIVE | <input type="checkbox"/> 10 |
| LOOKED AT ADS DIRECTLY/INTERVIEW | <input type="checkbox"/> 11 |
| ATTENDED JOB TRAINING | <input type="checkbox"/> 12 |
| NOTHING | <input type="checkbox"/> 13 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

C24. During the past four weeks, about how many hours in total did you spend looking for work? (Original)

ENTER NUMBER OF HOURS: _____

- | | |
|------------|------------------------------|
| REFUSED | <input type="checkbox"/> 997 |
| DON'T KNOW | <input type="checkbox"/> 998 |

C25. With how many different employers have you made direct contact, either by phone, mail, or in-person, during the past four weeks? (Original)

ENTER NUMBER OF EMPLOYERS _____

REFUSED ☐ 997

DON'T KNOW ☐ 998

C26. Last week, could you have started a job if one had been offered? (CPS)

YES (**SKIP TO C28**) ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

C27. Why is that? (CPS)

WAITING FOR NEW JOB TO BEGIN ☐ 1

OWN TEMPORARY ILLNESS ☐ 2

GOING TO SCHOOL ☐ 3

OTHER (SPECIFY): _____ ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8

(210) EMPLOYMENT HISTORY

Now I am going to ask you about any other paid employment you have had since September 2000 (other than the job we just discussed). This should include any paid employment you have now. Please tell me about any work you have had as an employee, that is, work you had in an ongoing relationship with a particular employer. For example, working in a supermarket or restaurant would be work as an employee.

C28. Since September 2000, have you done any (other) work at all for which you were paid? (NLSY79; modified)

YES ☐ 1

NO (**SKIP TO C35**) ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

For each employer you have had since September 2000, please tell us:

C29. What kind of work did you usually do for this employer? **[INTERVIEWER: RECORD TYPE OF WORK FOR EACH EMPLOYER. IF RESPONDENT WORKS FOR A TEMPORARY AGENCY, REFER TO THAT AS 1 JOB. DO NOT COLLECT INFORMATION ABOUT EACH ASSIGNMENT.]**

[INTERVIEWER: PROBE AFTER EACH EMPLOYER]: Any more work as an employee since September 2000?

	RF	DK
EMPLOYER/TYPE OF WORK 1:	<input type="checkbox"/> 7	<input type="checkbox"/> 8
_____ EMPLOYER/TYPE OF WORK 2:	<input type="checkbox"/> 7	<input type="checkbox"/> 8
_____ EMPLOYER/TYPE OF WORK 3:	<input type="checkbox"/> 7	<input type="checkbox"/> 8

[INTERVIEWER: REPEAT C30-C34 FOR EACH EMPLOYER IN C29.]

	JOB #1	JOB #2	JOB #3
C30. Let's talk about [EMPLOYER-TYPE OF WORK.] When did you first start working for this employer? (NLSY 79, modified)	____/____ MM YYYY	____/____ MM YYYY	____/____ MM YYYY
C31. Are you currently working for this employer? (NLSY 79)	<input type="checkbox"/> 1 YES (SKIP TO C33) <input type="checkbox"/> 2 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW	<input type="checkbox"/> 1 YES (SKIP TO C33) <input type="checkbox"/> 2 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW	<input type="checkbox"/> 1 YES (SKIP TO C33) <input type="checkbox"/> 2 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW
C32. When did you stop working for this employer? (NLSY 79)	____/____ MM YYYY <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW	____/____ MM YYYY <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW	____/____ MM YYYY <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW
C33. How much (do/did) you usually earn per week from this employer? (NLSY 79, modified)	\$ _____.____ per week <input type="checkbox"/> 9997 REFUSED <input type="checkbox"/> 9998 DON'T KNOW	\$ _____.____ per week <input type="checkbox"/> 9997 REFUSED <input type="checkbox"/> 9998 DON'T KNOW	\$ _____.____ per week <input type="checkbox"/> 9997 REFUSED <input type="checkbox"/> 9998 DON'T KNOW
C34. How many hours per week (do/did) you usually work for this employer? (NLSY 79, modified)	_____ HOURS <input type="checkbox"/> 9997 REFUSED <input type="checkbox"/> 9998 DON'T KNOW	_____ HOURS <input type="checkbox"/> 9997 REFUSED <input type="checkbox"/> 9998 DON'T KNOW	_____ HOURS <input type="checkbox"/> 9997 REFUSED <input type="checkbox"/> 9998 DON'T KNOW

USE SUPPLEMENTAL GRIDS AS NECESSARY

C35. During the past month, did you do any small jobs (other than any already mentioned) to bring in extra money like babysitting, home repairs, mowing lawns, house cleaning, cooking , or things like that? (MTO Baseline)

- YES ☐ 1
- NO (**SKIP TO C36**) ☐ 2
- REFUSED (**SKIP TO C36**) ☐ 7
- DON'T KNOW (**SKIP TO C36**) ☐ 8

C35a. How many hours do you usually work a week at these small jobs? (MTO Baseline)

NUMBER OF HOURS: _____

- REFUSED ☐ 7
- DON'T KNOW ☐ 8

[IF NO SPOUSE AT RANDOM ASSIGNMENT, SKIP TO D1]

[INTERVIEWER: IN TWO-PARENT FAMILIES THE FEMALE IS THE RESPONDENT SO THIS SECTION APPLIES TO MALE SPOUSES]:

Now I have a few questions about [SPOUSE].

C36. Is [SPOUSE] still living with you? (MTO CANVASS)

- YES ☐ 1
- NO (**SKIP TO D1**) ☐ 2
- DECEASED (**SKIPTO D1**) ☐ 3
- REFUSED (**SKIP TO D1**) ☐ 7
- DON'T KNOW (**SKIP TO D1**) ☐ 8

C36a. Last week, did [SPOUSE] do any work for pay? (CPS)

- YES (**SKIP TO C38**) ☐ 1
- NO ☐ 2
- IF VOLUNTEERED, RETIRED (**SKIP TO C56**) ☐ 3
- IF VOLUNTEERED, DISABLED (**SKIP TO C55**) ☐ 4
- IF VOLUNTEERED, UNABLE TO WORK (**SKIP TO C55**) ☐ 5
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

(201) HOURS WORKED PER WEEK

C37. What is the main reason that he did not work for pay last week? (MTO-Boston; modified response categories)

- | | |
|--|-----------------------------|
| RETIRED (SKIP TO C56) | <input type="checkbox"/> 01 |
| DISABLED (SKIP TO C55) | <input type="checkbox"/> 02 |
| UNABLE TO WORK (SKIP TO C55) | <input type="checkbox"/> 03 |
| HAS JOB BUT TEMPORARILY ABSENT (SKIP TO C38) | <input type="checkbox"/> 04 |
| COULDN'T FIND ANY WORK (SKIP TO C57) | <input type="checkbox"/> 05 |
| CHILD CARE PROBLEMS (SKIP TO C57) | <input type="checkbox"/> 06 |
| FAMILY RESPONSIBILITIES (SKIP TO C57) | <input type="checkbox"/> 07 |
| IN SCHOOL OR OTHER TRAINING (SKIP TO C57) | <input type="checkbox"/> 08 |
| WAITING FOR A NEW JOB TO BEGIN (SKIP TO C57) | <input type="checkbox"/> 09 |
| OTHER (SPECIFY): | <input type="checkbox"/> 95 |
| _____ (SKIP TO C57) | |
| REFUSED (SKIP TO C57) | <input type="checkbox"/> 97 |
| DON'T KNOW (SKIP TO C57) | <input type="checkbox"/> 98 |

C38. Last week, did he have more than one job, including part-time and weekend work? (CPS)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

C39. How many hours per week does he usually work at his [main] job? (By main job, we mean the one at which he usually works the most hours.) [INTERVIEWER: IF "REFUSED" OR "DON'T KNOW" IN C38, OR IF MULTIPLE JOBS, FILL IN PARENTHETICAL "main"] (CPS)

- | | |
|-------------------------------------|-----------------------------|
| HOURS EACH WEEK _____ (SKIP TO C40) | |
| HOURS VARY EACH WEEK | <input type="checkbox"/> 01 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

C39a. Does he usually work 35 hours or more per week at his [main] job? (CPS)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| HOURS VARY | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(204) OCCUPATION/INDUSTRY

C40. Now I have a few questions about the (main) job at which [SPOUSE] worked last week. What kind of business or industry is this? What do they make or do where he works? (CPS) (RECORD VERBATIM)

_____	(SKIP TO C41)

REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

C40a. Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else? (CPS)

MANUFACTURING	<input type="checkbox"/> 1
RETAIL TRADE	<input type="checkbox"/> 2
WHOLESALE TRADE	<input type="checkbox"/> 3
SOMETHING ELSE (SPECIFY): _____	<input type="checkbox"/> 4
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

C41. What kind of work does he do, that is, what is his occupation? For example, plumber, typist, farmer (CPS) [RECORD VERBATIM]

REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

C42. What are his usual duties or activities at this job? For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick. (CPS; modified) [RECORD VERBATIM]

REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

(207) JOB TENURE

C43. When did he first start working (at his main job)? (NLSY79)

Enter Date: Mon/Day/Year __ __ / __ __ / __ __ __ __	
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

(202) AVERAGE HOURLY EARNINGS

C44. For his (main) job, what is the easiest way for you to report his total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis? (CPS)

- | | |
|------------------------------------|-----------------------------|
| HOURLY | <input type="checkbox"/> 1 |
| WEEKLY | <input type="checkbox"/> 2 |
| BIWEEKLY (EVERY 2 WEEKS) | <input type="checkbox"/> 3 |
| TWICE MONTHLY | <input type="checkbox"/> 4 |
| MONTHLY | <input type="checkbox"/> 5 |
| ANNUALLY | <input type="checkbox"/> 6 |
| PER UNIT (SPECIFY UNIT TYPE) _____ | <input type="checkbox"/> 7 |
| OTHER: (SPECIFY) _____ | <input type="checkbox"/> 8 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

C45. Does he usually receive overtime pay, tips, or commissions (at main job)? (CPS)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

[INTERVIEWER: IF RATE OF PAY IS HOURLY, SKIP TO C48; IF RATE OF PAY IS PER UNIT, SKIP TO C47a]

C46. (Including overtime pay, tips, and commissions), what are [SPOUSE]'s usual (weekly/biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions? (CPS)

- | | | |
|---------------------|----------|--------------------------------|
| Enter dollar amount | \$ _____ | |
| REFUSED | | <input type="checkbox"/> 99997 |
| DON'T KNOW | | <input type="checkbox"/> 99998 |

[IF RATE OF PAY NOT ANNUAL (C44=6) SKIP TO C50]

C47. How many weeks a year does he get paid for? (CPS)

- | | | |
|-----------------|-------|--------------------------------|
| NUMBER OF WEEKS | _____ | |
| REFUSED | | <input type="checkbox"/> 99997 |
| DON'T KNOW | | <input type="checkbox"/> 99998 |

(SKIP TO C50)

C47a. **[INTERVIEWER: DEFINE [UNIT] AS UNIT TYPE FROM C44. IF PER UNIT AND OVERTIME PAY, TIPS, AND COMMISSIONS (C44=7 AND C45=1), SKIP TO C47d.]**

C47b. What is [SPOUSE]'s rate of pay per [UNIT] (on this job)? (Original)

\$ _____.

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C47c. For how many [UNIT]s is [SPOUSE] usually paid per week (on this job)? (Original)

NUMBER OF UNITS: _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

(SKIP TO C50)

C47d. Excluding overtime pay, tips and commissions, what is [SPOUSE]'s rate of pay per [UNIT] (on this job)? (Original)

\$ _____.

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C47e. For how many [UNIT]s is [SPOUSE] usually paid per week at this rate? (Original)

NUMBER OF UNITS: _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C47f. How many hours does [SPOUSE] usually work per week at this rate? (Original)

HOURS PER WEEK: _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C47g. (At his main job,) how much does [SPOUSE] usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

\$ _____.

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C47h. Is that... (Original)

- | | |
|------------------------|-----------------------------|
| Per hour | <input type="checkbox"/> 1 |
| Per day | <input type="checkbox"/> 2 |
| Per week | <input type="checkbox"/> 3 |
| Per month | <input type="checkbox"/> 4 |
| Per year | <input type="checkbox"/> 5 |
| Per unit | <input type="checkbox"/> 6 |
| OTHER: (SPECIFY) _____ | <input type="checkbox"/> 7 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

C47i. **[INTERVIEWER: IF OVERTIME RATE OF PAY IS NOT PER UNIT (C47h NOT EQUAL 7), SKIP TO C47k.]**

C47j. For how many [UNIT]s is [SPOUSE] usually paid per week at this rate? (Original)

NUMBER OF UNITS: _____

- | | |
|------------|---------------------------------|
| REFUSED | <input type="checkbox"/> 999997 |
| DON'T KNOW | <input type="checkbox"/> 999998 |

C47k. How many hours does [SPOUSE] usually work per week at this rate? (Original)

HOURS PER WEEK: _____

- | | |
|------------|---------------------------------|
| REFUSED | <input type="checkbox"/> 999997 |
| DON'T KNOW | <input type="checkbox"/> 999998 |

(SKIP TO C50)

C48. **[INTERVIEWER: IF HOURLY AND OVERTIME PAY, TIPS, AND COMMISSIONS, SKIP TO C49a.]**

C48a. What is [SPOUSE]'s hourly rate of pay (on this job)? (CPS)

\$ _____.____

- | | |
|------------|---------------------------------|
| REFUSED | <input type="checkbox"/> 999997 |
| DON'T KNOW | <input type="checkbox"/> 999998 |

(SKIP TO C50)

C49a. Excluding overtime pay, tips and commissions, what is his hourly rate of pay (on this job)? (CPS)

\$ _____.____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C49b. How many hours does he usually work per week at this rate?(CPS)

_____ HOURS PER WEEK

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C49c. (At his main job), how much does [SPOUSE] usually receive just in overtime pay, tips, commissions, before taxes or other deductions? (CPS)

\$ _____.____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

C49d. Is that... (Original)

Per hour

☐ 1

Per day

☐ 2

Per week

☐ 3

Per month

☐ 4

Per year

☐ 5

OTHER: (SPECIFY) _____

☐ 6

REFUSED

☐ 7

DON'T KNOW

☐ 8

C49e. How many hours does he usually work per week at this rate? (CPS)

_____ HOURS PER WEEK

REFUSED

☐ 97

DON'T KNOW

☐ 98

(203) FRINGE BENEFITS

C50. Through his employer is he eligible for any of the following benefits? By eligible we mean the benefit is available to him now, even if he has decided to not receive it or has not needed it.

	YES	NO	RF	DK
C50a. Health insurance? (SPD, modified)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
C50b. Sick leave? (MTO Canvass)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
C50c. Paid vacation? (MTO Canvass)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(208) SOCIAL NETWORKS & JOBS

C51. I'd like to ask you how [SPOUSE] found the (main) job he has now. What is the most important source of information he used to find this job? (3CITY; modified)

A FRIEND, RELATIVE, OR ACQUAINTANCE	<input type="checkbox"/> 01
A GOVERNMENT EMPLOYMENT AGENCY (SKIP TO C53)	<input type="checkbox"/> 02
A PRIVATE EMPLOYMENT AGENCY (SKIP TO C53)	<input type="checkbox"/> 03
CHECKING DIRECTLY WITH MY EMPLOYER (SKIP TO C53)	<input type="checkbox"/> 04
A REFERRAL FROM A JOB TRAINING PROGRAM (SKIP TO C53)	<input type="checkbox"/> 05
THE NEWSPAPER (SKIP TO C53)	<input type="checkbox"/> 06
A SCHOOL EMPLOYMENT SERVICE (SKIP TO C53)	<input type="checkbox"/> 07
A COMPUTER SEARCH (SKIP TO C53)	<input type="checkbox"/> 08
CHURCH (SKIP TO C53)	<input type="checkbox"/> 09
COMMUNITY CENTER (SKIP TO C53)	<input type="checkbox"/> 10
OTHER (SKIP TO C53)	<input type="checkbox"/> 95
REFUSED (SKIP TO C53)	<input type="checkbox"/> 97
DON'T KNOW (SKIP TO C53)	<input type="checkbox"/> 98

C52. Did this person live in the same neighborhood as his at the time he got the job? (3CITY, modified)

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

(209) ACCESS TO JOBS

C53. How did he usually get to work last week? (Census2000, modified.)

[INTERVIEWER: IF MORE THAN ONE METHOD, PROBE FOR ONE USED FOR MOST DISTANCE.]

- | | |
|--------------------------|-----------------------------|
| CAR, TRUCK, OR VAN | <input type="checkbox"/> 01 |
| BUS OR TROLLEY BUS | <input type="checkbox"/> 02 |
| STREETCAR OR TROLLEY CAR | <input type="checkbox"/> 03 |
| SUBWAY OR ELEVATED | <input type="checkbox"/> 04 |
| RAILROAD | <input type="checkbox"/> 05 |
| FERRYBOAT | <input type="checkbox"/> 06 |
| TAXICAB | <input type="checkbox"/> 07 |
| MOTORCYCLE | <input type="checkbox"/> 08 |
| BICYCLE | <input type="checkbox"/> 09 |
| WALKED | <input type="checkbox"/> 10 |
| WORKED AT HOME | <input type="checkbox"/> 11 |
| OTHER METHOD | <input type="checkbox"/> 12 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

C54. How many minutes did it usually take him to get from home to work last week? (Census2000)

- | | | |
|-------------------|-------|-----------------------------|
| NUMBER OF MINUTES | _____ | |
| REFUSED | | <input type="checkbox"/> 97 |
| DON'T KNOW | | <input type="checkbox"/> 98 |

(SKIP TO C63)

C55. Does he have a disability that prevents him from accepting any kind of work during the next six months? (CPS)

- | | |
|---------------------------------|----------------------------|
| YES (SKIP TO C63) | <input type="checkbox"/> 1 |
| NO (SKIP TO C57) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO C57) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO C57) | <input type="checkbox"/> 8 |

C56. Does he currently want a job, either full-time or part-time? (CPS modified)

- | | |
|--------------------------|----------------------------|
| YES OR MAYBE, IT DEPENDS | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(205) NOT EMPLOYED—JOB SEARCH, DURATION, INTENSITY

C57. Has [SPOUSE] been doing anything to find work during the past four weeks? (CPS)

- | | |
|------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO C63) | <input type="checkbox"/> 2 |
| RETIRED (SKIP TO C63) | <input type="checkbox"/> 3 |
| DISABLED (SKIP TO C63) | <input type="checkbox"/> 4 |
| UNABLE TO WORK (SKIP TO C63) | <input type="checkbox"/> 5 |
| REFUSED (SKIP TO C63) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO C63) | <input type="checkbox"/> 8 |

C58. What are all the things he has done to find work during the past four weeks? [CHECK ALL THAT APPLY] (CPS)

- | | |
|--|-----------------------------|
| CONTACTED EMPLOYER(S) | <input type="checkbox"/> 01 |
| CONTACTED PUBLIC EMPLOYMENT AGENCY
PROGRAMS/COURSES | <input type="checkbox"/> 02 |
| CONTACTED PRIVATE EMPLOYMENT AGENCY | <input type="checkbox"/> 03 |
| CONTACTED FRIENDS OR RELATIVES | <input type="checkbox"/> 04 |
| OTHER PASSIVE | <input type="checkbox"/> 05 |
| CONTACTED SCHOOL/UNIVERSITY EMPLOYER
CENTER | <input type="checkbox"/> 06 |
| SENT OUT RESUMES/FILLED OUT APPLICATIONS | <input type="checkbox"/> 07 |
| CHECKED UNION/PROFESSIONAL REGISTERS | <input type="checkbox"/> 08 |
| PLACED OR ANSWERED ADS | <input type="checkbox"/> 09 |
| OTHER ACTIVE | <input type="checkbox"/> 10 |
| LOOKED AT ADS DIRECTLY/INTERVIEW | <input type="checkbox"/> 11 |
| ATTENDED JOB TRAINING | <input type="checkbox"/> 12 |
| NOTHING | <input type="checkbox"/> 13 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

C59. During the past four weeks, about how many hours in total did he spend looking for work? (Original)

- | | |
|------------------------|------------------------------|
| ENTER NUMBER OF HOURS: | _____ |
| REFUSED | <input type="checkbox"/> 997 |
| DON'T KNOW | <input type="checkbox"/> 998 |

C60. With how many different employers has he made direct contact, either by phone, mail, or in-person, during the past four weeks? (Original)

ENTER NUMBER OF EMPLOYERS _____

REFUSED ☐ 997

DON'T KNOW ☐ 998

C61. Last week, could he have started a job if one had been offered? (CPS)

YES (**SKIP TO C63**) ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

C62. Why is that? (CPS)

WAITING FOR NEW JOB TO BEGIN ☐ 1

OWN TEMPORARY ILLNESS ☐ 2

GOING TO SCHOOL ☐ 3

OTHER (SPECIFY): _____ ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8

(210) EMPLOYMENT HISTORY

Now I am going to ask you about any (other) paid employment [SPOUSE] may have had since September 2000 (other than the job we just discussed). This should include any paid employment he has now. Please tell me about any work [SPOUSE] has had as an employee, that is, work he had in an ongoing relationship with a particular employer. For example, working in a supermarket or restaurant would be work as an employee.

C63. Since September 2000, has he done any (other) work at all for which he was paid? (NLSY79; modified)

YES ☐ 1

NO (**SKIP TO C70**) ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

For each employer [SPOUSE] has had since September 2000, please tell us:

C63a. What kind of work did he usually do for this employer? [INTERVIEWER: RECORD TYPE OF WORK FOR EACH EMPLOYER. IF RESPONDENT WORKS FOR A TEMPORARY AGENCY, REFER TO THAT AS 1 JOB. DO NOT COLLECT INFORMATION ABOUT EACH ASSIGNMENT.]

[INTERVIEWER: PROBE AFTER EACH EMPLOYER]: Any more work as an employee since September 2000? [

	RF	DK
EMPLOYER/TYPE OF WORK 1: _____	<input type="checkbox"/> 7	<input type="checkbox"/> 8
EMPLOYER/TYPE OF WORK 2: _____	<input type="checkbox"/> 7	<input type="checkbox"/> 8
EMPLOYER/TYPE OF WORK 3: _____	<input type="checkbox"/> 7	<input type="checkbox"/> 8

[INTERVIEWER: REPEAT C65-C69 FOR EACH EMPLOYER IN C63a.]

	JOB #1	JOB #2	JOB #3
C65. Let's talk about [EMPLOYER.] When did [SPOUSE] first start working for this employer? (NLSY 79, modified)	____/____ MM YYYY	____/____ MM YYYY	____/____ MM YYYY
C66. Is he currently working for this employer? (NLSY 79)	<input type="checkbox"/> 1 YES (SKIP TO C68) <input type="checkbox"/> 2 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW	<input type="checkbox"/> 1 YES (SKIP TO C68) <input type="checkbox"/> 2 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW	<input type="checkbox"/> 1 YES (SKIP TO C68) <input type="checkbox"/> 2 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW
C67. When did he stop working for this employer? (NLSY 79)	____/____ MM YYYY <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW	____/____ MM YYYY <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW	____/____ MM YYYY <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW
C68. How much does [SPOUSE] usually earn per week from this employer? (NLSY 79, modified)	\$ _____.____ per hour <input type="checkbox"/> 9997 REFUSED <input type="checkbox"/> 9998 DON'T KNOW	\$ _____.____ per hour <input type="checkbox"/> 9997 REFUSED <input type="checkbox"/> 9998 DON'T KNOW	\$ _____.____ per hour <input type="checkbox"/> 9997 REFUSED <input type="checkbox"/> 9998 DON'T KNOW
C69. How many hours per week does he usually work for this employer? (NLSY 79)	_____ # of hours	_____ # of hours	_____ # of hours

USE SUPPLEMENTAL GRIDS AS NECESSARY

C70. During the past month, did he do any small jobs, other than any already mentioned, to bring in extra money like babysitting, home repairs, mowing lawns, house cleaning, cooking , or things like that? (MTO Baseline)

YES ☐ 1

NO (SKIP TO D1) ☐ 2

REFUSED (SKIP TO D1) ☐ 7

DON'T KNOW (SKIP TO D1) ☐ 8

C70a. How many hours did he usually work a week at these small jobs? (MTO Baseline, modified)

ENTER NUMBER OF HOURS: _____

REFUSED ☐ 999997

DON'T KNOW ☐ 999998

SECTION D: INCOME AND PUBLIC ASSISTANCE
--

Next I'd like to talk with you about any income or public assistance you or your children may receive.

(501) CURRENT RECEIPT OF SSI BENEFITS

D1. Are you or your (child/children) now receiving help from the Supplemental Security Income program, called SSI?
(3City)

- | | |
|-------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO D4) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO D4) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO D4) | <input type="checkbox"/> 8 |

D2. Is the SSI for you or for your (child/children)? (3City, modified)

- | | |
|------------|----------------------------|
| RESPONDENT | <input type="checkbox"/> 1 |
| CHILD(REN) | <input type="checkbox"/> 2 |
| BOTH | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

D3. In what month and year did [you/your child/your children] start receiving SSI benefits? (3City)

[INTERVIEWER: IF BOTH RESPONDENT AND CHILD ARE RECEIVING SSI, ASK FOR THE MONTH AND YEAR THE FIRST PERSON TO RECEIVE SSI STARTED RECEIVING IT.]

____/____
MONTH/YEAR

- | | |
|------------|----------------------------|
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(503) CURRENT RECEIPT OF EITC

D4. Workers sometimes receive a tax refund check—early in the year—from the Earned Income Tax Credit or because they overpaid taxes in the previous year. Did you receive a tax refund check from the federal government in 2001?
(Original)

- | | |
|-------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO D5) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO D5) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO D5) | <input type="checkbox"/> 8 |

D4a. How much was your tax refund? (Original)

- | | |
|------------------------------|----------------------------|
| ENTER AMOUNT: \$ _____. ____ | <input type="checkbox"/> 1 |
| DO NOT REMEMBER | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(505) MEDICAID PARTICIPATION

D5. What kind of health insurance or health care coverage do you have for yourself? (NHIS97, added "for yourself")
[INTERVIEWER: SHOW RESPONDENT CARD WITH RESPONSE CATEGORIES]:

- | | |
|--|-----------------------------|
| PRIVATE HEALTH INSURANCE PLAN FROM
EMPLOYER OR WORKPLACE | <input type="checkbox"/> 1 |
| PRIVATE HEALTH INSURANCE PLAN PURCHASED
DIRECTLY | <input type="checkbox"/> 2 |
| PRIVATE HEALTH INSURANCE PLAN THROUGH A
STATE OR LOCAL GOVERNMENT OR COMMUNITY
PROGRAM | <input type="checkbox"/> 3 |
| CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM) | <input type="checkbox"/> 4 |
| MEDICAID OR STATE NAME OF MEDICAID | <input type="checkbox"/> 5 |
| MILITARY HEALTH CARE/VA OR
CHAMPUS/TRICARE/CHAMP-VA | <input type="checkbox"/> 6 |
| SINGLE SERVICE PLAN (E.G. DENTAL, VISION,
PRESCRIPTIONS) | <input type="checkbox"/> 7 |
| NO COVERAGE OF ANY TYPE | <input type="checkbox"/> 8 |
| OTHER (SPECIFY) _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

(506) REASONS FOR LEAVING WELFARE

Now I'd like to ask you about cash assistance for which some families receive money on a regular basis. For example, they may get a monthly check. Some people call this assistance "welfare," AFDC, TANF or "public aid." I'll use the word "welfare."

D6. Are you or your (child/children) regularly receiving welfare benefits now? (3CITY modified)
[INTERVIEWER: DO NOT ACCEPT "FOOD STAMPS," "SSI," "MEDICAID," OR "WIC"]

- | | |
|------------------|----------------------------|
| YES (SKIP TO D8) | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

D7. Have you or your (child/children) received welfare benefits at any time during the past two years? (Original)

- YES ☐ 1
NO (**SKIP TO D13**) ☐ 2
REFUSED (**SKIP TO D13**) ☐ 7
DON'T KNOW (**SKIP TO D13**) ☐ 8

D8. During the past two years, was there ever a time when you stopped receiving welfare for more than two months? (Original)

- YES ☐ 1
NO (**SKIP TO D12**) ☐ 2
REFUSED (**SKIP TO D12**) ☐ 7
DON'T KNOW (**SKIP TO D12**) ☐ 8

I'd like to ask you a few questions about the time you and your (child/children) went off [welfare] most recently.

D9. Did you go off welfare at that time because the welfare office said you weren't following the rules or was there some other reason? (3CITY)

- YES, WASN'T FOLLOWING RULES ☐ 1
NO, SOME OTHER REASON (**SKIP TO D11**) ☐ 2
REFUSED (**SKIP TO D12**) ☐ 7
DON'T KNOW (**SKIP TO D12**) ☐ 8

D10. Which rules did the welfare office say you were not following? [CODE ALL THAT APPLY.] (3CITY)

- DIDN'T COOPERATE WITH CHILD SUPPORT ☐ 1
CHILDREN NOT IN SCHOOL ☐ 2
DIDN'T GET IMMUNIZED ☐ 3
DIDN'T ATTEND SCHOOL ☐ 4
WASN'T LIVING WITH PARENTS, APPROVED PLACE ☐ 5
MISSED APPOINTMENT (E.G., JOB TRAINING) ☐ 6
DIDN'T SHOW UP FOR WORK ☐ 7
REFUSED TO TAKE A JOB ☐ 8
HAD OUTSTANDING ARREST WARRANT ☐ 9
CONVICTED OF A DRUG FELONY ☐ 10
FAILED TO FILE PAPERWORK ☐ 11
OTHER (SPECIFY): _____ ☐ 12
REFUSED ☐ 97
DON'T KNOW ☐ 98
(**SKIP TO D12**)

D11. What was the main reason you went off welfare? (3CITY)

- | | |
|---|-----------------------------|
| REACHED A TIME LIMIT | <input type="checkbox"/> 01 |
| RESPONDENT GOT A JOB | <input type="checkbox"/> 02 |
| SPOUSE OR OTHER FAMILY MEMBER GOT A JOB | <input type="checkbox"/> 03 |
| EARNINGS FROM JOBS GOT TOO HIGH | <input type="checkbox"/> 04 |
| ASSETS WERE TOO HIGH | <input type="checkbox"/> 05 |
| YOUNGEST CHILD TURNED 18 | <input type="checkbox"/> 06 |
| NOT A U.S. CITIZEN | <input type="checkbox"/> 07 |
| RECEIVED CHILD SUPPORT | <input type="checkbox"/> 08 |
| RECEIVED BENEFITS FROM ANOTHER PROGRAM | <input type="checkbox"/> 09 |
| MOVED OUT OF THE AREA | <input type="checkbox"/> 10 |
| DIDN'T WANT/NEED IT | <input type="checkbox"/> 11 |
| GOT MARRIED | <input type="checkbox"/> 12 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

D12. Did you get any help from a welfare agency or government program finding a job or getting special training for a job during the first three months after you went off welfare most recently? (NSAF99; modified)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(509) FOOD STAMPS

D13. Are you or your (child/children) now receiving Food Stamps? (3 City)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

D13b. In a typical week, how many days do you eat at least some green vegetables or fruit? (NLSY97)

- | | |
|------------------------------|----------------------------|
| RECORD NUMBER OF DAYS: _____ | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(407) FOOD SECURITY

D14. Now I am going to read you three statements that people have made about their food situation. Please tell me whether the statement was **OFTEN**, **SOMETIMES**, or **NEVER** true for you and the other members of your household in the last 12 months.

	OFTEN TRUE	SOME- TIMES TRUE	NEVER TRUE	RF	DK
D14a. The first statement is "We worried whether our food would run out before we got money to buy more." Was that often true, sometimes true, or never true for your household in the last 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
D14b. "The food we bought just didn't last, and we didn't have money to get more." (CPS)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
D14c. "We couldn't afford to eat balanced meals." (CPS, USDA)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

[IF Q14a, 14b, 14c ALL "NEVER TRUE," "REFUSED," OR "DON'T KNOW," SKIP TO D18]

D15. In the last 12 months did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? (CPS)

YES	<input type="checkbox"/> 1
NO (SKIP TO D16)	<input type="checkbox"/> 2
REFUSED (SKIP TO D16)	<input type="checkbox"/> 7
DON'T KNOW (SKIP TO D16)	<input type="checkbox"/> 8

D15a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months? (CPS)

ALMOST EVERY MONTH	<input type="checkbox"/> 1
SOME MONTHS BUT NOT EVERY MONTH	<input type="checkbox"/> 2
ONE OR TWO MONTHS	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

D16. In the last 12 months, did you ever eat less than you thought you should because there wasn't enough money to buy food? (CPS)

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

D17. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? (CPS)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(110) FAMILY RULES AND ROUTINES

D18. About how many days per week do you and your (child/children) all eat dinner together? (LAFANS)

- NUMBER OF DAYS: _____
- | | |
|------------|-----------------------------|
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

(510) TOTAL INCOME

Now I'd like to ask you about your income over the last 12 months.

D19. How much did you earn from all your employers before taxes and deductions during the past 12 months?

- ENTER DOLLAR AMOUNT: \$ _____ (SKIP TO D20)
- | | |
|------------|---------------------------------|
| REFUSED | <input type="checkbox"/> 999997 |
| DON'T KNOW | <input type="checkbox"/> 999998 |

D19a. Would it amount to \$10,000 or more?

- | | |
|---------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO D19e) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO D19e) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO D19e) | <input type="checkbox"/> 8 |

D19b. Would it amount to \$20,000 or more?

- | | |
|---------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO D19d) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO D19d) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO D19d) | <input type="checkbox"/> 8 |

D19c. Would it amount to \$25,000 or more?

- | | |
|--------------------------|----------------------------|
| YES (SKIP TO D20) | <input type="checkbox"/> 1 |
| NO (SKIP TO D20) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO D20) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO D20) | <input type="checkbox"/> 8 |

D19d. Would it amount to \$15,000 or more?

YES (SKIP TO D20) ☐ 1

NO (SKIP TO D20) ☐ 2

REFUSED (SKIP TO D20) ☐ 7

DON'T KNOW (SKIP TO D20) ☐ 8

D19e. Would it amount to \$5,000 or more?

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

D20. During the past 12 months, how much income did you receive from any businesses you have, from work on the side that you did, or from dividends, interest, or rental property you own?

ENTER DOLLAR AMOUNT: \$ _____._____

REFUSED ☐ 999997

DON'T KNOW ☐ 999998

D21. How much did you receive altogether from the government in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that during the past 12 months?

ENTER DOLLAR AMOUNT: \$ _____._____

REFUSED ☐ 999997

DON'T KNOW ☐ 999998

D22. How much did you receive from all other sources, such as alimony or child support, pensions, help from friends or relatives, or anything else during the past 12 months?

ENTER DOLLAR AMOUNT: \$ _____._____

REFUSED ☐ 999997

DON'T KNOW ☐ 999998

[IF NO SPOUSE AT RANDOM ASSIGNMENT, SKIP TO E1]

Now I'd like to ask you about [SPOUSE]'s income over the last 12 months.

D23. How much did he earn from all his employers before taxes and deductions during the past 12 months?

ENTER DOLLAR AMOUNT: \$ _____._____ (SKIP TO C72)

REFUSED ☐ 999997

DON'T KNOW ☐ 999998

D23a. Would it amount to \$10,000 or more?

- YES ☐ 1
NO (**SKIP TO D23e**) ☐ 2
REFUSED (**SKIP TO D23e**) ☐ 7
DON'T KNOW (**SKIP TO D23e**) ☐ 8

D23b. Would it amount to \$20,000 or more?

- YES ☐ 1
NO (**SKIP TO D23d**) ☐ 2
REFUSED (**SKIP TO D23d**) ☐ 7
DON'T KNOW (**SKIP TO D23d**) ☐ 8

D23c. Would it amount to \$25,000 or more?

- YES (**SKIP TO D24**) ☐ 1
NO (**SKIP TO D24**) ☐ 2
REFUSED (**SKIP TO D24**) ☐ 7
DON'T KNOW (**SKIP TO D24**) ☐ 8

D23d. Would it amount to \$15,000 or more?

- YES (**SKIP TO D24**) ☐ 1
NO (**SKIP TO D24**) ☐ 2
REFUSED (**SKIP TO D24**) ☐ 7
DON'T KNOW (**SKIP TO D24**) ☐ 8

D23e. Would it amount to \$5,000 or more?

- YES ☐ 1
NO ☐ 2
REFUSED ☐ 7
DON'T KNOW ☐ 8

D24. During the past 12 months, how much income did [SPOUSE] receive from any businesses he has, from work on the side that he did, or from dividends, interest, or rental property he owns?

ENTER DOLLAR AMOUNT: \$ _____.____

- REFUSED ☐ 999997
DON'T KNOW ☐ 999998

D25. How much did he receive altogether from the government in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that during the past 12 months?

ENTER DOLLAR AMOUNT: \$ __ __ __ __ . __ __

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

D26. How much did [SPOUSE] receive from all other sources, such as alimony or child support, pensions, help from friends or relatives, or anything else during the past 12 months?

ENTER DOLLAR AMOUNT: \$ __ __ __ __ . __ __

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

SECTION E: OUTLOOK AND SOCIAL NETWORKS

Now I'd like to ask a few questions about your friends or other people who are close to you.

(1103-1104) FORMATION OF NEW FRIENDSHIPS/ MAINTENANCE OF OLD FRIENDSHIPS

E1. About how many CLOSE FRIENDS do you have these days? These are people you feel at ease with, can talk to about private matters, or call on for help. Would you say that you have no close friends, one or two, three to five, six to ten, or more than ten? (SCCBS)

- | | |
|----------------------------|----------------------------|
| NO CLOSE FRIENDS | <input type="checkbox"/> 1 |
| 1 OR 2 CLOSE FRIENDS | <input type="checkbox"/> 2 |
| 3 TO 5 CLOSE FRIENDS | <input type="checkbox"/> 3 |
| 6 TO 10 CLOSE FRIENDS | <input type="checkbox"/> 4 |
| MORE THAN 10 CLOSE FRIENDS | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

E2. The next few questions are about all your friends. Some people have friends who mostly know one another. Other people have friends who don't know one another. Would you say that: all your friends know one another, most of your friends know one another, only a few of your friends know one another, or none of your friends know one another? (GSS, slightly modified)

- | | |
|---|----------------------------|
| ALL YOUR FRIENDS KNOW ONE ANOTHER | <input type="checkbox"/> 1 |
| MOST OF YOUR FRIENDS KNOW ONE ANOTHER | <input type="checkbox"/> 2 |
| ONLY A FEW OF YOUR FRIENDS KNOW ONE ANOTHER | <input type="checkbox"/> 3 |
| NONE OF YOUR FRIENDS KNOW ONE ANOTHER | <input type="checkbox"/> 4 |
| NO FRIENDS | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

E3. How many of your friends live in the same neighborhood as you? (MTO-Baseline)

- | | |
|------------|----------------------------|
| None | <input type="checkbox"/> 1 |
| A few | <input type="checkbox"/> 2 |
| Many | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

E4. Thinking about everyone that you would count as a friend, not just your close friends, do you have a friend who:
 (SCCBS; modified)

	YES	NO	REFUSED	DON'T KNOW
E4a. Graduated from college?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
E4b. Earns more than \$30,000 a year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

The next two questions are about friends and relatives.

E5. During the past thirty days, about how often have you had friends or relatives over to your home? Every day; several days a week; twice a week; about once a week; 2-3 times in the past month; once in the past month; or not at all in the past month? (MTO Boston)

EVERY DAY (INCLUDES 6-7 TIMES A WEEK)	<input type="checkbox"/> 1
SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK)	<input type="checkbox"/> 2
TWICE A WEEK	<input type="checkbox"/> 3
ABOUT ONCE A WEEK	<input type="checkbox"/> 4
2 OR 3 TIMES IN THE PAST MONTH	<input type="checkbox"/> 5
ONCE IN THE PAST MONTH	<input type="checkbox"/> 6
NOT AT ALL IN THE PAST MONTH	<input type="checkbox"/> 7
REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

E6. During the past thirty days about how often have you visited with friends or relatives at their homes? (MTO Boston)

EVERY DAY (INCLUDES 6-7 TIMES A WEEK)	<input type="checkbox"/> 1
SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK)	<input type="checkbox"/> 2
TWICE A WEEK	<input type="checkbox"/> 3
ABOUT ONCE A WEEK	<input type="checkbox"/> 4
2 OR 3 TIMES IN THE PAST MONTH	<input type="checkbox"/> 5
ONCE IN THE PAST MONTH	<input type="checkbox"/> 6
NOT AT ALL IN THE PAST MONTH	<input type="checkbox"/> 7
REFUSED	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98

E7. **[INTERVIEWER: IF NO MOVES (A22=0), SKIP TO E11]:**. Thinking about your neighborhood now, would you say it is the same neighborhood as [BASELINE ADDRESS] or a different neighborhood?

- SAME (**SKIP TO E11**) ☐ 1
- DIFFERENT ☐ 2
- REFUSED (**SKIP TO E11**) ☐ 7
- DON'T KNOW (**SKIP TO E11**) ☐ 8

E8. Do you still have friends in your old neighborhood, where you lived at [BASELINE ADDRESS]? (Original)

- YES ☐ 1
- NO (**SKIP TO E11**) ☐ 2
- REFUSED (**SKIP TO E11**) ☐ 7
- DON'T KNOW (**SKIP TO E11**) ☐ 8

E9. How often do you go back to visit friends in that old neighborhood? (Original)

- EVERY DAY (INCLUDES 6-7 TIMES A WEEK) ☐ 01
- SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK) ☐ 02
- TWICE A WEEK ☐ 03
- ABOUT ONCE A WEEK ☐ 04
- 2-3 TIMES A MONTH ☐ 05
- ONCE A MONTH ☐ 06
- A COUPLE OF TIMES A YEAR ☐ 07
- NEVER ☐ 08
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

E10. How often do your friends from that old neighborhood visit you? (Original)

- EVERY DAY (INCLUDES 6-7 TIMES A WEEK) ☐ 01
- SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK) ☐ 02
- TWICE A WEEK ☐ 03
- ABOUT ONCE A WEEK ☐ 04
- 2-3 TIMES A MONTH ☐ 05
- ONCE A MONTH ☐ 06
- A COUPLE OF TIMES A YEAR ☐ 07
- NEVER ☐ 08
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

(902) LEVEL OF COMMUNITY MONITORING OF YOUTH

E11. [INTERVIEWER: HAND RESPONDENT CARD WITH RESPONSE CATEGORIES. RECORD "UNSURE" IF ANSWER IS BETWEEN LIKELY AND UNLIKELY; DK IF DOES NOT UNDERSTAND THE QUESTION.] *I'd like to ask some questions about the people in your neighborhood.*

	VERY LIKELY	LIKELY	UNSURE	UNLIKELY	VERY UNLIKELY	RF	DK
E11a.If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it? Very likely, likely, unsure, unlikely, or very unlikely? (LAFANS)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
E11b.If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it? (LAFANS)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(1107) CIVIC ENGAGEMENT

E12. Now, I want to ask you some questions about how you view other people. Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? (GSS & SCCBS)

PEOPLE CAN BE TRUSTED	<input type="checkbox"/> 1
[VOLUNTEERED:] DEPENDS	<input type="checkbox"/> 2
YOU CAN'T BE TOO CAREFUL	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

E13. How often do you stop to chat with a neighbor in the street or hallway? Would you say almost every day; once a week; once a month; a few times a year; or almost never? (MTO-Baseline)

ALMOST EVERY DAY (INCLUDES 4-7 DAYS A WEEK)	<input type="checkbox"/> 1
ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK)	<input type="checkbox"/> 2
ONCE A MONTH (INCLUDES 1-3 TIMES AS MONTH)	<input type="checkbox"/> 3
A FEW TIMES A YEAR	<input type="checkbox"/> 4
ALMOST NEVER	<input type="checkbox"/> 5
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

E14. In the past 12 months, how often have you gone to church or attended other religious services? Never in the past 12 months; several times in the past 12 months; once a month; once a week; or more than once a week? (3 City, reduced response categories)

- | | |
|---|----------------------------|
| NEVER IN PAST 12 MONTHS (SKIP TO F1) | <input type="checkbox"/> 1 |
| SEVERAL TIMES IN PAST 12 MONTHS (INCLUDES 1-11 TIMES) | <input type="checkbox"/> 2 |
| ONCE A MONTH (INCLUDES 1-3 TIMES A MONTH) | <input type="checkbox"/> 3 |
| ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK) | <input type="checkbox"/> 4 |
| MORE THAN ONCE A WEEK | <input type="checkbox"/> 5 |
| NO CHURCH OR PLACE OF WORSHIP (SKIP TO F1) | <input type="checkbox"/> 6 |
| REFUSED (SKIP TO F1) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO F1) | <input type="checkbox"/> 8 |

E15. In the past 12 months, have you taken part in any sort of activity with people at your church or place of worship other than attending services? This might include teaching Sunday school, serving on a committee, attending choir rehearsal, retreat, or other things. (SCCBS modified)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

SECTION F: HEALTH

Now I'd like to ask you some questions about your health.

(400) GENERAL HEALTH STATUS

F1. Would you say your health in general is excellent, very good, good, fair, or poor? (NHIS99)

- | | |
|------------|----------------------------|
| EXCELLENT | <input type="checkbox"/> 1 |
| VERY GOOD | <input type="checkbox"/> 2 |
| GOOD | <input type="checkbox"/> 3 |
| FAIR | <input type="checkbox"/> 4 |
| POOR | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

ASTHMA

F2. Have you ever been told by a doctor or other health professional that you had asthma? (NHIS99)

- | | |
|-------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO F4) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO F4) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO F4) | <input type="checkbox"/> 8 |

F3. During the past 12 months, have you had an episode of asthma or an asthma attack? (NHIS99)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F4. During the past 12 months, have you had a wheezing or whistling sound in your chest? (NHIS99)

- | | |
|--------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO F5a) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO F5a) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO F5a) | <input type="checkbox"/> 8 |

F5. How many attacks of wheezing or whistling have you had in your chest during the past 12 months? (NHIS99)

- | | |
|-------------------------|-----------------------------|
| NUMBER OF ATTACKS _____ | |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

CARDIOVASCULAR HEALTH

F5a. Have you *ever* been told by a doctor or other health professional that you had hypertension, also called high blood pressure? (NHIS99)

YES ☐ 1

NO (SKIP TO F6) ☐ 2

REFUSED (SKIP TO F6) ☐ 7

DON'T KNOW (SKIP TO F6) ☐ 8

F5b. Were you told on two or more *different* visits that you had hypertension, also called high blood pressure? (NHIS99)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

F5c. Was any medication ever prescribed by a doctor to help you lower your blood pressure? (NHIS99)

YES ☐ 1

NO (SKIP TO F6) ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

F5d. Are you *now* taking prescribed medicine for your high blood pressure? (NHIS99)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

(408) PREVENTIVE HEALTH CARE PRACTICES

F6. Is there a place where you *usually* go to when you are sick or need advice about your health? (NHIS99)

YES ☐ 1

THERE IS NO PLACE (SKIP TO F7) ☐ 2

THERE IS MORE THAN ONE PLACE ☐ 3

REFUSED (SKIP TO F7) ☐ 7

DON'T KNOW (SKIP TO F7) ☐ 8

F6a. What kind of place is it? A clinic, doctor's office, emergency room, or some other place? (NHIS99)
[INTERVIEWER: IF MORE THAN 1 PLACE, PROBE FOR THE ONE RESPONDENT GOES TO MOST OFTEN]

- | | |
|------------------------------------|----------------------------|
| CLINIC OR HEALTH CENTER | <input type="checkbox"/> 1 |
| DOCTOR'S OFFICE OR HMO | <input type="checkbox"/> 2 |
| HOSPITAL EMERGENCY ROOM | <input type="checkbox"/> 3 |
| HOSPITAL OUTPATIENT DEPARTMENT | <input type="checkbox"/> 4 |
| SOME OTHER PLACE | <input type="checkbox"/> 5 |
| DOESN'T GO TO ONE PLACE MOST OFTEN | <input type="checkbox"/> 6 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(422) HEALTH CARE ACCESS

[FOR ONE RANDOMLY SELECTED CORE CHILD AGES 5-19]:

Now I'd like to ask the same kind of questions about your [SON/DAUGHTER], [CHILD].

F7. Is there a place where [CHILD] usually goes when (he/she) is sick or you need advice about (his/her) health?
(NHIS99; modified)

- | | |
|---|----------------------------|
| YES | <input type="checkbox"/> 1 |
| THERE IS NO PLACE (SKIP TO F8) | <input type="checkbox"/> 2 |
| THERE IS MORE THAN ONE PLACE | <input type="checkbox"/> 3 |
| REFUSED (SKIP TO F8) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO F8) | <input type="checkbox"/> 8 |

F7a. What kind of place does [NAME] go to most often - a clinic, doctor's office, emergency room, or some other place? (NHIS99) **[INTERVIEWER: IF MORE THAN 1 PLACE, PROBE FOR ONE USED MOST OFTEN.]**

- | | |
|------------------------------------|----------------------------|
| CLINIC OR HEALTH CENTER | <input type="checkbox"/> 1 |
| DOCTOR'S OFFICE OR HMO | <input type="checkbox"/> 2 |
| HOSPITAL EMERGENCY ROOM | <input type="checkbox"/> 3 |
| HOSPITAL OUTPATIENT DEPARTMENT | <input type="checkbox"/> 4 |
| SOME OTHER PLACE | <input type="checkbox"/> 5 |
| DOESN'T GO TO ONE PLACE MOST OFTEN | <input type="checkbox"/> 6 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F8. About how long has it been since [CHILD] last saw or talked to a doctor or other health care professional about (his/her) health? Would you say... (NHIS99, modified)

- | | |
|--|----------------------------|
| 6 months or less | <input type="checkbox"/> 1 |
| More than 6 months, but not more than 1 year ago | <input type="checkbox"/> 2 |
| More than 1 year, but not more than 3 years ago | <input type="checkbox"/> 3 |
| More than 3 years | <input type="checkbox"/> 4 |
| Never | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F9. During the past 12 months, was there any time when you or your children needed medical care but did not get it? (Original; similar to NHIS 99)

- | | |
|--------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO F10) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO F10) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO F10) | <input type="checkbox"/> 8 |

F9a. There are many reasons people do not get medical care. During the past 12 months, did you or your children not get care for any of the following reasons:

- | | YES | NO | RF | DK |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| F9a. You couldn't afford it. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| F9b. You didn't have transportation. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| F9. You didn't know whom to see. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

(401) INTERFERENCE OF PHYSICAL PROBLEMS WITH ACTIVITIES

F10. The next questions are about activities you might do during a typical day.

F10a. The first activity is lifting or carrying groceries. Does your health limit you in this activity a lot, a little, or not at all? (SF-36, modified)

- | | |
|------------|----------------------------|
| A LOT | <input type="checkbox"/> 1 |
| A LITTLE | <input type="checkbox"/> 2 |
| NOT AT ALL | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F10b. The second activity is climbing several flights of stairs. Does your health now limit you in this activity a lot, a little, or not at all? (NLSY79)

- | | |
|------------|----------------------------|
| A LOT | <input type="checkbox"/> 1 |
| A LITTLE | <input type="checkbox"/> 2 |
| NOT AT ALL | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(420) EXERCISE

The next questions are about moderate physical activity.

F11. In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that cause small increases in breathing or heart rate? (BRFSS 2001, modified)

- | | |
|--------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO F13) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO F13) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO F13) | <input type="checkbox"/> 8 |

F12. How many days per week do you do these moderate activities for at least 10 minutes at a time? (BRFSS 2001, modified)

- | | |
|-------------------------------|-----------------------------|
| NUMBER OF DAYS PER WEEK _____ | |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

BLOOD PRESSURE

Now I'd like to take a short break and actually take your blood pressure. Once we are done, we will resume the interview by asking a few follow-up questions.

[CAPI PROGRAMMER: LET "IMMEDIATE REFERRAL" APPLY TO BP>=200/120]

[CAPI PROGRAMMET: LET "URGENT REFERRAL" APPLY TO 180/110<= BP<200/120]

[CAPI PROGRAMMET: LET "NORMAL BLOOD PRESSURE" APPLY TO BP<180/110]

F13. **INTERVIEWER: [RECORD AUTOMATIC DEVICE MEASUREMENT NUMBER HERE]**

F13a. INTERVIEWER: [RECORD MEASUREMENT OF PARTICIPANT'S UPPER ARM CIRCUMFERENCE HERE]

- 12-17 CM (CHOOSE "CHILD CUFF" AND SKIP TO F14) ☐ 1
- 17-23 CM (CHOOSE "SMALL ADULT CUFF" AND SKIP TO F14) ☐ 2
- 23-31 CM (CHOOSE "ADULT CUFF" AND SKIP TO F14) ☐ 3
- 31-38 CM (CHOOSE "LARGE ADULT" CUFF AND SKIP TO F14) ☐ 4
- 38-50 CM (CHOOSE "THIGH" CUFF" AND SKIP TO F14) ☐ 5
- >50CM (ARM TOO BIG) (MEASURE CIRCUMFERENCE OF FOREARM) ☐ 6

[IF F13a > 50CM]:

F13b. INTERVIEWER: [RECORD MEASUREMENT OF PARTICIPANT'S FOREARM CIRCUMFERENCE HERE, AND MEASURE USING FOREARM]

- 12-17 CM (CHOOSE CHILD CUFF) ☐ 1
- 17-23 CM (CHOOSE "SMALL ADULT CUFF") ☐ 2
- 23-31 CM (CHOOSE "ADULT" CUFF) ☐ 3
- 31-38 CM (CHOOSE "LARGE ADULT" CUFF) ☐ 4
- 38-50 CM (CHOOSE "THIGH" CUFF) ☐ 5

F14. How many hours has it been since you had your last meal?

- NUMBER OF HOURS: _____ ☐ 1
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

F15. INTERVIEWER: [RECORD ROOM TEMPERATURE HERE]
_____ FARENHEIT

F15a. CAPI PROGRAMMER: [RECORD TIME STAMP OF TIME OF DAY]

F16. [INTERVIEWER: RECORD BLOOD PRESSURE MEASUREMENT HERE]

DIASTOLIC BLOOD PRESSURE: _____ mmHg

SYSTOLIC BLOOD PRESSURE: _____ mmHg

[INTERVIEWER: IF NORMAL BLOOD PRESSURE]

F16a. [HAND THE RESPONDENT CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. THANK THE RESPONDENT. SKIP TO F18.]

[INTERVIEWER: IF RESPONDENT FALLS IN "IMMEDIATE" OR "URGENT" REFERRAL CATEGORIES, TAKE AN ADDITIONAL BP MEASUREMENT.]

F16b. [INTERVIEWER: RECORD SECOND BLOOD PRESSURE READING HERE]

 DIASTOLIC BLOOD PRESSURE: _____ mmHg

 SYSTOLIC BLOOD PRESSURE: _____ mmHg

F16c. [CAPI PROGRAMMER: CALCULATE AVERAGE OF TWO BLOOD PRESSURE READINGS FROM F16 AND F16b: IF AVERAGE BLOOD PRESSURE FALLS INTO "IMMEDIATE REFERRAL" CATEGORY CONTINUE, OTHERWISE SKIP TO F16d:]

[INTERVIEWER: EXPLAIN TO RESPONDENT]:

In order to make sure that we have measured your blood pressure accurately, we will continue with the next set of questions, and at the end of the interview, I will ask you to let us take your blood pressure measurement again.

[THANK THE RESPONDENT. SKIP TO F18.]

F16d. [CAPI PROGRAMMER DISPLAY AVERAGE OF TWO BLOOD PRESSURE READINGS.]

 AVERAGE DIASTOLIC BLOOD PRESSURE: _____ mmHg

 AVERAGE SYSTOLIC BLOOD PRESSURE: _____ mmHg

F16e. [INTERVIEWER: IF AVERAGE BLOOD PRESSURE READING IS NORMAL, HAND RESPONDENT CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. THANK THE RESPONDENT. SKIP TO F18.]

F17a. [INTERVIEWER, IF BLOOD PRESSURE FALLS UNDER "URGENT REFERRAL" CATEGORY: HAND THE RESPONDENT CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. ALSO INCLUDE:]

Since it appears that your blood pressure is high, we would like to provide your doctor with this information and provide a copy of your blood pressure readings to help him or her better monitor your health. Would you feel comfortable if I contacted your doctor to communicate information about your blood pressure?

YES ☐ 1

NO (THANK RESPONDENT AND SKIP TO F18) ☐ 2

REFUSED (THANK RESPONDENT AND SKIP TO F18) ☐ 7

DON'T KNOW (THANK RESPONDENT AND SKIP TO F18) ☐ 8

F17b. Could you give me his/her name and tell me how I can contact him/her?

 DOCTOR'S NAME: _____

 CONTACT INFORMATION: _____

REFUSED ☐ 7

DON'T KNOW ☐ 8

[INTERVIEWER: THANK THE RESPONDENT.]

(406) HEIGHT AND WEIGHT

F18. About how tall are you without shoes? (NHIS97)

HEIGHT: _____

REFUSED

☐ 7

DON'T KNOW

☐ 8

F19. About how much do you weigh without shoes? (NHIS97)

WEIGHT: _____

REFUSED

☐ 997

DON'T KNOW

☐ 998

(410) DEPRESSION

Now I am going to ask you some questions about feelings you may have experienced over the past 30 days

F20. How much of the time during the past month have you felt ... (NHIS99)

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	RF	DK
F20a. So sad that nothing could cheer you up?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20b. Nervous?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20c. Restless or fidgety?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20d. Hopeless?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20e. That everything was an effort?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20f. Worthless?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20g. Calm and peaceful?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8

F21. During the past 12 months, was there ever a time when you felt sad, blue or depressed for two weeks or more in a row? (NHIS99)

YES

☐ 1

NO (SKIP TO F23)

☐ 2

IF VOLUNTEERED: I WAS ON
MEDICATION/ANTIDEPRESSANTS (SKIP TO F32)

☐ 3

REFUSED (SKIP TO F23)

☐ 7

DON'T KNOW (SKIP TO F23)

☐ 8

F22. Now for the next few questions, please think of the two-week period during the past 12 months when these feelings were the worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half of the day, or less than half of the day?

- | | |
|--|----------------------------|
| ALL DAY LONG | <input type="checkbox"/> 1 |
| MOST OF THE DAY | <input type="checkbox"/> 2 |
| ABOUT HALF OF THE DAY | <input type="checkbox"/> 3 |
| LESS THAN HALF OF THE DAY (SKIP TO F23) | <input type="checkbox"/> 4 |
| REFUSED (SKIP TO F23) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO F23) | <input type="checkbox"/> 8 |

F22a. During those two weeks, did you feel this way every day, almost every day, or less often?

- | | |
|---------------------------------|----------------------------|
| EVERY DAY | <input type="checkbox"/> 1 |
| ALMOST EVERY DAY | <input type="checkbox"/> 2 |
| LESS OFTEN (SKIP TO F23) | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F22b. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F22c. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO F26)

F23. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- | | |
|---|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO F32) | <input type="checkbox"/> 2 |
| IF VOLUNTEERED: I was on medication/anti-depressants (SKIP TO F32) | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F24. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

- | | |
|---|----------------------------|
| ALL DAY LONG | <input type="checkbox"/> 1 |
| MOST OF THE DAY | <input type="checkbox"/> 2 |
| ABOUT HALF THE DAY | <input type="checkbox"/> 3 |
| LESS THAN HALF THE DAY (SKIP TO F32) | <input type="checkbox"/> 4 |
| REFUSED (SKIP TO F32) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO F32) | <input type="checkbox"/> 8 |

F24a. Did you feel this way every day, almost every day, or less often during the two weeks?

- | | |
|-----------------------------------|----------------------------|
| EVERY DAY | <input type="checkbox"/> 1 |
| ALMOST EVERY DAY | <input type="checkbox"/> 2 |
| LESS OFTEN (SKIP TO F32) | <input type="checkbox"/> 3 |
| REFUSED (SKIP TO F32) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO F32) | <input type="checkbox"/> 8 |

F25. During those two weeks did you feel more tired out or low on energy than is usual for you?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F26. Did you gain or lose weight without trying, or did you stay about the same?

- | | |
|--|----------------------------|
| GAINED | <input type="checkbox"/> 1 |
| LOST | <input type="checkbox"/> 2 |
| IF VOLUNTEERED: BOTH GAINED AND LOST WEIGHT | <input type="checkbox"/> 3 |
| STAYED ABOUT THE SAME (SKIP TO F28) | <input type="checkbox"/> 4 |
| IF VOLUNTEERED: R WAS ON A DIET (SKIP TO F28) | <input type="checkbox"/> 5 |
| REFUSED (SKIP TO F28) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO F28) | <input type="checkbox"/> 8 |

F27. About how much did (you gain / you lose / your weight change)?

NUMBER OF POUNDS _____

- | | |
|------------|------------------------------|
| REFUSED | <input type="checkbox"/> 997 |
| DON'T KNOW | <input type="checkbox"/> 998 |

F28. During those same two weeks, did you have more trouble falling asleep than you usually do?

- | | |
|-------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO F29) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO F29) | <input type="checkbox"/> 7 |
| DON'T KNOW(SKIP TO F29) | <input type="checkbox"/> 8 |

F28a. Did that happen every night, nearly every night, or less often during those two weeks?

- | | |
|--------------------|----------------------------|
| EVERY NIGHT | <input type="checkbox"/> 1 |
| NEARLY EVERY NIGHT | <input type="checkbox"/> 2 |
| LESS OFTEN | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F29. During those two weeks, did you have a lot more trouble concentrating than usual? [INTERVIEWER: IF R ASKS, "ARE YOU STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER "YES"]

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F30. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way? [INTERVIEWER: IF R ASKS, "ARE YOU STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER "YES"]

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

F31. Did you think a lot about death -- either your own, someone else's, or death in general during those two weeks? [INTERVIEWER: IF R ASKS, "ARE YOU STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER "YES"]

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(411) ANXIETY/ STRESS

F32. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious? (NHSDA)

YES (SKIP TO F32b)	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

F32a. People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation? (NHSDA)

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

F32b. How long do you usually spend sleeping each night? Do not include time spent resting. (CGSS)

_____ HOURS AND MINUTES

REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

(414) INTERFERENCE WITH ACTIVITIES -- ALCOHOL DEPENDENCE

The next questions are about your use of alcohol. When I use the word "drink" in the next questions, I mean either a glass of wine, a can or bottle of beer, or a shot or jigger of liquor either alone or in a mixed drink. (NCSR SU2)

F33. In any one year, have you had at least 12 drinks of any type of alcoholic beverage? (NHIS99 AHB.150)

YES	<input type="checkbox"/> 1
NO (SKIP TO F41)	<input type="checkbox"/> 2
REFUSED (SKIP TO F41)	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

F34. In the past 12 months, how often did you usually have at least one drink—nearly every day, three to four days a week, one to two days a week, one to three days a month, less than once a month, or not at all in the past 12 months? (NCSR SU3)

NEARLY EVERY DAY (INCLUDES 5-7 DAYS PER WEEK) ☐ 1

3-4 DAYS PER WEEK ☐ 2

1-2 DAYS PER WEEK ☐ 3

1-3 DAYS PER MONTH ☐ 4

LESS THAN ONCE A MONTH ☐ 5

NOT AT ALL (SKIP TO F41) ☐ 6

REFUSED (SKIP TO F41) ☐ 7

DON'T KNOW (SKIP TO F41) ☐ 8

F35. On the days you drank in the past 12 months, about how many drinks did you usually have per day? (NCSR SU4)
NUMBER OF DRINKS: _____

REFUSED (SKIP TO F41) ☐ 7

DON'T KNOW ☐ 8

F36. In the past 12 months, on how many days did you have 5 or more drinks of any alcoholic beverage (NHIS99 AHB.180; modified)

NUMBER OF DAYS: _____

REFUSED (SKIP TO F41) ☐ 7

DON'T KNOW ☐ 8

F37. [INTERVIEWER: IF DRANK 1+ DAYS PER WEEK OR 3+ AVERAGE DRINKS AT LEAST MONTHLY (F34 <= 3 OR (F34=4 AND F35>=3)), THEN CONTINUE; OTHERWISE SKIP TO F41.]

The next questions are about problems you may have had because of drinking during the past 12 months. Did your drinking or being hung over frequently interfere with your work or responsibilities at school, on a job, or at home during the past 12 months? (NCSR SU12; modified)

YES (SKIP TO F41) ☐ 1

NO ☐ 2

REFUSED (SKIP TO F41) ☐ 7

DON'T KNOW ☐ 8

F38. During the past 12 months, did your drinking cause arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers? (NCSR SU12a; modified)

YES	<input type="checkbox"/> 1
NO (SKIP TO F39)	<input type="checkbox"/> 2
REFUSED (SKIP TO F41)	<input type="checkbox"/> 7
DON'T KNOW (SKIP TO F39)	<input type="checkbox"/> 8

F38a. Did you continue to drink even though it caused problems with these people? (NCSR SU12b)

YES (SKIP TO F41)	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED (SKIP TO F41)	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

F39. During the past 12 months, were you often under the influence of alcohol in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else? (NCSR SU12c; modified)

YES (SKIP TO F41)	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED (SKIP TO F41)	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

F40. During the past 12 months, were you arrested or stopped by the police more than once because of drunk driving or drunk behavior? (NCSR SU12d; modified)

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

SMOKING

F41. Have you smoked at least 100 cigarettes in your entire life? (NHIS99)

YES	<input type="checkbox"/> 1
NO (SKIP TO G1)	<input type="checkbox"/> 2
REFUSED (SKIP TO G1)	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

F42. On how many of the past 30 days did you smoke a cigarette? (NHIS99)

- _____ NUMBER OF DAYS ☐ 1
[IF 1+ ASK F43, IF NONE GO TO F44]
REFUSED ☐ 7
DON'T KNOW ☐ 8

F43. On the average when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (NHIS99)

- _____ NUMBER OF CIGARETTES ☐ 1
[IF NONE, ASK F44; OTHERWISE SKIP TO G1]
REFUSED (SKIP TO G1) ☐ 7
DON'T KNOW (SKIP TO G1) ☐ 8

F44. How long has it been since you quit smoking cigarettes? (NHIS99)

- _____ NUMBER OF YEARS ☐ 1
_____ NUMBER OF MONTHS ☐ 2
_____ NUMBER OF WEEKS ☐ 3
_____ NUMBER OF DAYS ☐ 4
REFUSED ☐ 7
DON'T KNOW ☐ 8

SECTION G: HOUSEHOLD COMPOSITION

Next, I would like to confirm who is currently living in your household. I would like to start with the family members you indicated were living with you when you applied for the MTO program. After we talk about those people, you can tell me about any new household members.

INTERVIEWER: COMPLETE Qs.1a-2e FOR EACH HOUSEHOLD MEMBER LISTED ON FACESHEET.

	MEMBER #1	MEMBER #2	MEMBER #3
NAMES:			
G1. [IF MEMBER = SPOUSE]: The next questions are about [SPOUSE].	[IF SPOUSE IN HOUSEHOLD (C36=1) THEN SKIP TO G1i ; OTHERWISE (C36 = NOT 1) SKIP TO G1b.]	[IF SPOUSE IN HOUSEHOLD (C36=1) THEN SKIP TO G1i ; OTHERWISE (C36 = NOT 1) SKIP TO G1b.]	[IF SPOUSE IN HOUSEHOLD (C36=1) THEN SKIP TO G1i ; OTHERWISE (C36 = NOT 1) SKIP TO G1b.]
G1a. Is (MEMBER) still living with you? (MTO CANVASS)	YES (SKIP TO G1i) 1 NO 2 DECEASED (SKIP TO G1h) 3 REFUSED 7 DON'T KNOW 8	YES (SKIP TO G1i) 1 NO 2 DECEASED (SKIP TO G1h) 3 REFUSED 7 DON'T KNOW 8	YES (SKIP TO G1i) 1 NO 2 DECEASED (SKIP TO G1h) 3 REFUSED 7 DON'T KNOW 8
G1b. When did (he/she) move? (MTO CANVASS) (RECORD MONTH AND YEAR) [IF MEMBER IS NOT IN CORE HOUSEHOLD, SKIP TO NEXT MEMBER.]	____/____ MM YYYY MEMBER STAYED, R MOVED 00 REFUSED 7 DON'T KNOW 8	____/____ MM YYYY MEMBER STAYED, R MOVED 00 REFUSED 7 DON'T KNOW 8	____/____ MM YYYY MEMBER STAYED, R MOVED 00 REFUSED 7 DON'T KNOW 8
G1c. Do you know (MEMBER'S) address? (MTO CANVASS)	YES (RECORD BELOW) . 1 NO (SKIP TO G1d) 2 REFUSED (SKIP TO G1d) 7 DON'T KNOW (SKIP TO G1d) 8	YES (RECORD BELOW) . 1 NO (SKIP TO G1d) 2 REFUSED (SKIP TO G1d) 7 DON'T KNOW (SKIP TO G1d) 8	YES (RECORD BELOW) . 1 NO (SKIP TO G1d) 2 REFUSED (SKIP TO G1d) 7 DON'T KNOW (SKIP TO G1d) 8
G1c1. What is his/her street address?	STREET	STREET	STREET
G1c2. Is there a complex/building name?	COMPLEX/BUILDING NAME	COMPLEX/BUILDING NAME	COMPLEX/BUILDING NAME
G1c3. Is there an apartment number?	APARTMENT #	APARTMENT #	APARTMENT #
G1c4. In what city?	CITY	CITY	CITY
G1c5. In what state?	STATE	STATE	STATE
G1c6. What is the zip code?	ZIP CODE	ZIP CODE	ZIP CODE

<p>G1d. Is there any other information regarding his/her whereabouts that you could tell us about? [RECORD OTHER NOTES ON OTHER TRACKING INFORMATION OFFERED BY RESPONDENT (INCLUDING NAME OF EMPLOYER, NAME OF APARTMENT COMPLEX, NAME OF RELATIVE, STATE OF RESIDENCE, INCARCERATED, ETC.)]</p>	<p>FORMER HH MEMBER INCARCERATED 1 FORMER HH HOSPITALIZED OR INSTITUTION 2 FORMER HH MEMBER IN MILITARY 3 RECORD OTHER INFO. 95 NO OTHER INFORMATION OFFERED 96 REFUSED 97 DON'T KNOW 98</p>	<p>FORMER HH MEMBER INCARCERATED 1 FORMER HH HOSPITALIZED OR INSTITUTION 2 FORMER HH MEMBER IN MILITARY 3 RECORD OTHER INFO. 95 NO OTHER INFORMATION OFFERED 96 REFUSED 97 DON'T KNOW 98</p>	<p>FORMER HH MEMBER INCARCERATED 1 FORMER HH HOSPITALIZED OR INSTITUTION 2 FORMER HH MEMBER IN MILITARY 3 RECORD OTHER INFO. 95 NO OTHER INFORMATION OFFERED 96 REFUSED 97 DON'T KNOW 98</p>
<p>G1e. Who is the head of the household at (MEMBER)'s new address?</p>	<p>FIRST MIDDLE LAST REFUSED 7 DON'T KNOW 8</p>	<p>FIRST MIDDLE LAST REFUSED 7 DON'T KNOW 8</p>	<p>FIRST MIDDLE LAST REFUSED 7 DON'T KNOW 8</p>
<p>G1f. What is (his/her) relationship to the head of that household?</p>	<p>BIRTH CHILD 01 ADOPTED CHILD 02 GRANDCHILD 03 FOSTER CHILD 04 SPOUSE 05 OTHER RELATIVE 06 NON-RELATIVE 07 OTHER CHILD 08 MEMBER IS HEAD OF HOUSEHOLD 09 REFUSED 97 DON'T KNOW 98</p>	<p>BIRTH CHILD 01 ADOPTED CHILD 02 GRANDCHILD 03 FOSTER CHILD 04 SPOUSE 05 OTHER RELATIVE 06 NON-RELATIVE 07 OTHER CHILD 08 MEMBER IS HEAD OF HOUSEHOLD 09 REFUSED 97 DON'T KNOW 98</p>	<p>BIRTH CHILD 01 ADOPTED CHILD 02 GRANDCHILD 03 FOSTER CHILD 04 SPOUSE 05 OTHER RELATIVE 06 NON-RELATIVE 07 OTHER CHILD 08 MEMBER IS HEAD OF HOUSEHOLD 09 REFUSED 97 DON'T KNOW 98</p>
<p>G1g. Do you have a phone number for (him/her)?</p> <p>G1g1. Please tell me (his/her) new telephone number beginning with area code.</p>	<p>YES: () - . 1 NO 2 REFUSED 7 DON'T KNOW 8</p> <p>() -</p>	<p>YES: () - . 1 NO 2 REFUSED 7 DON'T KNOW 8</p> <p>() -</p>	<p>YES: () - . 1 NO 2 REFUSED 7 DON'T KNOW 8</p> <p>() -</p>
<p>G1h. FOR DECEASED MEMBERS ONLY: I'm sorry for your loss. For our records, could you tell us when (MEMBER) passed away?</p>	<p>REFUSED 7 DON'T KNOW 8</p> <p>SKIP TO G1a FOR NEXT MEMBER</p>	<p>REFUSED 7 DON'T KNOW 8</p> <p>SKIP TO G1a FOR NEXT MEMBER</p>	<p>REFUSED 7 DON'T KNOW 8</p> <p>SKIP TO G1a FOR NEXT MEMBER</p>
<p>G1i. [IF RACE UNKNOWN]: What is (his/her) race?</p>	<p>WHITE <input type="checkbox"/> 1 AFRICAN AMERICAN <input type="checkbox"/> 2 ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3 AMERICAN INDIAN/</p>	<p>WHITE <input type="checkbox"/> 1 AFRICAN AMERICAN <input type="checkbox"/> 2 ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3 AMERICAN INDIAN/</p>	<p>WHITE <input type="checkbox"/> 1 AFRICAN AMERICAN <input type="checkbox"/> 2 ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3 AMERICAN INDIAN/</p>

	ALASKAN NATIVE <input type="checkbox"/> 4 OTHER <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	ALASKAN NATIVE <input type="checkbox"/> 4 OTHER <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	ALASKAN NATIVE <input type="checkbox"/> 4 OTHER <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
G1j. [IF ETHNICITY UNKNOWN]: Is (he/she) Hispanic or non-Hispanic?	HISPANIC <input type="checkbox"/> 1 NON-HISPANIC <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	HISPANIC <input type="checkbox"/> 1 NON-HISPANIC <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	HISPANIC <input type="checkbox"/> 1 NON-HISPANIC <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
G1j1. [IF DOB UNKNOWN:] What is (his/her) date of birth? (MTO Canvass)	____/____/____ REFUSED.....7 DON'T KNOW.....8	____/____/____ REFUSED.....7 DON'T KNOW.....8	____/____/____ REFUSED.....7 DON'T KNOW.....8
G1j2. [IF SEX UNKNOWN:] [INTERVIEWER: IF SEX KNOWN, RECORD, OTHERWISE ASK:] Is [MEMBER] (a boy or girl/ male or female)? (MTO Canvass)	MALE.....1 FEMALE.....2 REFUSED.....7 DON'T KNOW.....8	MALE.....1 FEMALE.....2 REFUSED.....7 DON'T KNOW.....8	MALE.....1 FEMALE.....2 REFUSED.....7 DON'T KNOW.....8
G1k. INTERVIEWER: CHECK BIRTH YEAR OF MEMBER.	BORN 1900-1985 (SKIP TO NEXT MEMBER) 1 BORN 1986-2002 (SKIP TO G2d) 2	BORN 1900-1985 (SKIP TO NEXT MEMBER) 1 BORN 1986-2002 (SKIP TO G2d) 2	BORN 1900-1985 (SKIP TO NEXT MEMBER) 1 BORN 1986-2002 (SKIP TO G2d) 2
G1l. What is (his/her) marital status?	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
G1m. [IF NOT (AGE 20-26 OR SPOUSE), SKIP TO G2a]: What is the highest grade of school that (he/she) has ever completed? (LAFANS, modified)	____ GRADE (1-12) 1 ST YR COLLEGE <input type="checkbox"/> 13 2 ND YR COLLEGE <input type="checkbox"/> 14 3 RD YR COLLEGE <input type="checkbox"/> 15 4 TH YR COLLEGE <input type="checkbox"/> 16 REFUSED <input type="checkbox"/> 97 DON'T KNOW <input type="checkbox"/> 98	____ GRADE (1-12) 1 ST YR COLLEGE <input type="checkbox"/> 13 2 ND YR COLLEGE <input type="checkbox"/> 14 3 RD YR COLLEGE <input type="checkbox"/> 15 4 TH YR COLLEGE <input type="checkbox"/> 16 REFUSED <input type="checkbox"/> 97 DON'T KNOW <input type="checkbox"/> 98	____ GRADE (1-12) 1 ST YR COLLEGE <input type="checkbox"/> 13 2 ND YR COLLEGE <input type="checkbox"/> 14 3 RD YR COLLEGE <input type="checkbox"/> 15 4 TH YR COLLEGE <input type="checkbox"/> 16 REFUSED <input type="checkbox"/> 97 DON'T KNOW <input type="checkbox"/> 98
G2a. [IF MEMBER = SPOUSE SKIP TO NEXT MEMBER] Last week, did [MEMBER] do any work for pay?	YES 1 NO 2 REFUSED 7 DON'T KNOW 8	YES 1 NO 2 REFUSED 7 DON'T KNOW 8	YES 1 NO 2 REFUSED 7 DON'T KNOW 8
G2b. How much did (he/she) earn from all (his/her) employers before taxes and deductions during the past 12 months?	\$_____.____ (SKIP TO G2c) REFUSED.....99997 DON'T KNOW.....99998	\$_____.____ (SKIP TO G2c) REFUSED.....99997 DON'T KNOW.....99998	\$_____.____ (SKIP TO G2c) REFUSED.....99997 DON'T KNOW.....99998

G2b1. Would it amount to \$10,000 or more?	YES..... 1 NO (SKIP TO G2b5)..... 2 RF (SKIP TO G2b5) 7 DK (SKIP TO G2b5).....8	YES..... 1 NO (SKIP TO G2b5)..... 2 RF (SKIP TO G2b5) 7 DK (SKIP TO G2b5).....8	YES..... 1 NO (SKIP TO G2b5)..... 2 RF (SKIP TO G2b5) 7 DK (SKIP TO G2b5).....8
G2b2. Would it amount to \$20,000 or more?	YES..... 1 NO (SKIP TO G2b4)..... 2 RF (SKIP TO G2b4) 7 DK (SKIP TO G2b4).....8	YES..... 1 NO (SKIP TO G2b4)..... 2 RF (SKIP TO G2b4) 7 DK (SKIP TO G2b4)8	YES..... 1 NO (SKIP TO G2b4)..... 2 RF (SKIP TO G2b4) 7 DK (SKIP TO G2b4).....8
G2b3. Would it amount to \$25,000 or more?	YES (SKIP TO G2c) 1 NO (SKIP TO G2c) 2 RF (SKIP TO G2c) 7 DK (SKIP TO G2c)8	YES (SKIP TO G2c) 1 NO (SKIP TO G2c) 2 RF (SKIP TO G2c) 7 DK (SKIP TO G2c)8	YES (SKIP TO G2c) 1 NO (SKIP TO G2c) 2 RF (SKIP TO G2c) 7 DK (SKIP TO G2c)8
G2b4. Would it amount to \$15,000 or more?	YES (SKIP TO G2c) 1 NO (SKIP TO G2c) 2 RF (SKIP TO G2c) 7 DK (SKIP TO G2c).....8	YES (SKIP TO G2c) 1 NO (SKIP TO G2c) 2 RF (SKIP TO G2c) 7 DK (SKIP TO G2c).....8	YES (SKIP TO G2c) 1 NO (SKIP TO G2c) 2 RF (SKIP TO G2c) 7 DK (SKIP TO G2c).....8
G2b5. Would it amount to \$5,000 or more?	YES..... 1 NO 2 RF 7 DK8	YES..... 1 NO 2 RF 7 DK 8	YES..... 1 NO 2 RF 7 DK 8
G2c. During the past 12 months, how much did (he/she) receive from any business he/she has, from work on the side he/she has done, or from dividends, interest, or rental property he/she owns? (Census modified)	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998
G2d. How much did (he/she) receive from the government altogether in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that in the past 12 months? (Census modified)	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998
G2e. How much did (he/she) receive from all other sources, such as alimony or child support, pensions, help from family or friends, or anything else during the past 12 months? (Census modified)	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998	\$_____._____ REFUSED.....99997 DON'T KNOW.....99998

COMPLETE SUPPLEMENTAL FORMS AS NEEDED.

G3. Are there any other people living in your household, whom we have not already discussed?

YES ☐ 1

NO (SKIP TO G5) ☐ 2

REFUSED (SKIP TO G5) ☐ 7

DON'T KNOW (SKIP TO G5) ☐ 8

	OTHER MEMBER #1	OTHER MEMBER #2	OTHER MEMBER #3
G3a1. What is the (FIRST/SECOND/THIRD) other member's first name?	FIRST: _____	FIRST: _____	FIRST: _____
G3a2. What is his/her middle name?	MIDDLE: _____	MIDDLE: _____	MIDDLE: _____
G3a3. What is his/her last name?	LAST: _____	LAST: _____	LAST: _____
G3a4. Does his/her name have a suffix? (MTO-CANVASS)	SUFFIX: _____ REFUSED.....97 DON'T KNOW.....98	SUFFIX: _____ REFUSED.....97 DON'T KNOW.....98	SUFFIX: _____ REFUSED.....97 DON'T KNOW.....98
G3b. What is (OTHER MEMBER'S) date of birth? (MTO-CANVASS)	____/____/____ MM DD YYYY REFUSED.....97 DON'T KNOW.....98	____/____/____ MM DD YYYY REFUSED.....97 DON'T KNOW.....98	____/____/____ MM DD YYYY REFUSED.....97 DON'T KNOW.....98
G3c. What is (OTHER MEMBER'S) relationship to you? (MTO CANVASS)	BIRTH CHILD.....01 ADOPTED CHILD.....02 GRANDCHILD.....03 FOSTER CHILD.....04 SPOUSE.....05 OTHER RELATIVE.....06 NON-RELATIVE.....07 OTHER CHILD.....08 REFUSED.....97 DON'T KNOW.....98	BIRTH CHILD.....01 ADOPTED CHILD.....02 GRANDCHILD.....03 FOSTER CHILD.....04 SPOUSE.....05 OTHER RELATIVE.....06 NON-RELATIVE.....07 OTHER CHILD.....08 REFUSED.....97 DON'T KNOW.....98	BIRTH CHILD.....01 ADOPTED CHILD.....02 GRANDCHILD.....03 FOSTER CHILD.....04 SPOUSE.....05 OTHER RELATIVE.....06 NON-RELATIVE.....07 OTHER CHILD.....08 REFUSED.....97 DON'T KNOW.....98
G3d. INTERVIEWER: IF SEX KNOWN, RECORD; OTHERWISE ASK: Is (OTHER MEMBER) (a boy or girl/male or female)? (MTO-CANVASS)	MALE.....1 FEMALE.....2 REFUSED.....7 DON'T KNOW.....8	MALE.....1 FEMALE.....2 REFUSED.....7 DON'T KNOW.....8	MALE.....1 FEMALE.....2 REFUSED.....7 DON'T KNOW.....8
G3e. Is (he/she) in school? (MTO-CANVASS)	YES (ASK G3f).....1 NO (SKIP TO G3g).....2 REFUSED (SKIP TO G3g)7 DK (SKIP TO G3g) 8	YES (ASK G3f).....1 NO (SKIP TO G3g).....2 REFUSED (SKIP TO G3g)7 DK (SKIP TO G.23g) 8	YES (ASK G3f).....1 NO (SKIP TO G3g).....2 REFUSED (SKIP TO G3g)7 DK (SKIP TO G3g) 8
G3f. What grade or year? (INTERVIEWER: CODE 1-4 YEARS OF COLLEGE AS GRADES 13-16.) (MTO-CANVASS)	GRADE..... GRADUATE SCHOOL...17 GED.....18 OTHER UNGRADED.....19 PRESCHOOL.....95 KINDERGARTEN.....96 REFUSED.....97 DON'T KNOW.....98	GRADE..... GRADUATE SCHOOL...17 GED.....18 OTHER UNGRADED.....19 PRESCHOOL.....95 KINDERGARTEN.....96 REFUSED.....97 DON'T KNOW.....98	GRADE..... GRADUATE SCHOOL...17 GED.....18 OTHER UNGRADED.....19 PRESCHOOL.....95 KINDERGARTEN.....96 REFUSED.....97 DON'T KNOW.....98

	OTHER MEMBER #1	OTHER MEMBER #2	OTHER MEMBER #3
G3g. What is (his/her) race?	WHITE <input type="checkbox"/> 1 AFRICAN AMERICAN <input type="checkbox"/> 2 ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3 AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> 4 OTHER <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	WHITE <input type="checkbox"/> 1 AFRICAN AMERICAN <input type="checkbox"/> 2 ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3 AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> 4 OTHER <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	WHITE <input type="checkbox"/> 1 AFRICAN AMERICAN <input type="checkbox"/> 2 ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3 AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> 4 OTHER <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
G3h. Is (he/she) Hispanic or non-Hispanic?	HISPANIC <input type="checkbox"/> 1 NON-HISPANIC <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	HISPANIC <input type="checkbox"/> 1 NON-HISPANIC <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	HISPANIC <input type="checkbox"/> 1 NON-HISPANIC <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
G3i. What is [OTHER MEMBER]'s Social Security Number?	- - - - - REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	- - - - - REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	- - - - - REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
G3j. INTERVIEWER: CHECK BIRTH YEAR OF MEMBER. (MTO-CANVASS)	BORN 1900-1985 1 BORN 1986-2002 (SKIP TO G4e) 2	BORN 1900-1985 1 BORN 1986-2002 (SKIP TO G4e) 2	BORN 1900-1985 1 BORN 1986-2002 (SKIP TO G4e) 2
G3k. What is (his/her) marital status?	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
G4. - Last week, did [OTHER MEMBER] do any work for pay?	YES 1 NO 2 REFUSED 97 DON'T KNOW 98	YES 1 NO 2 REFUSED 97 DON'T KNOW 98	YES 1 NO 2 REFUSED 97 DON'T KNOW 98
G4a. How much did [OTHER MEMBER] earn from all his/her employers before taxes and deductions during the past 12 months?	\$ _____ REFUSED 99997 DON'T KNOW 99998	\$ _____ REFUSED 99997 DON'T KNOW 99998	\$ _____ REFUSED 99997 DON'T KNOW 99998
G4a1. Would it amount to \$10,000 or more?	YES 1 NO (SKIP TO G4a5) 2 RF (SKIP TO G4a5) 7 DK (SKIP TO G4a5) 8	YES 1 NO (SKIP TO G4a5) 2 RF (SKIP TO G4a5) 7 DK (SKIP TO G4a5) 8	YES 1 NO (SKIP TO G4a5) 2 RF (SKIP TO G4a5) 7 DK (SKIP TO G4a5) 8
G4a2. Would it amount to \$20,000 or more?	YES 1 NO (SKIP TO G4a4) 2 RF (SKIP TO G4a4) 7 DK (SKIP TO G4a4) 8	YES 1 NO (SKIP TO G4a4) 2 RF (SKIP TO G4a4) 7 DK (SKIP TO G4a4) 8	YES 1 NO (SKIP TO G4a4) 2 RF (SKIP TO G4a4) 7 DK (SKIP TO G4a4) 8
G4a3. Would it amount to \$25,000 or more?	YES (SKIP TO G4b) 1 NO (SKIP TO G4b) 2 RF (SKIP TO G4b) 7 DK (SKIP TO G4b) 8	YES (SKIP TO G4b) 1 NO (SKIP TO G4b) 2 RF (SKIP TO G4b) 7 DK (SKIP TO G4b) 8	YES (SKIP TO G4b) 1 NO (SKIP TO G4b) 2 RF (SKIP TO G4b) 7 DK (SKIP TO G4b) 8
G4a4. Would it amount to \$15,000 or more?	YES (SKIP TO G4b) 1 NO (SKIP TO G4b) 2 RF (SKIP TO G4b) 7 DK (SKIP TO G4b) 8	YES (SKIP TO G4b) 1 NO (SKIP TO G4b) 2 RF (SKIP TO G4b) 7 DK (SKIP TO G4b) 8	YES (SKIP TO G4b) 1 NO (SKIP TO G4b) 2 RF (SKIP TO G4b) 7 DK (SKIP TO G4b) 8

G4a5. Would it amount to \$5,000 or more?	YES 1 NO 2 RF 7 DK 8	YES 1 NO 2 RF 7 DK 8	YES 1 NO 2 RF 7 DK 8
G4b. During the past 12 months, how much did (he/she) receive from any business he/she has, from work on the side he/she has done, or from dividends, interest, or rental property he/she owns? (MTO-CANVASS)	\$ REFUSED 99997 DON'T KNOW 99998	\$ REFUSED 99997 DON'T KNOW 99998	\$ REFUSED 99997 DON'T KNOW 99998
G4c. How much did (he/she) receive from the government altogether in the form of TANF, supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that in the past 12 months? (MTO-CANVASS)	\$ REFUSED 99997 DON'T KNOW 99998	\$ REFUSED 99997 DON'T KNOW 99998	\$ REFUSED 99997 DON'T KNOW 99998
G4d. How much did (he/she) receive from all other sources, such as alimony or child support, pensions, help from family or friends, or anything else during the past 12 months? (MTO-CANVASS)	\$ REFUSED 99997 DON'T KNOW 99998	\$ REFUSED 99997 DON'T KNOW 99998	\$ REFUSED 99997 DON'T KNOW 99998
G4e. Are there any other members in your household? (MTO-CANVASS)	YES (REPEAT G3a-4e) ... 1 NO (SKIP TO G5) 2	YES (REPEAT G3a-4e) ... 1 NO (SKIP TO G5) 2	YES (REPEAT G3a-4e) ... 1 NO (SKIP TO G5) 2

COMPLETE SUPPLEMENTAL FORMS AS NEEDED

G5. What is the total combined income of all members of this household during the past 12 months? Please include money from jobs, work on the side, welfare, SSI, help from your family and friends, and any other money income received by you or any other household member.

ENTER DOLLAR AMOUNT: \$ _____.____ (SKIP TO H1)

REFUSED ☐ 999997

DON'T KNOW ☐ 999998

G5a. Would it amount to \$10,000 or more?

YES ☐ 1

NO (SKIP TO G5e) ☐ 2

REFUSED (SKIP TO G5e) ☐ 7

DON'T KNOW (SKIP TO G5e) ☐ 8

G5b. Would it amount to \$20,000 or more?

YES ☐ 1

NO (SKIP TO G5d) ☐ 2

REFUSED (SKIP TO G5d) ☐ 7

DON'T KNOW (SKIP TO G5d) ☐ 8

G5c. Would it amount to \$25,000 or more?

YES (SKIP TO H1) ☐ 1

NO (SKIP TO H1) ☐ 2

REFUSED (SKIP TO H1) ☐ 7

DON'T KNOW (SKIP TO H1) ☐ 8

G5d. Would it amount to \$15,000 or more?

YES (SKIP TO H1) ☐ 1

NO (SKIP TO H1) ☐ 2

REFUSED (SKIP TO H1) ☐ 7

DON'T KNOW (SKIP TO H1) ☐ 8

G5e. Would it amount to \$5,000 or more?

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

SECTION H: SECONDARY CONTACTS

In order to continue to help the government learn how to improve housing programs, it is very important that we talk to people periodically to see how things are going. Since people often move, we would like to ask you for the names of friends or relatives who usually keep in touch with you. We would contact these people only if we were unable to reach you at your current phone number. We would be asking them for your address and telephone information nothing else. In the past you have provided us with information on the following three people. Now we would like to confirm that we have the most current information for them, and that they are the best people to use to find you.

[CONFIRM INFORMATION FOR THREE RELIABLE CONTACTS.]

[CONTACT #1]:

H1. The first contact person you provided is [FIRST CONTACT NAME]. Is his/her address still [FIRST CONTACT ADDRESS]?

- | | |
|-------------------------|----------------------------|
| YES (SKIP TO H3) | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO H3) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO H3) | <input type="checkbox"/> 8 |

H1a. What is his/her new street address? _____

H1b. Is there a complex/building name? _____

H1c. Is there an apartment number? _____

H1d. In what city? _____

H1e. In what state? _____

H1f. What is the zip code? _____

H2. What's the best phone number to reach (him/her) at starting with the area code?

TELEPHONE # WITH AREA CODE: (_____) _____ - _____

[CONTACT #2]:

H3. The second contact person you provided is [SECOND CONTACT NAME]. Is his/her address still [SECOND CONTACT ADDRESS]?

- | | |
|-------------------------|----------------------------|
| YES (SKIP TO H4) | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO H4) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO H4) | <input type="checkbox"/> 8 |

H3a. What is his/her new street address? _____

H3b. Is there a complex/building name? _____

H3c. Is there an apartment number? _____

H3d. In what city? _____

H3e. In what state? _____

H3f. What is the zip code? _____

H4. What's the best phone number to reach (him/her) at starting with the area code?

TELEPHONE # WITH AREA CODE: () -

[CONTACT #3]:

H5. The second contact person you provided is [THIRD CONTACT NAME]. Is his/her address still [THIRD CONTACT ADDRESS]?

YES (SKIP TO H6) ☐ 1

NO ☐ 2

REFUSED (SKIP TO H6) ☐ 7

DON'T KNOW (SKIP TO H6) ☐ 8

H5a. What is his/her new street address? _____

H5b. Is there a complex/building name? _____

H5c. Is there an apartment number? _____

H5d. In what city? _____

H5e. In what state? _____

H5f. What is the zip code? _____

H6. What's the best phone number to reach (him/her) at starting with the area code?

TELEPHONE # WITH AREA CODE: () -

[INTERVIEWER: CONTINUE LOOPING THROUGH CONTACTS UNTIL THREE CONTACTS HAVE BEEN CONFIRMED. IF 3 CONTACTS CANNOT BE CONFIRMED, LOOP THROUGH H7-10 UNTIL THREE CONTACTS ARE OBTAINED.]

H7. Could you tell us the name of a person who does not live with you and will always know how to contact you?

YES ☐ 1

NO (SKIP TO I1) ☐ 2

REFUSED (SKIP TO I1) ☐ 7

DON'T KNOW (SKIP TO I1) ☐ 8

H7a. What is his/her first name? _____

H7b. What is his/her middle name? _____

H7c. What is his/her last name? _____

H7d. Does his/her name have a suffix? _____

H8. What is (his/her) street address? _____

H8a. Is there a complex/building name? _____

H8b. Is there an apartment number? _____

H8c. In what city? _____

H8d. In what state? _____

H8e. What is the zip code? _____

H9. What's the best phone number to reach (him/her) at starting with the area code?

TELEPHONE # WITH AREA CODE: () -

H10. Is she/he a friend or a relative, or what is (his/her) relationship to you?

FRIEND ☐ 1

RELATIVE ☐ 2

OTHER (SPECIFY): ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

SECTION I:
INSTRUCTIONS FOR PARENT-ON-CHILD/YOUTH MODULE
BP MEASUREMENT FOR RESPONDENTS WHO FELL UNDER
“IMMEDIATE REFERRAL” CATEGORY (BP \geq 200/120)

11. [INTERVIEWER: CHECK AGES OF SAMPLED CHILDREN IN THIS HOUSEHOLD. GO TO J1 FOR UP TO TWO SAMPLED CHILDREN AGES 5-19 ON JUNE 1, 2001.]

12. [INTERVIEWER: IF RESPONDENT FELL UNDER THE “IMMEDIATE REFERRAL” CATEGORY WITH THE FIRST SET OF BP MEASUREMENTS IN SECTION F (BP \geq 200/120), CONTINUE. OTHERWISE SKIP TO I2.]

I2a. [CAPI PROGRAMMER: RECORD TIME STAMP OF TIME OF DAY]

I2b. [INTERVIEWER: RECORD BLOOD PRESSURE MEASUREMENT HERE]

DIASTOLIC BLOOD PRESSURE: _____mmHg

SYSTOLIC BLOOD PRESSURE: _____mmHg

I2c. [INTERVIEWER: TAKE AN ADDITIONAL BP MEASUREMENT. RECORD MEASUREMENT HERE]

DIASTOLIC BLOOD PRESSURE: _____mmHg

SYSTOLIC BLOOD PRESSURE: _____mmHg

I2d. [CAPI PROGRAMMER: CALCULATE AVERAGE OF ALL FOUR BLOOD PRESSURE READINGS IN F16, F16b, I2b and I2c AND DISPLAY]

AVERAGE DIASTOLIC BLOOD PRESSURE: _____mmHg

AVERAGE SYSTOLIC BLOOD PRESSURE: _____mmHg

I2e. [INTERVIEWER: IF RESPONDENT HAS NORMAL BLOOD PRESSURE, HAND THE RESPONDENT CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. THANK THE RESPONDENT. SKIP TO N1]

I2f. [INTERVIEWER: IF RESPONDENT FELL UNDER “URGENT REFERRAL” CATEGORY, HAND THE RESPONDENT CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. ALSO INCLUDE:]

Since it appears that your blood pressure is high, we would like to provide your doctor with this information and provide a copy of your blood pressure readings to help him or her better monitor your health. Would you feel comfortable if I contacted your doctor to communicate information about your blood pressure?

YES ☐ 1

NO (THANK RESPONDENT AND SKIP TO N1) ☐ 2

REFUSED (THANK RESPONDENT AND SKIP TO N1) ☐ 7

DON'T KNOW (THANK RESPONDENT AND SKIP TO N1) ☐ 8

I2g. Could you give me his/her name and tell me how I can contact him/her?

DOCTOR'S NAME: _____

CONTACT INFORMATION: _____

REFUSED ☐ 7

DON'T KNOW ☐ 8

[INTERVIEWER: THANK THE RESPONDENT. SKIP TO N1.]

I2h. **[INTERVIEWER: IF RESPONDENT FELL UNDER THE "IMMEDIATE REFERRAL" CATEGORY, HAND THE RESPONDENT CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. ALSO INCLUDE:]**

Since it appears that your blood pressure is very high, we would recommend that you see a doctor or go to the hospital immediately to have your blood pressure taken again. We would also like to provide your doctor a copy of your blood pressure readings to help him or her better monitor your health. Would you feel comfortable if I contacted your doctor to communicate information about your blood pressure?

YES ☐ 1

NO (SKIP TO N1) ☐ 2

REFUSED (SKIP TO N1) ☐ 7

DON'T KNOW (SKIP TO N1) ☐ 8

I2i. Could you give me his/her name and tell me how I can contact him/her?

DOCTOR'S NAME: _____

CONTACT INFORMATION: _____

REFUSED ☐ 7

DON'T KNOW ☐ 8

[INTERVIEWER: THANK THE RESPONDENT. SKIP TO N1]

N1. That's all the specific questions that I have. Is there anything else that you would like to tell me about your neighborhood, or experiences, or any suggestions that you might have for improving housing programs? (MTO-Boston)

[illegible]

[INTERVIEWER: PROVIDE INCENTIVES, OBTAIN SIGNED RECEIPTS.]

MOVING TO OPPORTUNITY INTERIM EVALUATION PARENT-ON-CHILD/YOUTH MODULE

Now I'd like to talk to you about your child [CHILD]. As you know, we are also doing some educational testing (and asking (him/her) some questions directly). However, there are a number of things we'd like to ask you, starting with some questions about schooling.

SECTION J: EDUCATION

[IF AGE 5-11, SKIP TO J4]

I'd like to start by discussing [CHILD]'s educational progress.

(104) ATTENDANCE/TIME IN SCHOOL

J1. What is the highest grade or year of school that [CHILD] has ever completed? (LAFANS; modified)

_____ HIGHEST GRADE COMPLETED (1-12)
(13)= ONE YEAR OF COLLEGE
(14)= TWO YEARS OF COLLEGE
(15) = THREE YEARS OF COLLEGE
(16) = FOUR YEARS OF COLLEGE

[IF GRADE IS 11 OR LESS SKIP TO J5]:

J2. Has (he/she) received a regular high school diploma? Do not include a GED. (Original; similar to NLSY97)

YES (SKIP TO J3a)	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

J3. Has (he/she) received a GED? (original; similar to NLSY97)

YES	<input type="checkbox"/> 1
NO (SKIP TO J8)	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

J3a. Is [CHILD] currently enrolled in college? (Original)

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

J3b. When was [CHILD] last enrolled in high school?

ENTER DATE: ____/____/____

Month Year

REFUSED

☐ 7

DON'T KNOW

☐ 8

[SKIP TO J9]

J4. Did [CHILD] ever participate in any early intervention program, such as Head Start, Even Start, or Fair Start?

YES

☐ 1

NO

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

J5. Is [CHILD] in school now? (MTO-Baseline, modified)

YES (**SKIP TO J9**)

☐ 1

NO

☐ 2

IF VOLUNTEERED: HOME-SCHOOLED (**SKIP TO J8**)

☐ 3

REFUSED (**SKIP TO J8**)

☐ 7

DON'T KNOW (**SKIP TO J8**)

☐ 8

J6. Why doesn't [CHILD] attend school? (LAFANS)

HEALTH PROBLEMS

☐ 1

DROPPED OUT OF SCHOOL BECAUSE OF FINANCIAL PROBLEMS/HAD TO WORK

☐ 2

DROPPED OUT OF SCHOOL BECAUSE DIDN'T LIKE SCHOOL

☐ 3

EXPELLED OR SUSPENDED

☐ 4

PARENTAL DECISION

☐ 5

PREGNANCY/CHILDBIRTH

☐ 6

OTHER (SPECIFY) _____

☐ 95

REFUSED

☐ 97

DON'T KNOW

☐ 98

[IF AGE < 15, SKIP TO J8]

J7. Has (he/she) received a GED? (Original)

- YES ☐ 1
- NO ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

J8. When was [CHILD] last enrolled in school?

ENTER DATE: ____/____/____
Month Year

- REFUSED ☐ 7
- DON'T KNOW ☐ 8

J9. What is the full name of the school [CHILD] (is attending/ most recently attended)? (Original).

FULL NAME OF SCHOOL: _____

- REFUSED ☐ 7
- DON'T KNOW ☐ 8

[INTERVIEWER: IF SCHOOL CAN BE MATCHED TO LIST THEN SKIP TO J12.]

J10. Is this school a... (LAFANS)

- Regular public school ☐ 1
- Magnet program or school ☐ 2
- A Charter school ☐ 3
- A private school ☐ 4
- A religious school ☐ 5
- An alternative school ☐ 6
- Other special program or school. (Specify: _____) ☐ 95
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

J11. Where is this school located? Can you give me the name of the street in which it is located?

What is the nearest cross-street? What city is that? (LAFANS)

ON _____

NEAR THE CORNER OF _____

_____ CITY

- REFUSED ☐ 7
- DON'T KNOW ☐ 8

J12. For which grades did [CHILD] attend this school? [**CHECK ALL THAT APPLY.**] (Original)

	YES
K	<input type="checkbox"/> 1
1	<input type="checkbox"/> 1
2	<input type="checkbox"/> 1
3	<input type="checkbox"/> 1
4	<input type="checkbox"/> 1
5	<input type="checkbox"/> 1
6	<input type="checkbox"/> 1
7	<input type="checkbox"/> 1
8	<input type="checkbox"/> 1
9	<input type="checkbox"/> 1
10	<input type="checkbox"/> 1
11	<input type="checkbox"/> 1
12	<input type="checkbox"/> 1
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

J13. Has [CHILD] ever repeated a grade? (LAFANS)

YES	<input type="checkbox"/> 1
NO (SKIP TO J15)	<input type="checkbox"/> 2
REFUSED (SKIP TO J15)	<input type="checkbox"/> 7
DON'T KNOW (SKIP TO J15)	<input type="checkbox"/> 8

J14. Which grade(s) did
[CHILD] repeat?
(LAFANS)

YES ----->

[IF YES:]

J14a. Did [CHILD] repeat [GRADE]
in the same school? (original)

				YES	NO	RF	DK
[CHECK ALL THAT APPLY]	K	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	1	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	2	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	3	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	4	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	5	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	6	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	7	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	8	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	9	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	10	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	11	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	12	<input type="checkbox"/> 1	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	RF	<input type="checkbox"/> 7	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
DK	<input type="checkbox"/> 8	IF YES ->	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	

J15. Has [CHILD] ever been suspended or expelled from school? (PSID)

YES

☐ 1

NO (SKIP TO J16)

☐ 2

REFUSED (SKIP TO J16)

☐ 7

DON'T KNOW (SKIP TO J16)

☐ 8

J15a. Has this happened during the past 2 years? (Original)

YES

☐ 1

NO

☐ 2

REFUSED

☐ 7

DON'T KNOW

☐ 8

[IF LOWEST GRADE IN J12 = K, SKIP TO J17]

Now I am going to ask you about what other schools [CHILD] may have attended even for a short time, starting with the grade prior to [LOWEST GRADE IN J12], going back to [GRADE HISTORY ENDS].

[INTERVIEWER: LET "GRADE HISTORY ENDS"=Z, WHERE:

Z= HIGHEST GRADE COMPLETED IN J12 - (2001 - YEAR OF RANDOM ASSIGNMENT + ONE).

IF Z<=0 → Z=KINDERGARTEN.

LOOP THROUGH SCHOOLS UNTIL LOWEST GRADE IN J17d <= Z.]

	SCHOOL 2	SCHOOL 3
<p>J16a. What is the full name of the school [CHILD] attended before [SCHOOL NAME LAST MENTIONED]? (Original).</p> <p>[INTERVIEWER: IF SCHOOL CAN BE MATCHED TO LIST THEN SKIP TO J16d.]</p>	<p>_____</p> <p>REFUSED <input type="checkbox"/> 7</p> <p>DON'T KNOW <input type="checkbox"/> 8</p>	<p>_____</p> <p>REFUSED <input type="checkbox"/> 7</p> <p>DON'T KNOW <input type="checkbox"/> 8</p>
<p>J16b. Was this school a... (LAFANS)</p>	<p>Regular Public School <input type="checkbox"/> 1</p> <p>Magnet Program or School <input type="checkbox"/> 2</p> <p>A Charter School <input type="checkbox"/> 3</p> <p>A Private School <input type="checkbox"/> 4</p> <p>A Religious School <input type="checkbox"/> 5</p> <p>An Alternative School <input type="checkbox"/> 6</p> <p>Other Special Program or School (Specify) <input type="checkbox"/> 95</p> <p>REFUSED <input type="checkbox"/> 97</p> <p>DON'T KNOW <input type="checkbox"/> 98</p>	<p>Regular Public School <input type="checkbox"/> 1</p> <p>Magnet Program or School <input type="checkbox"/> 2</p> <p>A Charter School <input type="checkbox"/> 3</p> <p>A Private School <input type="checkbox"/> 4</p> <p>A Religious School <input type="checkbox"/> 5</p> <p>An Alternative School <input type="checkbox"/> 6</p> <p>Other Special Program or School (Specify) <input type="checkbox"/> 95</p> <p>REFUSED <input type="checkbox"/> 97</p> <p>DON'T KNOW <input type="checkbox"/> 98</p>
<p>J16c. Where was this school located? Can you give me the name of the street in which it was located?</p> <p>PROBE: What was the nearest cross-street?</p> <p>What city is that? (LAFANS)</p>	<p>ON _____</p> <p>NEAR THE CORNER OF _____</p> <p>IN THE CITY OF _____</p> <p>REFUSED <input type="checkbox"/> 7</p> <p>DON'T KNOW <input type="checkbox"/> 8</p>	<p>ON _____</p> <p>NEAR THE CORNER OF _____</p> <p>IN THE CITY OF _____</p> <p>REFUSED <input type="checkbox"/> 7</p> <p>DON'T KNOW <input type="checkbox"/> 8</p>

J16d. For which grade(s) did [CHILD] attend this school? (Original) CHECK ALL THAT APPLY	K	<input type="checkbox"/> 1	8	<input type="checkbox"/> 1	K	<input type="checkbox"/> 1	8	<input type="checkbox"/> 1
	1	<input type="checkbox"/> 1	9	<input type="checkbox"/> 1	1	<input type="checkbox"/> 1	9	<input type="checkbox"/> 1
	2	<input type="checkbox"/> 1	10	<input type="checkbox"/> 1	2	<input type="checkbox"/> 1	10	<input type="checkbox"/> 1
	3	<input type="checkbox"/> 1	11	<input type="checkbox"/> 1	3	<input type="checkbox"/> 1	11	<input type="checkbox"/> 1
	4	<input type="checkbox"/> 1	12	<input type="checkbox"/> 1	4	<input type="checkbox"/> 1	12	<input type="checkbox"/> 1
	5	<input type="checkbox"/> 1	REF	<input type="checkbox"/> 7	5	<input type="checkbox"/> 1	REF	<input type="checkbox"/> 7
	6	<input type="checkbox"/> 1	DK	<input type="checkbox"/> 8	6	<input type="checkbox"/> 1	DK	<input type="checkbox"/> 8
	7	<input type="checkbox"/> 1			7	<input type="checkbox"/> 1		

[IF AGE 18-19, SKIP TO K1]

(106) DISCIPLINARY SANCTIONS

J17. During the past two years, has anyone from [CHILD'S] school asked someone to come in and talk about problems [CHILD] was having with schoolwork or behavior? (MTO-Baseline, modified.)

- YES ☐ 1
- NO ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

(111) ACADEMIC TRACK

J18. During the past 2 years, has [CHILD] gone to a special class for gifted students or done advanced work in any subjects? (MTO Baseline)

- YES ☐ 1
- No ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

(112) SPECIAL EDUCATION

J19. During the past 2 years, has [CHILD] gone to a special class or school or gotten special help in school for... (MTO Baseline, modified)

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| | YES | NO | RF | DK |
| J19a. Learning problems? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| J19b. Behavioral or emotional problems? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

[IF NO TO J19a AND J19b, SKIP TO K1].

J20. How often has [CHILD] received any special services for these problems—almost every day, once a week, once a month, a few times a year, or only once or twice in the past two years?
(Original)

- | | |
|--|----------------------------|
| ALMOST EVERY DAY (INCLUDES 4-7 DAYS A WEEK) | <input type="checkbox"/> 1 |
| ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK) | <input type="checkbox"/> 2 |
| ONCE A MONTH (INCLUDES 1-3 TIMES A MONTH) | <input type="checkbox"/> 3 |
| A FEW TIMES A YEAR (INCLUDES 3-4 TIMES A YEAR) | <input type="checkbox"/> 4 |
| ONLY ONCE OR TWICE IN THE PAST 2 YEARS | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

SECTION K: HEALTH

(400) GENERAL HEALTH STATUS

K1. Would you say [CHILD]'s health in general is excellent, very good, good, fair, or poor?
(NHIS97)

- | | |
|------------|----------------------------|
| EXCELLENT | <input type="checkbox"/> 1 |
| VERY GOOD | <input type="checkbox"/> 2 |
| GOOD | <input type="checkbox"/> 3 |
| FAIR | <input type="checkbox"/> 4 |
| POOR | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(505) MEDICAID PARTICIPATION

K2. What kind of health insurance or health care coverage does [CHILD] have? **[INTERVIEWER:
SHOW CARD WITH RESPONSE CATEGORIES]** (NHIS99)

- | | |
|--|-----------------------------|
| PRIVATE HEALTH INSURANCE PLAN FROM
EMPLOYER OR WORKPLACE | <input type="checkbox"/> 1 |
| PRIVATE HEALTH INSURANCE PLAN PURCHASED
DIRECTLY | <input type="checkbox"/> 2 |
| PRIVATE HEALTH INSURANCE PLAN THROUGH A
STATE OR LOCAL GOVERNMENT OR COMMUNITY
PROGRAM | <input type="checkbox"/> 3 |
| CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM) | <input type="checkbox"/> 4 |
| MEDICAID OR STATE NAME OF MEDICAID | <input type="checkbox"/> 5 |
| MILITARY HEALTH CARE/VA OR
CHAMPUS/TRICARE/CHAMP-VA | <input type="checkbox"/> 6 |
| SINGLE SERVICE PLAN (E.G. DENTAL, VISION,
PRESCRIPTIONS) | <input type="checkbox"/> 7 |
| MEDICARE | <input type="checkbox"/> 8 |
| NO COVERAGE OF ANY TYPE | <input type="checkbox"/> 9 |
| OTHER (SPECIFY) _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

[IF AGE 12-19, SKIP TO K4]

(422) HEALTH CARE ACCESS

K3. During the past 12 months, did [CHILD] receive a physical examination or well-child check-up?
(NHIS99)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(409) ACCIDENTS/ INJURIES

K4. In the past 12 months, has [CHILD] had any accidents or injuries that required medical attention?
(NLSY79)

- | | |
|-------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO K7) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO K7) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO K7) | <input type="checkbox"/> 8 |

K5. How many such accidents or injuries requiring medical attention has [CHILD] had in the past 12 months? (NLSY79)

- _____ NUMBER OF ACCIDENTS OR INJURIES
- | | |
|-------------------------|----------------------------|
| REFUSED (SKIP TO K7) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO K7) | <input type="checkbox"/> 8 |

[IF AGE 12-19, SKIP TO K7]

[INTERVIEWER: IF ONLY ONE INJURY, READ K6 USING "THAT".]

K6. What was the cause of (that/the first/the second/etc.) accident or injury? **[INTERVIEWER: REPEAT FOR UP TO 4 INJURIES. IF NECESSARY, PROBE:]** How did it happen?
(NLSY79)

- | | 1 st
Accident
/ Injury | 2 nd
Accident
/ Injury | 3 rd
Accident
/ Injury | 4 th
Accident
/ Injury |
|--|---|---|---|---|
| CYCLING OR SKATING | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| OTHER SPORTS-RELATED (E.G.
BASKETBALL, FOOTBALL,
VOLLEYBALL, CHEERLEADING) | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| OTHER KIDS INCLUDING FIGHTS | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| OTHER FALLS | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |

	1 st Accident / Injury	2 nd Accident / Injury	3 rd Accident / Injury	4 th Accident / Injury
EXTERNAL FACTOR (BROKEN GLASS, NEEDLE, NAIL, CAR)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
OTHER (SPECIFY) <hr/>	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98

(401) ASTHMA

K7. Have you ever been told by a doctor or other health professional that [CHILD] had asthma?
(NHIS99)

- YES ☐ 1
- NO (SKIP TO K10) ☐ 2
- REFUSED (SKIP TO K10) ☐ 7
- DON'T KNOW (SKIP TO K10) ☐ 8

K8. During the past 12 months, has [CHILD] had an episode of asthma or an asthma attack?
(NHIS99)

- YES ☐ 1
- NO ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

K9. During the past 3 months, has [CHILD] used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist. (NHIS99)

- YES ☐ 1
- NO ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

K10. During the past 12 months, has [CHILD] had a wheezing or whistling sound in (his/her) chest?
(NHIS99)

- YES ☐ 1
- NO (SKIP TO L1) ☐ 2
- REFUSED (SKIP TO L1) ☐ 7
- DON'T KNOW (SKIP TO L1) ☐ 8

K11. How many attacks of wheezing or whistling has [CHILD] had in (his/her) chest during the past 12 months? (NHIS99)

NUMBER OF ATTACKS: _____

REFUSED ☐ 7

DON'T KNOW ☐ 8

[IF AGE 12-19, SKIP TO L1]

K12. During the past 12 months, has [CHILD]'s sleep been disturbed due to wheezing or whistling? (NHIS99)

YES ☐ 1

NO (SKIP TO K14) ☐ 2

REFUSED (SKIP TO K14) ☐ 7

DON'T KNOW (SKIP TO K14) ☐ 8

K13. During the past 12 months, how often on average, has [CHILD]'s sleep been disturbed due to wheezing or whistling? (NHIS99)

Less than one per week ☐ 1

One per week ☐ 2

More than one per week ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

K14. During the past 12 months, has [CHILD]'s chest sounded wheezy during or after exercise or physical activity? (NHIS99)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

K15. During the past 12 months, has [CHILD]'s wheezing ever been severe enough to limit (his/her) speech to only 1 or 2 words at a time between breaths? (NHIS99)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

K16. During the past 12 months, how many times has [CHILD] gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling? (NHIS99)

NUMBER OF TIMES _____

REFUSED

☐ 7

DON'T KNOW

☐ 8

SECTION L: BEHAVIOR

Now I would like to ask you about [CHILD'S] friends.

L1. How many close friends does [CHILD] have? (LAFANS)

NUMBER OF FRIENDS: _____

REFUSED

☐ 7

DON'T KNOW

☐ 8

L2. Now I have a few questions about discrimination. Can you think of one or more occasions in the past 6 months when you felt [CHILD] was treated unfairly because of (his/her) race or ethnicity in the following places? (Gallup, modified)

	YES	NO	RF	DK
L2a. [CHILD]'s school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L2b. At a neighborhood playground or recreation program?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L2c. In a store where [CHILD] was shopping or a restaurant where [CHILD] wanted to eat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L2d. Somewhere else in the neighborhood?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(421) BEHAVIOR PROBLEMS

Now I am going to read some statements that describe behavior problems that many children have. Please tell me whether each statement has been often true, sometimes true, or not true of [CHILD] during the past three months. (*NLSY79-98 Mother Supplement, Behavior Problems Index*)

	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE	RF	DK
L3. The first statement is "has difficulty concentrating, cannot pay attention for long". Has that been often true, sometimes true, or not true of [CHILD] during the past 3 months?"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L4. Cheats or tells lies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L5. is rather high strung, tense, and nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L6. Bullies or is cruel or mean to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L7. is disobedient at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L8. has trouble getting along with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L9. feels worthless or inferior	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L10. is restless or overly active, cannot sit still	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L11. has a very strong temper and loses it easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L12. is unhappy, sad or depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
L13. Withdrawn, does not get involved with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
[IF AGE 12-19, SKIP TO L16]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

L14. demands a lot of attention

L15. is too dependent on others

L16. Hangs around with kids who get into trouble

L17. Worries too much

L18. is disobedient at school

L19. has trouble getting along with teachers

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

[IF AGE 12-19, GO TO I2]

SECTION M: TIME USE

Now I'd like to talk about activities [CHILD] does after school and who was doing them with him/her.

[INTERVIEWER: ASK M1-19 FOR [RANDOM DAY OF THE WEEK]. IF THE RESPONDENT REPLIES WITH A "DON'T KNOW" OR "REFUSED," PROBE THEM FOR THE DAY AFTER.]

M1. We are interested in how [CHILD] spends time in the late afternoon. The next few questions will be about this past [WEEKDAY], starting at 3:45 pm. Can you tell me: where was [CHILD] at 3:45 on [WEEKDAY]?

- | | |
|--|-----------------------------|
| CHILD CARE (ASK M2) | <input type="checkbox"/> 1 |
| SCHOOL (SKIP TO M3) | <input type="checkbox"/> 2 |
| BUS (SKIP TO M7) | <input type="checkbox"/> 3 |
| CHURCH/CLUB/COMMUNITY CENTER (SKIP TO M4) | <input type="checkbox"/> 4 |
| HOME (SKIP TO M5) | <input type="checkbox"/> 5 |
| SOMEWHERE ELSE (SPECIFY): _____
(SKIP TO M5) | <input type="checkbox"/> 95 |
| REFUSED (SKIP TO M5) | <input type="checkbox"/> 97 |
| DON'T KNOW (SKIP TO M5) | <input type="checkbox"/> 98 |

M2. Is this provider paid to take care of [CHILD]?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO M7)

M3. Was [CHILD] playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?

- | | |
|----------------------|----------------------------|
| SPORTS | <input type="checkbox"/> 1 |
| CLUB | <input type="checkbox"/> 2 |
| DETENTION | <input type="checkbox"/> 3 |
| IN CLASS OR TUTORING | <input type="checkbox"/> 4 |
| OTHER (SPECIFY): | <input type="checkbox"/> 5 |
| <hr/> | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO M5)

M4. Was [CHILD] playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? **[INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY.]**

- | | |
|---------------------------------|----------------------------|
| SPORTS | <input type="checkbox"/> 1 |
| ORGANIZED ACTIVITY | <input type="checkbox"/> 2 |
| CLASS/TUTORING | <input type="checkbox"/> 3 |
| CLUB | <input type="checkbox"/> 4 |
| DOING SOMETHING ELSE (SPECIFY): | <input type="checkbox"/> 5 |
| <hr/> | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

M5. At 3:45, was there an adult present, who could see or hear [CHILD]?

- | | |
|--|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO M7) | <input type="checkbox"/> 2 |
| VOLUNTEERED: "I WAS PRESENT" (SKIP TO M7) | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

M6. At 3:45, were you present where you could see or hear [CHILD]?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

M7. Now let's talk about 5:30pm. Where was [CHILD] at 5:30 on [WEEKDAY]?

- | | |
|--|-----------------------------|
| CHILD CARE (ASK M8) | <input type="checkbox"/> 1 |
| SCHOOL (SKIP TO M9) | <input type="checkbox"/> 2 |
| BUS (SKIP TO M14) | <input type="checkbox"/> 3 |
| CHURCH CLUB/COMMUNITY CENTER
(SKIP TO M10) | <input type="checkbox"/> 4 |
| HOME (SKIP TO M11) | <input type="checkbox"/> 5 |
| OTHER (SPECIFY): _____
(SKIP TO M11) | <input type="checkbox"/> 95 |
| REFUSED (SKIP TO M11) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO M11) | <input type="checkbox"/> 8 |

M8. Is this provider paid to take care of [CHILD]?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO M14)

M9. Was [CHILD] playing on a sports team, participating in a club, serving detention, or doing something else at the school?

- | | |
|------------------------|----------------------------|
| SPORTS TEAM | <input type="checkbox"/> 1 |
| CLUB | <input type="checkbox"/> 2 |
| DETENTION | <input type="checkbox"/> 3 |
| IN CLASS OR TUTORING | <input type="checkbox"/> 4 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO M11)

M10. Was [CHILD] playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? **[INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY.]**

- | | |
|--------------------|----------------------------|
| SPORTS | <input type="checkbox"/> 1 |
| ORGANIZED ACTIVITY | <input type="checkbox"/> 2 |
| CLASS/TUTORING | <input type="checkbox"/> 3 |
| CLUB | <input type="checkbox"/> 4 |
| OTHER (SPECIFY): | <input type="checkbox"/> 5 |
| <hr/> | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

M11. Were there other children at [PLACE] with [CHILD] at 5:30?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

M12. At 5:30, was there an adult present, who could see or hear [CHILD]?

- | | |
|--|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO M14) | <input type="checkbox"/> 2 |
| VOLUNTEERED: "I WAS PRESENT" (SKIP TO M14) | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

M13. At 5:30, were you present where you could see or hear [CHILD]?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

M14. Now let's talk about 7:30pm. Where was [CHILD] at 7:30 on [WEEKDAY]?

- | | |
|---|-----------------------------|
| CHILD CARE (ASK M15) | <input type="checkbox"/> 1 |
| SCHOOL (SKIP TO M16) | <input type="checkbox"/> 2 |
| BUS (SKIP TO I2) | <input type="checkbox"/> 3 |
| CHURCH CLUB/COMMUNITY CENTER
(SKIP TO M17) | <input type="checkbox"/> 4 |
| HOME (SKIP TO M18) | <input type="checkbox"/> 5 |
| SOMEWHERE ELSE (SPECIFY): _____
(SKIP TO M18) | <input type="checkbox"/> 95 |
| REFUSED (SKIP TO M18) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO M18) | <input type="checkbox"/> 8 |

M15. Is this provider paid to take care of [CHILD]?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO I2)

M16. Was [CHILD] playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?

- | | |
|------------------------|----------------------------|
| SPORTS TEAM | <input type="checkbox"/> 1 |
| CLUB | <input type="checkbox"/> 2 |
| DETENTION | <input type="checkbox"/> 3 |
| IN CLASS OR TUTORING | <input type="checkbox"/> 4 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

M17. Was [CHILD] playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? **[INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY.]**

- | | |
|--------------------|----------------------------|
| SPORTS | <input type="checkbox"/> 1 |
| ORGANIZED ACTIVITY | <input type="checkbox"/> 2 |
| CLASS/TUTORING | <input type="checkbox"/> 3 |
| CLUB | <input type="checkbox"/> 4 |
| OTHER (SPECIFY): | <input type="checkbox"/> 5 |
| <hr/> | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

M18. At 7:30, was there an adult present, who could see or hear [CHILD]?

- | | |
|--|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO I2) | <input type="checkbox"/> 2 |
| VOLUNTEERED: "I WAS PRESENT" (SKIP TO I2) | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

M19. At 7:30, were you present where you could see or hear [CHILD]?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

[INTERVIEWER: SKIP TO I2]

Appendix B:

Interim Survey of Youth

**MOVING TO OPPORTUNITY INTERIM EVALUATION
FINAL YOUTH SURVEY
FOR YOUTH AGES 12-19 YEARS OLD**

SECTION S: EDUCATION

Hello, my name is _____ and I work for Abt Associates. Thank you for taking the time to speak with me today. In [year of random assignment], your family applied to a program called Moving to Opportunity sponsored by the U.S. Department of Housing and Urban Development (HUD). This program helped some families move out of public housing. Now HUD wants to learn how the families are doing, even if the family didn't move. And the researchers are particularly interested in the families' children. We are interested in learning about your school and work experiences, as well as your involvement in various other activities. Your opinions and experiences are important, and your participation in this study will help HUD to improve housing programs across the country.

As we told you when we scheduled this appointment, your participation is completely voluntary, and all your answers will be kept confidential. It is very important that you answer our questions truthfully. To make you more comfortable doing this, we'd like to remind you that no one who knows you will ever see or find out your answers. Your answers will be seen ONLY by our research staff. The survey will take about 30 minutes. When you have completed it you will receive \$50 for your time.

(104) ATTENDANCE/TIME IN SCHOOL

(115) SCHOOL DROPOUT

(116) HIGH SCHOOL GRADUATION

The first set of questions are about your educational experiences.

S1. Are you currently attending or enrolled in regular school? (NLSY97, Modified)

[INTERVIEWER: REGULAR SCHOOL IS ONE THAT OFFERS AN ACADEMIC DIPLOMA OR DEGREE; E.G., ELEMENTARY SCHOOL, HIGH SCHOOL, COLLEGE, GRADUATE SCHOOL, LAW SCHOOL, OR NURSING PROGRAM LEADING TO AN RN DEGREE. NOT INCLUDED AS REGULAR SCHOOL ARE: TRAINING AT A TECHNICAL INSTITUTE, LICENSE TRADE PROGRAMS, ETC, UNLESS THE CREDITS OBTAINED ARE TRANSFERABLE TO A REGULAR SCHOOL AND COULD COUNT TOWARD AN ACADEMIC DIPLOMA OR DEGREE.]

YES

☐ 1

NO (SKIP TO S3)

☐ 2

REFUSED (SKIP TO S3)

☐ 7

DON'T KNOW (SKIP TO S3)

☐ 8

S2. Are you attending school full-time or part-time? (Original)

- | | |
|------------|----------------------------|
| FULL-TIME | <input type="checkbox"/> 1 |
| PART-TIME | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

S2a. What grade or year of school are you currently attending? (NLSY97, modified)

Grade: _____

[IF GRADE 12 OR LESS, SKIP TO S5. IF ABOVE 12TH GRADE, CODE AS FOLLOWS]:

- | | |
|-------------------------|-----------------------------|
| FIRST YEAR OF COLLEGE | <input type="checkbox"/> 13 |
| SECOND YEAR OF COLLEGE | <input type="checkbox"/> 14 |
| THIRD YEAR OF COLLEGE | <input type="checkbox"/> 15 |
| FOURTH YEAR OF COLLEGE | <input type="checkbox"/> 16 |
| VOCATIONAL/TRADE SCHOOL | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

S2b. Are you attending a two-year college, a four-year college, or a trade or business school? (Original)

- | | |
|------------------------|----------------------------|
| TWO-YEAR PROGRAM | <input type="checkbox"/> 1 |
| FOUR-YEAR PROGRAM | <input type="checkbox"/> 2 |
| TRADE SCHOOL | <input type="checkbox"/> 3 |
| BUSINESS SCHOOL | <input type="checkbox"/> 4 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO S4a)

S3. When were you last enrolled in regular school — what was the month and year? (NLSY97)

_____/_____
Month (MM) Year (YYYY)

- | | |
|----------------|----------------------------|
| NEVER ENROLLED | <input type="checkbox"/> 6 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

S4. What is the main reason you left at that time? (NLSY97)

- | | |
|---|-----------------------------|
| RECEIVED DEGREE, COMPLETED COURSE WORK | <input type="checkbox"/> 1 |
| EXPELLED/SUSPENDED | <input type="checkbox"/> 2 |
| GOT MARRIED | <input type="checkbox"/> 3 |
| PREGNANT | <input type="checkbox"/> 4 |
| SCHOOL WAS TOO DANGEROUS | <input type="checkbox"/> 5 |
| POOR GRADES | <input type="checkbox"/> 6 |
| DID NOT LIKE SCHOOL/TIRED OF SCHOOL | <input type="checkbox"/> 7 |
| OFFERED JOB | <input type="checkbox"/> 8 |
| ENTERED MILITARY | <input type="checkbox"/> 9 |
| FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO GO | <input type="checkbox"/> 10 |
| CHILD CARE RESPONSIBILITIES | <input type="checkbox"/> 11 |
| HOME RESPONSIBILITIES | <input type="checkbox"/> 12 |
| MOVED AWAY FROM SCHOOL | <input type="checkbox"/> 13 |
| DIDN'T GET ALONG WITH OTHER STUDENTS | <input type="checkbox"/> 14 |
| MY FRIENDS HAD DROPPED OUT OF SCHOOL | <input type="checkbox"/> 15 |
| HAD A PROBLEM WITH DRUGS OR ALCOHOL | <input type="checkbox"/> 16 |
| BECAME THE FATHER/MOTHER OF A BABY | <input type="checkbox"/> 17 |
| HAD A HEALTH PROBLEM | <input type="checkbox"/> 18 |
| OTHER (SPECIFY) _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

S4a. [INTERVIEWER: IF AGE 15-19, FILL IN (high) IN S4a AND (were) IN S5.]

The next few questions ask about life in (high) school. If you are not currently in (high) school, please think about the time when you were last in (high) school when answering these questions.

S5. During the school year, how often [have you been/were] you late for school? (SPD98; Modified)

- | | |
|----------------------|----------------------------|
| Never | <input type="checkbox"/> 1 |
| Once a month | <input type="checkbox"/> 2 |
| Once every two weeks | <input type="checkbox"/> 3 |
| Once a week | <input type="checkbox"/> 4 |
| Several times a week | <input type="checkbox"/> 5 |
| Everyday | <input type="checkbox"/> 6 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

S6. During the school year, how many days were you absent from school? (NLSY97; modified)

NUMBER OF DAYS ABSENT _____

- | | |
|------------|----------------------------|
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(111) ACADEMIC TRACK

S7. [Have you ever taken/Did you ever take] any classes in algebra, geometry, or other advanced math? (NLSY97, Modified)

- | | |
|--------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO S8) | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

S7a. What subjects are you taking or have you completed in math? [INTERVIEWER:
HAND RESPONDENT CARD. CHECK ALL THAT APPLY] (Original)

- | | |
|----------------------------------|----------------------------|
| | YES |
| ALGEBRA I | <input type="checkbox"/> 1 |
| GEOMETRY | <input type="checkbox"/> 1 |
| ALGEBRA II | <input type="checkbox"/> 1 |
| TRIGONOMETRY | <input type="checkbox"/> 1 |
| PRE-CALCULUS OR ADVANCED ALGEBRA | <input type="checkbox"/> 1 |
| CALCULUS | <input type="checkbox"/> 1 |
| HAVE TAKEN NO MATH COURSES | <input type="checkbox"/> 1 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 1 |

(113) ACADEMIC HONORS/AWARDS

S8. Overall, what grades did you receive [last year/the last full year of school you completed]?
(Original; similar to NLSY97) [INTERVIEWER: HAND RESPONDENT CARD]

- | | |
|-------------------------------------|-----------------------------|
| MOSTLY A'S (90-100) | <input type="checkbox"/> 01 |
| ABOUT HALF A'S AND HALF B'S (85-89) | <input type="checkbox"/> 02 |
| MOSTLY B'S (80-84) | <input type="checkbox"/> 03 |
| ABOUT HALF B'S AND HALF C'S (75-79) | <input type="checkbox"/> 04 |
| MOSTLY C'S (70-74) | <input type="checkbox"/> 05 |
| ABOUT HALF C'S AND HALF D'S (65-69) | <input type="checkbox"/> 06 |
| MOSTLY D'S (60-64) | <input type="checkbox"/> 07 |
| MOSTLY BELOW D (BELOW 60) | <input type="checkbox"/> 08 |
| OTHER (SPECIFY) _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

[IF AGE 18-19, SKIP TO S12]

(103) ATTITUDES TOWARDS OWN SCHOOL

S9. Thinking about [your school/when you were last in school], in general, how much do you agree with each of the following statements about your school and teachers?

- | | STRONGLY
AGREE | AGREE | DIS
AGREE | STRONGLY
DIS
AGREE | RF | DK |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| S9a. The teachers [are/were] interested in students. Do you strongly agree, agree, disagree, or strongly disagree? (NLSY97) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| S9b. Disruptions by other students [get/got] in the way of my learning. (NLSY97) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| S9c. There [is/was] a lot of cheating on tests and assignments. (NLSY97) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| S9d. Discipline [is/was] fair. (NLSY97) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| S9e. I [feel/felt] safe at this school. (NLSY97) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

(105) ENGAGEMENT/PARTICIPATION IN SCHOOL

S10. Next, I'd like to ask some more questions about school. In general, how true are each of the following statements. (SPD98, modified)

	NOT AT ALL TRUE	NOT VERY TRUE	SORT OF TRUE	VERY TRUE	REFUSED	DON'T KNOW
S10a. I [work/worked] very hard on my schoolwork. Is this not at all true, not very true, sort of true, or very true of you during the last school year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
S10b. I [pay/paid] attention in class. Is this not at all true, not very true, sort of true, or very true for you during the last school year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

S11. About how much time [do/did] you spend each week on homework outside of school? (NLSY79)

NUMBER OF HOURS PER WEEK: _____ (SKIP TO S11b)

REFUSED ☐ 97

DON'T KNOW ☐ 98

S11a. Which of these is closest to the amount of time you usually [spend/spent] on homework outside of school each week? 1-4 hours, 5-9 hours, 10-14 hours, 15-19 hours, or 20 or more hours per week? (NLSY79-CS)

1-4 HOURS PER WEEK	<input type="checkbox"/> 1
5-9 HOURS PER WEEK	<input type="checkbox"/> 2
10-14 HOURS PER WEEK	<input type="checkbox"/> 3
15-19 HOURS PER WEEK	<input type="checkbox"/> 4
20 OR MORE HOURS PER WEEK	<input type="checkbox"/> 5
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

S11b. About how much of your assigned homework [do/did] you usually complete, either during school hours or outside of school -- all, three quarters, half, one quarter, or almost none? (Original)

- | | |
|----------------|----------------------------|
| ALL | <input type="checkbox"/> 1 |
| THREE QUARTERS | <input type="checkbox"/> 2 |
| HALF | <input type="checkbox"/> 3 |
| ONE QUARTER | <input type="checkbox"/> 4 |
| ALMOST NONE | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

S12. How much additional reading [do/did] you do each week on your own outside of school—not in connection with schoolwork? Do not count any assigned reading. (NLSY79)

NUMBER OF HOURS: _____ (SKIP TO S13)

- | | |
|------------|-----------------------------|
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

S12a. Which of these is closest to the amount of time you usually [spend/spent] reading on your own outside of school or work each week? 1-4 hours, 5-9 hours, 10-14 hours, 15-19 hours, 20 or more hours per week? (NLSY79-CS, modified.)

- | | |
|---------------------------|----------------------------|
| 1-4 HOURS PER WEEK | <input type="checkbox"/> 1 |
| 5-9 HOURS PER WEEK | <input type="checkbox"/> 2 |
| 10-14 HOURS PER WEEK | <input type="checkbox"/> 3 |
| 15-19 HOURS PER WEEK | <input type="checkbox"/> 4 |
| 20 OR MORE HOURS PER WEEK | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(117) COLLEGE/POST-GRADUATION PLANS

S13. [IF AGE IS LESS THAN 15, SKIP TO T1]

(Did you take/Have you taken) any of the Advanced Placement – or AP -- exams? (NLSY97)

**[INTERVIEWER: AP EXAMS ARE USED BY COLLEGES TO GRANT CREDIT
AND PLACEMENT, AND ARE ADMINISTERED BY THE COLLEGE BOARD
WITH THE EDUCATIONAL TESTING SERVICE.]**

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

S14. Have you ever taken the SAT or ACT test? (NLSY97)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(211) JOB TRAINING HISTORY

[ASK ONLY OF 17-19 YEAR OLDS; IF AGE 12-16, SKIP TO T1]:

Now I would like to ask you about other types of schooling and training you may have had.

S15. [Other than your regular school, which we've already talked about], since September 2000, have you participated in any training program that lasted at least two weeks, that was designed to help you find a job, improve your job skills, or learn a new job? (Original)

- | | |
|------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO T1) | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

S16. What kind of training was that? (Original) (RECORD VERBATIM)

- | | |
|-----------------------------------|----------------------------|
| COMPUTER TRAINING | <input type="checkbox"/> 1 |
| GENERAL EQUIVALENCY DIPLOMA (GED) | <input type="checkbox"/> 2 |
| ENGLISH AS A SECOND LANGUAGE | <input type="checkbox"/> 3 |
| OTHER [SPECIFY] _____ | <input type="checkbox"/> 4 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

S17. How many weeks in total did you participate in training during the period since September 2000? (Original)

NUMBER OF WEEKS SINCE SEPTEMBER 2000: _____

REFUSED ☐ 97

DON'T KNOW ☐ 98

S18. During the weeks you participated in training, how many hours a week did you usually spend in training? (Original)

NUMBER OF HOURS: _____

REFUSED ☐ 97

DON'T KNOW ☐ 98

S18a. Are you currently participating in training? (Original)

YES ☐ 1

NO ☐ 2

REFUSED ☐ 7

DON'T KNOW ☐ 8

SECTION T: EMPLOYMENT AND EARNINGS

[THIS SECTION ASKED OF YOUTH 14-19 ONLY; IF AGES 12-13, SKIP TO U1]

Now I'd like to ask a few questions about any jobs you may have.

(201) HOURS WORKED PER WEEK

T1. Last week, did you do any work for pay? (CPS)

- | | |
|---|----------------------------|
| YES (SKIP TO T3) | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| IF VOLUNTEERED, DISABLED (SKIP TO T13) | <input type="checkbox"/> 4 |
| IF VOLUNTEERED, UNABLE TO WORK (SKIP TO T13) | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

T2. What is the main reason that you did not work for pay last week? (MTO-Boston, modified response categories)

- | | |
|--|-----------------------------|
| DISABLED | <input type="checkbox"/> 02 |
| UNABLE TO WORK | <input type="checkbox"/> 03 |
| HAS JOB BUT TEMPORARILY ABSENT (SKIP TO T3) | <input type="checkbox"/> 04 |
| COULDN'T FIND ANY WORK | <input type="checkbox"/> 05 |
| CHILD CARE PROBLEMS | <input type="checkbox"/> 06 |
| FAMILY RESPONSIBILITIES | <input type="checkbox"/> 07 |
| IN SCHOOL OR OTHER TRAINING | <input type="checkbox"/> 08 |
| WAITING FOR A NEW JOB TO BEGIN | <input type="checkbox"/> 09 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

(SKIP TO T13)

T3. Last week, did you have more than one job, including part-time and weekend work? (CPS)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

T4. How many hours per week do you usually work at your (main) job? (By main job, we mean the one at which you usually work the most hours.) [INTERVIEWER: IF "REFUSED" OR "DON'T KNOW" IN T3 OR IF MULTIPLE JOBS, FILL IN "main".] (CPS)

HOURS EACH WEEK _____ (SKIP TO T5)

HOURS VARY EACH WEEK ☐ 96

REFUSED ☐ 97

DON'T KNOW ☐ 98

T4a. Do you usually work 35 hours or more per week at your main job? (CPS)

YES ☐ 1

NO ☐ 2

HOURS VARY ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

(207) JOB TENURE

T5. When did you first start working (at your main job)? (NLSY79)

ENTER DATE: MONTH/DAY/YEAR ____/____/_____
MM DD YYYY

REFUSED ☐ 7

DON'T KNOW ☐ 8

(202) AVERAGE HOURLY EARNINGS

T6. For your (main) job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis? (CPS; modified)

HOURLY ☐ 1

WEEKLY ☐ 2

BIWEEKLY (every 2 weeks) ☐ 3

TWICE MONTHLY ☐ 4

MONTHLY ☐ 5

ANNUALLY ☐ 6

PER UNIT (SPECIFY UNIT TYPE) _____ ☐ 7

OTHER: (SPECIFY) _____ ☐ 8

REFUSED ☐ 97

DON'T KNOW ☐ 98

T7. Do you usually receive overtime pay, tips, or commissions (at your main job)? (CPS)

- YES ☐ 1
NO ☐ 2
REFUSED ☐ 7
DON'T KNOW ☐ 8

[INTERVIEWER: IF RATE OF PAY IS HOURLY, SKIP TO T10; IF RATE OF PAY IS PER UNIT, SKIP TO T9a]

T8. (Including overtime pay, tips, and commissions), what are your usual (weekly/biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions? (CPS)

- Enter dollar amount \$ _____.
REFUSED ☐ 999997
DON'T KNOW ☐ 999998

[IF RATE OF PAY IN T6 IS NOT ANNUAL SKIP TO T12]

T9. How many weeks a year do you get paid for? (CPS)

- NUMBER OF WEEKS _____
REFUSED ☐ 999997
DON'T KNOW ☐ 999998

(SKIP TO T12)

T9a. [INTERVIEWER: DEFINE [UNIT] AS UNIT TYPE FROM T6. IF PER UNIT AND OVERTIME PAY, TIPS, AND COMMISSIONS (T6=7 AND T7=1), SKIP TO T9d.]

T9b. What is your rate of pay per [UNIT] (on this job)? (Original)

- \$ _____.
REFUSED ☐ 999997
DON'T KNOW ☐ 999998

T9c. For how many [UNIT]s are you usually paid per week (on this job)? (Original)

- NUMBER OF UNITS _____
REFUSED ☐ 999997
DON'T KNOW ☐ 999998

(SKIP TO T12)

T9d. Excluding overtime pay, tips and commissions, what is your rate of pay per [UNIT] (on this job)? (Original)

\$ _____. ____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

T9e. For how many [UNIT]s are you usually paid per week at this rate? (Original)

NUMBER OF UNITS _____

REFUSED

☐ 9997

DON'T KNOW

☐ 9998

T9f. How many hours do you usually work per week at this rate? (Original)

_____ HOURS PER WEEK

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

T9g. (At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions? (Original)

\$ _____. ____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

T9h. Is that... (original)

Per hour

☐ 1

Per day

☐ 2

Per week

☐ 3

Per month

☐ 4

Per year

☐ 5

Per [UNIT]

☐ 6

OTHER: (SPECIFY) _____

☐ 7

REFUSED

☐ 7

DON'T KNOW

☐ 8

T9i. [INTERVIEWER: IF OVERTIME RATE OF PAY IS NOT PER UNIT (T9h NOT EQUAL 6), SKIP TO T9k]:

T9j. For how many [UNIT]s are you usually paid per week at this rate? (Original)

NUMBER OF UNITS _____

REFUSED

☐ 9997

DON'T KNOW

☐ 9998

T9k. How many hours do you usually work per week at this rate? (Original)

_____ HOURS PER WEEK

REFUSED

☐ 97

DON'T KNOW

☐ 98

(SKIP TO T12)

T10. [INTERVIEWER: IF HOURLY AND OVERTIME, PAY, TIPS, AND COMMISSIONS, SKIP TO T11a.]

T10a. What is your hourly rate of pay (on this job)? (CPS)

\$ _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

(SKIP TO T12)

T11a. Excluding overtime pay, tips and commissions, what is you hourly rate of pay (on this job)? (CPS)

\$ _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

T11b. How many hours do you usually work per week at this rate? (CPS)

_____ HOURS PER WEEK

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

T11c. (At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions? (CPS)

\$ _____

REFUSED

☐ 999997

DON'T KNOW

☐ 999998

T11d. Is that... (CPS)

- | | |
|------------------------|----------------------------|
| Per hour | <input type="checkbox"/> 1 |
| Per day | <input type="checkbox"/> 2 |
| Per week | <input type="checkbox"/> 3 |
| Per month | <input type="checkbox"/> 4 |
| Per year | <input type="checkbox"/> 5 |
| OTHER: (SPECIFY) _____ | <input type="checkbox"/> 7 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

T11e. How many hours do you usually work per week at this rate? (CPS)

- _____ HOURS PER WEEK
- | | |
|------------|---------------------------------|
| REFUSED | <input type="checkbox"/> 999997 |
| DON'T KNOW | <input type="checkbox"/> 999998 |

(208) SOCIAL NETWORKS & JOBS

[ASKED ABOUT MAIN CURRENT JOB]

T12. I'd like to ask you how you found the (main) job you have now. What is the most important source of information you used to find this job? CHECK ONE (3CITY)

- | | |
|--|-----------------------------|
| A FRIEND, RELATIVE, OR ACQUAINTANCE | <input type="checkbox"/> 1 |
| THE NEWSPAPER | <input type="checkbox"/> 2 |
| A SCHOOL EMPLOYMENT SERVICE | <input type="checkbox"/> 3 |
| A GOVERNMENT EMPLOYMENT AGENCY | <input type="checkbox"/> 4 |
| A PRIVATE EMPLOYMENT AGENCY | <input type="checkbox"/> 5 |
| CHECKING DIRECTLY WITH EMPLOYER | <input type="checkbox"/> 6 |
| A REFERRAL FROM A JOB TRAINING PROGRAM | <input type="checkbox"/> 7 |
| A COMPUTER SEARCH | <input type="checkbox"/> 8 |
| OTHER (SPECIFY) _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

(SKIP TO T17)

(205) NON-EMPLOYED—JOB SEARCH METHOD, DURATION INTENSITY

T13. [IF AGE 14-16, SKIP TO T17]:

Have you been doing anything to find work during the past four weeks? (CPS)

- | | |
|------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO T15) | <input type="checkbox"/> 2 |
| DISABLED (SKIP TO T15) | <input type="checkbox"/> 3 |
| UNABLE TO WORK (SKIP TO T15) | <input type="checkbox"/> 4 |
| REFUSED (SKIP TO T15) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO T15) | <input type="checkbox"/> 8 |

T14. What are all the things you have done to find work during the past four weeks? [CHECK ALL THAT APPLY](CPS)

- | | |
|--|-----------------------------|
| CONTACTED EMPLOYER(S) | <input type="checkbox"/> 1 |
| CONTACTED PUBLIC EMPLOYMENT AGENCY
PROGRAMS/COURSES | <input type="checkbox"/> 1 |
| CONTACTED PRIVATE EMPLOYMENT AGENCY | <input type="checkbox"/> 1 |
| CONTACTED FRIENDS OR RELATIVES | <input type="checkbox"/> 1 |
| CONTACTED SCHOOL/UNIVERSITY EMPLOYER
CENTER | <input type="checkbox"/> 1 |
| SENT OUT RESUMES/FILLED OUT APPLICATIONS | <input type="checkbox"/> 1 |
| CHECKED UNION/PROFESSIONAL REGISTERS | <input type="checkbox"/> 1 |
| PLACED OR ANSWERED ADS | <input type="checkbox"/> 1 |
| OTHER ACTIVE | <input type="checkbox"/> 1 |
| LOOKED AT ADS DIRECTLY/INTERVIEW | <input type="checkbox"/> 1 |
| ATTENDED JOB TRAINING | <input type="checkbox"/> 1 |
| NOTHING | <input type="checkbox"/> 1 |
| OTHER (SPECIFY) _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

T15. Last week, could you have started a job if one had been offered? (CPS)

- | | |
|--------------------------|----------------------------|
| YES (SKIP TO T17) | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO T17) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO T17) | <input type="checkbox"/> 8 |

T16. Why is that? (CPS)

- | | |
|------------------------------|-----------------------------|
| WAITING FOR NEW JOB TO BEGIN | <input type="checkbox"/> 1 |
| OWN TEMPORARY ILLNESS | <input type="checkbox"/> 2 |
| GOING TO SCHOOL | <input type="checkbox"/> 3 |
| OTHER (SPECIFY) _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(210) EMPLOYMENT HISTORY

[ASK OF ALL YOUTH AGES 14-19]

T17. *Now I am going to ask you about any other paid employment you have had since September 2000 (other than the job we just discussed). This should include any paid employment you have now. Please tell me about any work you have had as an employee, that is, work you had in an ongoing relationship with a particular employer. For example, working in a supermarket or restaurant would be work as an employee.*

Since September 2000, have you done any/are you doing (other) work as an employee for which you were paid? (NLSY79, modified)

- | | |
|------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO T19) | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

For each employer you have had since September 2000, please tell us...

T18a. What kind of work did you usually do for this employer? **[INTERVIEWER: RECORD TYPE OF WORK FOR EACH EMPLOYER. IF RESPONDENT WORKS FOR A TEMPORARY AGENCY, REFER TO THAT AS 1 JOB. DO NOT COLLECT INFORMATION ABOUT EACH ASSIGNMENT.]**

[INTERVIEWER: PROBE AFTER EACH EMPLOYER]: Any more work as an employee since September 2000?

- | | RF | DK |
|----------------------------------|----------------------------|----------------------------|
| EMPLOYER 1 (TYPE OF WORK): _____ | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| EMPLOYER 2 (TYPE OF WORK): _____ | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| EMPLOYER 3 (TYPE OF WORK): _____ | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

[INTERVIEWER: REPEAT T18b-f FOR EACH EMPLOYER IN T18a. USE SUPPLEMENTAL GRIDS AS NECESSARY

	EMPLOYER #1	EMPLOYER #2	EMPLOYER #3
T18b.Let's talk about [EMPLOYER – TYPE OF WORK] When did you first start working for this employer? (NLSY 79, modified)	____/____/____ MNTH DAY YEAR	____/____/____ MNTH DAY YEAR	____/____/____ MNTH DAY YEAR
T18c.Are you currently working for this employer? (NLSY 79)	<input type="checkbox"/> ₁ YES (SKIP TO T18e) <input type="checkbox"/> ₂ NO	<input type="checkbox"/> ₁ YES (SKIP TO T18e) <input type="checkbox"/> ₂ NO	<input type="checkbox"/> ₁ YES(SKIP TO T18e) <input type="checkbox"/> ₂ NO
T18d.When did you last stop working for this employer? (NLSY 79)	____/____/____ MNTH DAY YEAR	____/____/____ MNTH DAY YEAR	____/____/____ MNTH DAY YEAR
T18e.How much (do/did) you usually earn per week from this employer? (NLSY 79 modified)	\$____.____ PER WEEK	\$____.____ PER WEEK	\$____.____ PER WEEK
T18f. How many hours per week (do/did) you usually work for this employer? (NLSY 79, modified)	____ HOURS PER WEEK	____ HOURS PER WEEK	____ HOURS PER WEEK

T19. During the past month have you worked as a freelancer—doing things like babysitting or mowing lawns—or worked by yourself, for example, running your own business? (NLSY)

- YES ☐ ₁
- NO (**SKIP TO U1**) ☐ ₂
- REFUSED (**SKIP TO U1**) ☐ ₇
- DON'T KNOW (**SKIP TO U1**) ☐ ₈

T19a. In the last month, how many hours did you do this type of work? (Original)

NUMBER OF HOURS PER MONTH: _____

REFUSED ☐ ₉₉₇

DON'T KNOW ☐ ₉₉₈

T19b. In the past month, approximately how much did you earn doing this type of work? (Original)

AMOUNT EARNED IN THE PAST MONTH \$ _____

REFUSED ☐ ₉₉₉₇

DON'T KNOW ☐ ₉₉₉₈

SECTION U: RISKY BEHAVIOR

This next set of questions asks about things that some people do. Remember, all of your answers will be confidential, which means that no one who knows you will find out your answers. No one except our research staff will ever see your answers. Your answers can never be seen by the police, the courts, your family, or anyone else.

(301) EVER USED/FIRST USE/ CURRENT USE OF TOBACCO AND ALCOHOL

U1. First I would like to ask you about smoking habits. Have you ever smoked a cigarette?
(NLSY97, modified)

- | | |
|----------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO U4) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO U4) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO U4) | <input type="checkbox"/> 8 |

U2. During the past 30 days, on how many days did you smoke a cigarette? (NLSY97)
NUMBER OF DAYS SMOKED CIGARETTES _____ (**IF 0, SKIP TO U4**)

- | | |
|------------|-----------------------------|
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

U3. When you smoked a cigarette during the past 30 days, how many cigarettes did you usually smoke each day? (NLSY97)

- | | |
|-------------------------------------|-----------------------------|
| NUMBER OF CIGARETTES EACH DAY _____ | |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

U4. Next I would like to ask you some questions about drinking alcoholic beverages, including beer, wine, or liquor. Have you ever had a drink of alcoholic beverage? By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of liquor. Do not include childhood sips that you might have had from an older person's drink. (NLSY97)

- | | |
|----------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO U9) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO U9) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO U9) | <input type="checkbox"/> 8 |

U5. During the past 30 days, on how many days did you have one or more drinks of an alcoholic beverage? (NLSY97)

- | | |
|--|-----------------------------|
| NUMBER OF DAYS DRANK ALCOHOL _____ (IF 0, SKIP TO U9) | |
| REFUSED (SKIP TO U9) | <input type="checkbox"/> 97 |
| DON'T KNOW (SKIP TO U9) | <input type="checkbox"/> 98 |

U6. In the last 30 days, on the days that you drank alcohol, about how many drinks did you usually have? (NLSY97)

NUMBER OF ALCOHOLIC BEVERAGES PER DAY _____

REFUSED ☐ 97

DON'T KNOW ☐ 98

U7. On how many days did you have 5 or more drinks on the same occasion during the past 30 days? By occasion, we mean at the same time or within hours of each other. (NLSY97)

NUMBER OF DAYS HAD 5+ ALCOHOLIC BEVERAGES _____

REFUSED ☐ 97

DON'T KNOW ☐ 98

U8. In the last 30 days, how many days have you had something alcoholic to drink, such as beer, wine or hard liquor right before or during school or work hours? (NLSY97)

NUMBER OF DAYS DRANK BEFORE OR DURING
SCHOOL/WORK _____

REFUSED ☐ 97

DON'T KNOW ☐ 98

(302) CURRENT USE OF MARIJUANA OR OTHER DRUGS

This next set of questions is about drugs you may have tried. Please remember that your answers will remain confidential and will ONLY be seen by our research staff. If you would be more comfortable reading and answering these questions yourself, please let me know.

U9. Have you ever used marijuana—that is grass or pot—in your lifetime? (NLSY97, slightly modified)

YES ☐ 1

NO (SKIP TO U12) ☐ 2

REFUSED (SKIP TO U12) ☐ 7

DON'T KNOW (SKIP TO U12) ☐ 8

U10. On how many days have you used marijuana in the last 30 days? (NLSY97)

NUMBER OF DAYS USED MARIJUANA _____ (IF 0, SKIP TO U12)

REFUSED (SKIP TO U12) ☐ 97

DON'T KNOW (SKIP TO U12) ☐ 98

U11. In the last 30 days, how many times have you used marijuana right before or during school or work hours? (NLSY97)

NUMBER OF DAYS USED MARIJUANA BEFORE OR
DURING SCHOOL/WORK _____

REFUSED ☐ 97

DON'T KNOW ☐ 98

U12. Excluding marijuana and alcohol, have you ever used any other drugs like cocaine or crack or heroin, or any other substance not prescribed for you by a doctor, in order to get high or to achieve an altered state? (NLSY97, modified)

YES ☐ 1

NO (**SKIP TO U14**) ☐ 2

REFUSED (**SKIP TO U14**) ☐ 7

DON'T KNOW (**SKIP TO U14**) ☐ 8

U13. During the past 12 months, how many times have you used any of these drugs or other substances? (NLSY97; modified)

NUMBER OF TIMES TOOK DRUGS (EXCLUDING MARIJUANA AND
ALCOHOL) _____

REFUSED ☐ 997

DON'T KNOW ☐ 998

U14. Have you ever sold or helped sell marijuana, hashish or other drugs such as heroin, cocaine, or LSD? (NLSY97)

YES ☐ 1

NO (**SKIP TO U16**) ☐ 2

REFUSED (**SKIP TO U16**) ☐ 7

DON'T KNOW (**SKIP TO U16**) ☐ 8

U15. During the past 12 months, how many times have you sold or helped sell marijuana, hashish, or other hard drugs? (NLSY97, modified)

NUMBER OF TIMES SOLD DRUGS _____

REFUSED ☐ 997

DON'T KNOW ☐ 998

(303) FIGHTING/VIOLENCE IN THE PAST 12 MONTHS
(304) CARRY A GUN OR KNIFE IN THE PAST 12 MONTHS
(306) DAMAGE OR DESTROY PROPERTY IN THE PAST 12 MONTHS
(307) STOLEN SOMETHING IN THE PAST 12 MONTHS
(308) ARRESTS IN THE PAST 12 MONTHS
(1001) LEVEL OF CRIME AND VIOLENCE

U16. The next few questions are about fighting, violence, and gangs. Again, remember all your responses are confidential.

	YES	NO	RF	DK		How many times has this happened in the past 12 months?
U16a. Have you ever purposefully damaged or destroyed property that did not belong to you? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____
U16b. Have you ever stolen something from a store or something that didn't belong to you worth less than \$50? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____
U16c. Have you ever stolen something from a store, person, or house, or something that did not belong to you worth \$50 or more, including stealing a car? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____
U16d. Have you ever committed other property crimes such as fencing, receiving, possessing or selling stolen property, or cheated someone by selling them something that was worthless or worth much less than what you said it was? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____
U16e. Have you ever attacked someone with the idea of seriously hurting them, or have had a situation end up in a serious fight or assault of some kind? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____
U16f. Have you ever been arrested by the police or taken into custody for an illegal or delinquent offense? Do not include minor traffic violations. (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	If Yes →	_____

U17. Have you ever carried a hand gun? When we say hand gun, we mean any firearm other than a rifle or shotgun. (NLSY97)

- | | |
|--------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO U19) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO U19) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO U19) | <input type="checkbox"/> 8 |

U18. How many times have you carried a hand gun in the past 12 months?

- | | |
|--------------------------------------|------------------------------|
| NUMBER OF TIMES: _____ (SKIP TO U19) | |
| REFUSED (SKIP TO U19) | <input type="checkbox"/> 997 |
| DON'T KNOW | <input type="checkbox"/> 998 |

U18a. Which category best describes the number of times you've carried a hand gun in the last 12 months?

- | | |
|--------------------|----------------------------|
| Never | <input type="checkbox"/> 1 |
| Once | <input type="checkbox"/> 2 |
| 2 or 3 times | <input type="checkbox"/> 3 |
| 4 to 10 times | <input type="checkbox"/> 4 |
| More than 10 times | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(305) GANG PARTICIPATION

U19. Are there any gangs in your neighborhood or where you go to school? **[INTERVIEWER: IF NECESSARY READ THE FOLLOWING DEFINITION: BY GANGS WE MEAN A GROUP THAT HANGS OUT TOGETHER, WEARS GANG COLORS OR CLOTHES, HAS SET CLEAR BOUNDARIES OF ITS TERRITORY OR TURF, PROTECTS ITS MEMBERS AND TURF AGAINST OTHER RIVAL GANGS THROUGH FIGHTING OR THREATS.]** (NLSY97, modified)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

U20. Do any of your brothers, sisters, cousins, or friends belong to a gang? (NLSY97)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

U21. Have you ever belonged to a gang? (NLSY97)

- | | |
|--------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO U22) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO U22) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO U22) | <input type="checkbox"/> 8 |

U21a. In the past 12 months, have you been a member of a gang? (NLSY97, modified)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(309) EVER/FIRST/CURRENT SEXUAL ACTIVITY

The next few questions are about sexual activity. Please remember that your answers will remain confidential and will ONLY be seen by our research staff. If you would be more comfortable reading and answering these questions yourself, please let me know.

U22. Have you ever had sexual intercourse, that is, made love, had sex, or gone all the way? (SPD98)

- | | |
|-------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO V1) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO V1) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO V1) | <input type="checkbox"/> 8 |

U23. How old were you when you had sexual intercourse for the first time? (SPD98)

- | | |
|------------------|-----------------------------|
| AGE: _____ YEARS | |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

U24. How many partners have you had sexual intercourse with in the past 12 months — that is since this time last year? (NLSY97, modified)

NUMBER OF PARTNERS PAST YEAR _____

REFUSED

☐ 97

DON'T KNOW

☐ 98

U25. The last time you had sexual intercourse, did you or your partner use a condom? (SPD98)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

U26. The last time you had sexual intercourse, did you or your partner use any other method to prevent pregnancy? (SPD98)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

[FEMALES ONLY, ALL MALES SKIP TO U31]:

U27. Have you ever been pregnant? Consider all pregnancies, even if no child was born. (NLSY97)

- | | |
|----------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO V1) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO V1) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO V1) | <input type="checkbox"/> 8 |

U28. Are you pregnant now? (NLSY97)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

U29. Not counting a current pregnancy, how many times have you been pregnant? Please include pregnancies that did not result in live births. (NLSY97)

- | | |
|-----------------------|-----------------------------|
| NUMBER OF TIMES _____ | |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

U30. Now we would like to ask about the outcomes of your previous pregnancies. How many of your pregnancies have resulted in children born alive to you? (NLSY97)

- | | |
|---|-----------------------------|
| NUMBER OF CHILDREN BORN ALIVE _____ | |
| (IF 0 SKIP TO V1, OTHERWISE SKIP TO U34) | |
| REFUSED (SKIP TO V1) | <input type="checkbox"/> 97 |
| DON'T KNOW (SKIP TO V1) | <input type="checkbox"/> 98 |

[IF MALE, CONTINUE]:

U31. Have you ever gotten someone pregnant? (Original)

- | | |
|----------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO V1) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO V1) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO V1) | <input type="checkbox"/> 8 |

U31a. How many times have you gotten someone pregnant? (SPD98; modified)

NUMBER OF TIMES _____ (**IF 0, SKIP TO V1**)

- | | |
|------------|-----------------------------|
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

U32. Is someone pregnant with your child now? (SPD98; modified)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

U33. How many children have you ever fathered? Please only count live births and do not count current pregnancy. (SPD98; modified)

NUMBER OF CHILDREN _____

- | | |
|------------|-----------------------------|
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

U34. Now I'd like to ask you about cash assistance for which some families receive money on a regular basis. For example, they may get a monthly check. Some people call this assistance "welfare," AFDC, TANF or "public aid." I will use the word "welfare." Are you or your (child/children) regularly receiving welfare benefits now? (3CITY, modified)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

SECTION V: HEALTH

(205) GENERAL HEALTH STATUS

V1. Now I'd like to ask you some questions about your health. In general, how is your health: excellent, very good, good, fair, or poor? (NLSY97)

- | | |
|------------|----------------------------|
| EXCELLENT | <input type="checkbox"/> 1 |
| VERY GOOD | <input type="checkbox"/> 2 |
| GOOD | <input type="checkbox"/> 3 |
| FAIR | <input type="checkbox"/> 4 |
| POOR | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(205) ASTHMA

V2. Have you ever been told by a doctor or other health professional that you had asthma? (NHIS99)

- | | |
|-------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO V4) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO V4) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO V4) | <input type="checkbox"/> 8 |

V3. During the past 12 months, have you had an episode of asthma or an asthma attack? (NHIS99)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

V3a. During the past three months, have you used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

V4. During the past 12 months, have you had a wheezing or whistling sound in your chest?
(NHIS99)

- | | |
|-----------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO V13) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO V13) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO V13) | <input type="checkbox"/> 8 |

V5. How many attacks of wheezing or whistling have you had in your chest during the past 12 months? (NHIS99)

- | | |
|-------------------------|------------------------------|
| NUMBER OF ATTACKS _____ | |
| REFUSED | <input type="checkbox"/> 997 |
| DON'T KNOW | <input type="checkbox"/> 998 |

V6. During the past 12 months, has your sleep been disturbed due to wheezing or whistling?
(NHIS99)

- | | |
|----------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO V8) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO V8) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO V8) | <input type="checkbox"/> 8 |

V7. During the past 12 months, how often on average has your sleep been disturbed due to wheezing or whistling? (NHIS99)

- | | |
|-------------------------|----------------------------|
| Less than once per week | <input type="checkbox"/> 1 |
| Once per week | <input type="checkbox"/> 2 |
| More than once per week | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

V8. During the past 12 months, has your chest sounded wheezy during or after exercise or physical activity? (NHIS99)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

V9. During the past 12 months, has the wheezing ever been severe enough to limit your speech to only 1 or 2 words at a time between breaths? (NHIS99)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

V10. During the past 12 months, how many times have you gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling? (NHIS99)

- | | |
|-----------------------|------------------------------|
| NUMBER OF TIMES _____ | |
| REFUSED | <input type="checkbox"/> 997 |
| DON'T KNOW | <input type="checkbox"/> 998 |

V11. During the past 12 months, how much did you limit your usual activities due to wheezing or whistling? Would you say...(NHIS99 modified)

- | | |
|-------------------|----------------------------|
| Not at all | <input type="checkbox"/> 1 |
| A little | <input type="checkbox"/> 2 |
| A fair amount | <input type="checkbox"/> 3 |
| A moderate amount | <input type="checkbox"/> 4 |
| A lot | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

V12. During the past 12 months, how many days of work and school did you miss due to wheezing or whistling? (NHIS99)

- | | |
|---|------------------------------|
| NUMBER OF DAYS MISSED SCHOOL/WORK _____ | (SKIP TO V13) |
| REFUSED (SKIP TO V13) | <input type="checkbox"/> 997 |
| DON'T KNOW | <input type="checkbox"/> 998 |

V12a. [INTERVIEWER: PROBE]: Is that ...

- | | |
|-----------------|------------------------------|
| Zero days | <input type="checkbox"/> 1 |
| 1-7 days | <input type="checkbox"/> 2 |
| 8-30 days | <input type="checkbox"/> 3 |
| 31 days or more | <input type="checkbox"/> 4 |
| REFUSED | <input type="checkbox"/> 997 |
| DON'T KNOW | <input type="checkbox"/> 998 |

(406) HEIGHT/WEIGHT

V13. What is your height in feet and inches? (AH)

_____ feet _____ inches

REFUSED

☐ 97

DON'T KNOW

☐ 98

V14. What is your weight? (AH)

_____ pounds

REFUSED

☐ 997

DON'T KNOW

☐ 998

V15. In the past 12 months, have you had any accidents or injuries that required medical attention? (NLSY79, modified)

YES

☐ 1

NO (SKIP TO V18)

☐ 2

REFUSED (SKIP TO V18)

☐ 7

DON'T KNOW (SKIP TO V18)

☐ 8

V16. How many such accidents or injuries requiring medical attention have you had in the past 12 months? (NLSY79)

NUMBER OF ACCIDENTS/INJURIES: _____

REFUSED

☐ 7

DON'T KNOW

☐ 8

[ASK V17 FOR EACH OF UP TO 4 ACCIDENTS/INJURIES.]

[INTERVIEWER: IF ONLY ONE ACCIDENT FILL IN "that" in QUESTION V17.]

V17. What was the cause of [that/the first/the second/etc.] accident or injury requiring medical attention? **[INTERVIEWER: REPEAT FOR UP TO 4 INJURIES. IF NECESSARY, PROBE:]** How did it happen? (NLSY79, modified)

	1 st Accident / Injury	2 nd Accident / Injury	3 rd Accident / Injury	4 th Accident / Injury
CYCLING OR SKATING	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
OTHER SPORTS-RELATED (E.G. BASKETBALL, FOOTBALL, VOLLEYBALL, CHEERLEADING)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
OTHER KIDS INCLUDING FIGHTS	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
OTHER FALLS	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
EXTERNAL FACTOR (BROKEN GLASS, NEEDLE, NAIL, CAR)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
OTHER (SPECIFY) _____	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98

(409) ACCIDENTS/ INJURIES

V18. (Other than [that/those] already mentioned) have you had any serious accident or injury during the past 12 months which limited your usual activities but did not require medical attention? (Original)

YES	<input type="checkbox"/> 1
NO (SKIP TO V21)	<input type="checkbox"/> 2
REFUSED (SKIP TO V21)	<input type="checkbox"/> 7
DON'T KNOW (SKIP TO V21)	<input type="checkbox"/> 8

V19. How many of these accidents or injuries did you have during the past 12 months? Remember, these are ones that did not require medical attention but did limit your usual activities. (Original)

NUMBER OF ACCIDENTS/INJURIES _____	
REFUSED	<input type="checkbox"/> 997
DON'T KNOW	<input type="checkbox"/> 998

[ASK V20 FOR EACH OF UP TO 4 ACCIDENTS/INJURIES IN V19.]

[INTERVIEWER: IF ONLY ONE ACCIDENT FILL IN "that" in QUESTION V20.]

V20. What was the cause of [that/the first/the second/etc.] accident or injury not requiring medical attention? **[INTERVIEWER: REPEAT FOR UP TO 4 INJURIES. IF NECESSARY, PROBE:]** How did it happen? (NLSY79, modified)

	1 st Accident / Injury	2 nd Accident / Injury	3 rd Accident / Injury	4 th Accident / Injury
CYCLING OR SKATING	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
OTHER SPORTS-RELATED (E.G. BASKETBALL, FOOTBALL, VOLLEYBALL, CHEERLEADING)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
OTHER KIDS INCLUDING FIGHTS	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
OTHER FALLS	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
EXTERNAL FACTOR (BROKEN GLASS, NEEDLE, NAIL, CAR)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
OTHER (SPECIFY) _____	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98

(420) EXERCISE

Now I'd like to ask about the exercise you get.

V21. On how many of the past seven days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming, fast bicycling, fast dancing, or similar aerobic activities. (YRBSS)

NUMBER OF DAYS: _____

REFUSED

☐ 97

DON'T KNOW

☐ 98

V22. On how many of the past seven days did you participate in physical activity for at least 30 minutes that did not make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors? (YRBSS)

NUMBER OF DAYS: _____

REFUSED

☐ 97

DON'T KNOW

☐ 98

NUTRITION

V23. In a typical week, how many days do you eat at least some green vegetables or fruit?
(NLSY97)

NUMBER OF DAYS PER WEEK: _____

REFUSED

☐ 97

DON'T KNOW

☐ 98

SECTION W: NEIGHBORHOOD AND SOCIAL NETWORKS
--

Now I'd like to talk about the neighborhood you live in.

(703) CURRENT NEIGHBORHOOD SATISFACTION

W1. Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are... (MTO Baseline)

- | | |
|-----------------------|----------------------------|
| Very satisfied | <input type="checkbox"/> 1 |
| Somewhat satisfied | <input type="checkbox"/> 2 |
| In the middle | <input type="checkbox"/> 3 |
| Somewhat dissatisfied | <input type="checkbox"/> 4 |
| Very dissatisfied | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

W2 Now I have a few questions about discrimination. Can you think of one or more occasions in the past 6 months when you felt you were treated unfairly because of your race or ethnicity in the following places? (Gallup, modified)

- | | YES | NO | REFUSED | DON'T KNOW |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| W2a. Your school? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W2b. At a neighborhood playground or recreation program? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W2c. In a store where you were shopping or a restaurant where you wanted to eat? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W2d. In dealings with police, such as traffic accidents? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

W3. During the past 30 days, have you seen people using or selling illegal drugs in your neighborhood? (Original)

- | | |
|----------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO W4) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO W4) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO W4) | <input type="checkbox"/> 8 |

W3a. How often have you seen people using or selling illegal drugs in your neighborhood — almost every day, once a week, or once or twice in the past 30 days? (Original)

ALMOST EVERY DAY (INCLUDES 4-7 TIMES PER WEEK) ☐ 1

ONCE A WEEK (INCLUDES 1-3 TIMES PER WEEK) ☐ 2

ONCE OR TWICE IN THE PAST 30 DAYS (INCLUDES 1-3 TIMES IN 30 DAYS) ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

W4. During the past 30 days, have you heard gunshots in your neighborhood? (Original)

YES ☐ 1

NO (SKIP TO W5) ☐ 2

REFUSED (SKIP TO W5) ☐ 7

DON'T KNOW (SKIP TO W5) ☐ 8

W4a. How often have you heard gunshots in your neighborhood —almost every day, once a week, or once or twice in the past 30 days? (Original)

ALMOST EVERY DAY (INCLUDES 4-7 TIMES PER WEEK) ☐ 1

ONCE A WEEK (INCLUDES 1-3 TIMES PER WEEK) ☐ 2

ONCE OR TWICE IN THE PAST 30 DAYS (INCLUDES 1-3 TIMES IN 30 DAYS) ☐ 3

REFUSED ☐ 7

DON'T KNOW ☐ 8

W5. In the past 12 months, how often did you get into a serious physical fight? (AH)

NUMBER OF TIMES _____ (ENTER 0 FOR NEVER. AND SKIP TO W6. IF ONE OR MORE TIMES, SKIP TO W5b.)

REFUSED ☐ 7

DON'T KNOW ☐ 8

W5a. Which of these is the closest to the number of times you got into a serious physical fight in the past 12 months?

- | | |
|--|----------------------------|
| Never (in past 12 months) (SKIP TO W5b) | <input type="checkbox"/> 1 |
| 1 or 2 times | <input type="checkbox"/> 2 |
| 3 or 4 times | <input type="checkbox"/> 3 |
| 5 or more times | <input type="checkbox"/> 4 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

W5b. The last time you were in a physical fight, where did it occur? (AH)

- | | |
|----------------------|----------------------------|
| At school | <input type="checkbox"/> 1 |
| In your neighborhood | <input type="checkbox"/> 2 |
| At work | <input type="checkbox"/> 3 |
| At home | <input type="checkbox"/> 4 |
| Someplace else | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

W6. During the past 12 months, how often did each of the following things happen — never, once, or more than once? (AH, modified)

- | | NEVER | ONCE | MORE
THAN
ONCE | RF | DK |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| W6a. You saw someone shoot or stab another person. Would you say never, once, or more than once? (AH) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W6b. Someone pulled a knife or gun on you. (AH)
IF NEVER SKIP TO W6e) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W6c. Someone shot you. (AH) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W6d. Someone cut or stabbed you. (AH) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W6e. You were jumped. (AH) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

(1103-1104) FRIENDSHIPS

W7. About how many friends do you have who you either hang out with, talk to on the phone, or get together with socially? (NCSR)

NUMBER OF FRIENDS _____ (IF 0, SKIP TO W13)

REFUSED ☐ 97

DON'T KNOW ☐ 98

W8. During the hours when you are not at school, how often do you either talk on the phone, hang out, or get together with this [friend/these friends]—most every day, a few times a week, a few times a month, about once a month, or less than once a month? (NCSR, modified)

MOST EVERY DAY (INCLUDES 5-7 TIMES PER WEEK) ☐ 1

A FEW TIMES A WEEK (INCLUDES 2-4 TIMES PER WEEK) ☐ 2

A FEW TIMES A MONTH (INCLUDES 2-4 TIMES PER MONTH/1 TIME PER WEEK) ☐ 3

ABOUT ONCE A MONTH ☐ 4

LESS THAN ONCE A MONTH ☐ 5

NEVER (IF VOLUNTEERED) ☐ 6

REFUSED ☐ 7

DON'T KNOW ☐ 8

[IF 2+ FRIENDS, SKIP TO W8d]:

Which of the following things does your friend ever do? (NCSR, modified)

	YES	NO	REFUSED	DON'T KNOW
W8a. Get involved in school activities like school clubs, teams, or projects? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W8b. Use marijuana or other drugs? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W8c. Carry a knife, gun, or weapon? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(SKIP TO W10)

	NUMBER	REFUSED	DON'T KNOW
W8d. Out of the friends you just told me about, how many ever do each of the following things. How many get involved in school activities like school clubs, teams, or projects? ? (NCSR)	_____	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W8e. How many use marijuana or other drugs? (NCSR)	_____	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W8f How many carry a gun, knife, or weapon? (NCSR)	_____	<input type="checkbox"/> 7	<input type="checkbox"/> 8

W9. Blank

[IF NO MOVES SINCE BASELINE, GO TO W13]

W10. Thinking about your neighborhood now, would you say it is the same neighborhood as [BASELINE ADDRESS] or a different neighborhood?

- | | |
|-----------------------------------|----------------------------|
| SAME (SKIP TO W13) | <input type="checkbox"/> 1 |
| DIFFERENT | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO W13) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO W13) | <input type="checkbox"/> 8 |

W11. Do you still have friends in your old neighborhood, when you lived at [BASELINE ADDRESS]? (Original)

- | | |
|-------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (GO TO W13) | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

The next few questions are about your friends from the old neighborhood.

	Most every day	A few times a week	A few times a month	About once a month	Less than once a month	Never	REFUSE D	DON'T KNOW
W12a. During the past year, how often have you gone back to visit friends in your old neighborhood? (MTO NY, modified)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W12b. During the past year, how often have they come to visit you? (Original)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(1311) RELIGIOUS ATTENDANCE

W13. Many churches, synagogues, and other places of worship have special activities for teenagers — such as youth groups, Bible classes, or choir. In the past 12 months, how often did you attend such youth activities? (AH)

- ONCE A WEEK OR MORE ☐ 1
- ONCE A MONTH OR MORE (BUT LESS THAN ONCE A WEEK) ☐ 2
- LESS THAN ONCE A MONTH ☐ 3
- NEVER ☐ 4
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

(901) CONNECTEDNESS WITH ADULTS

W14. How many adults do you have in your life who you feel comfortable talking to about personal problems? (NCSR, modified)

- NUMBER OF ADULTS _____
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

W15. How many adults do you have in your life who care a lot about how you turn out and who will help you if you get into trouble? (NCSR, modified)

- NUMBER OF ADULTS _____
- REFUSED ☐ 97
- DON'T KNOW ☐ 98

Now we would like to know about your relationship with your mother, or with the adult most responsible for taking care of you or who knows the most about your activities.

W16. Do you live with your mother? (Original)

- | | |
|----------------------------|----------------------------|
| YES (SKIP TO W18) | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

W17. Who is the adult who lives with you and knows the most about your activities?

- | | |
|--|-----------------------------|
| FATHER (SKIP TO W20) | <input type="checkbox"/> 1 |
| GRANDMOTHER | <input type="checkbox"/> 2 |
| AUNT | <input type="checkbox"/> 3 |
| SISTER | <input type="checkbox"/> 4 |
| FOSTER MOTHER | <input type="checkbox"/> 5 |
| STEP MOTHER | <input type="checkbox"/> 6 |
| COUSIN | <input type="checkbox"/> 7 |
| FRIEND | <input type="checkbox"/> 8 |
| SPOUSE/(BOY)/GIRLFRIEND | <input type="checkbox"/> 9 |
| NO ADULT LIVES WITH YOUTH (SKIP TO W20) | <input type="checkbox"/> 10 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 95 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

[INTERVIEWER: FOR THE NEXT FEW QUESTIONS "CAREGIVER" IS MOTHER IF CHILD LIVES WITH MOTHER, OR PERSON MENTIONED IN W17.]

W18. When you think about how your [CAREGIVER] acts toward you, in general, would you say your [CAREGIVER] is very supportive, somewhat supportive, or not very supportive? (NLSY97)

- | | |
|---------------------|----------------------------|
| VERY SUPPORTIVE | <input type="checkbox"/> 1 |
| SOMEWHAT SUPPORTIVE | <input type="checkbox"/> 2 |
| NOT VERY SUPPORTIVE | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(1110) MOTHER'S MONITORING [OR PRIMARY CAREGIVER]

W19. How much does your [CAREGIVER] know... [INTERVIEWER: SHOW RESPONDENT CARD WITH RESPONSE CATEGORIES.]

	NOTHING	JUST A LITTLE	SOME THINGS	MOST THINGS	EVERY- THING	RF	DK
W19a. About your close friends, that is, who they are? Do you think she/he knows nothing, just a little, some things, most things or everything? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
W19b. About who you are with when you are not at home? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
[IF AGE 18-19 SKIP TO W20]							
W19c. About who your teachers are and what you are doing in school? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(1112) CONTACT WITH FATHER

Now I'd like to talk with you about your father.

W20. When you were growing up, in general, was he very supportive, somewhat supportive, or not very supportive of you? (NLSY97)

VERY SUPPORTIVE	<input type="checkbox"/> 1
SOMEWHAT SUPPORTIVE	<input type="checkbox"/> 2
NOT VERY SUPPORTIVE	<input type="checkbox"/> 3
(VOLUNTEERED) DOESN'T SEE FATHER (SKIP TO X1)	<input type="checkbox"/> 4
(VOLUNTEERED) FATHER DECEASED (SKIP TO X1)	<input type="checkbox"/> 5
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

[IF FATHER IS PRIMARY CAREGIVER, SKIP TO W21]

W20a. In the past 12 months, how often have you seen your father? (3CITY, modified)

- | | |
|-----------------------------|----------------------------|
| Never in the past 12 months | <input type="checkbox"/> 1 |
| A few times | <input type="checkbox"/> 2 |
| Once a month | <input type="checkbox"/> 3 |
| Once a week | <input type="checkbox"/> 4 |
| Almost every day | <input type="checkbox"/> 5 |
| Lived in same household | <input type="checkbox"/> 6 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO X1)

W21. How much does your father know... **[INTERVIEWER: SHOW RESPONDENT CARD WITH RESPONSE CATEGORIES.]**

- | | KNOWS
NOTHING | KNOWS
JUST A
LITTLE | KNOWS
SOME
THINGS | KNOWS
MOST
THINGS | KNOWS
EVERY-
THING | RF | DK |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| W21a. About your close friends,
that is, who they are? Do
you think he knows
nothing, knows just a
little, knows some things,
knows most things, or
knows everything?
(NLSY97) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W21b. About who you are with
when you are not at
home? (NLSY97) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| W21c. [IF AGE 18-19 SKIP
TO X1]:
About who your teachers
are and what you are
doing in school?
(NLSY97) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

SECTION X: EMOTIONS

The next few questions are about how you feel from day to day.

(410) DEPRESSION

X1. In the past 30 days, how often have you had the following experiences? **[INTERVIEWER: HAND RESPONDENT CARD WITH RESPONSE CATEGORIES.]** (NCSR)

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	RF	DK
X1a. How often did you feel nervous—all of the time, most of the time, some of the time, a little of the time, or none of the time? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X1b. How often did you feel hopeless? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X1c. How often did you feel restless or fidgety? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X1d. How often did you feel so depressed nothing could cheer you up? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X1e. How often did you feel everything was an effort? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X1f. How often did you feel worthless? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

X2. Have you ever in your life had a time lasting a few days or longer when most of the day you felt sad, empty or depressed? (NCSR)

YES	<input type="checkbox"/> 01
NO (SKIP TO X4)	<input type="checkbox"/> 02
REFUSED (SKIP TO X4)	<input type="checkbox"/> 07
DON'T KNOW (SKIP TO X4)	<input type="checkbox"/> 08

X3. During times of this sort, did you ever feel discouraged about how things were going in your life? (NCSR)

YES	<input type="checkbox"/> 01
NO (SKIP TO X3b)	<input type="checkbox"/> 02
REFUSED (SKIP TO X3b)	<input type="checkbox"/> 07
DON'T KNOW (SKIP TO X3b)	<input type="checkbox"/> 08

X3a. During the times of being sad, empty, or depressed, did you ever lose interest and become really bored with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies, sports, playing computer games, or going out with friends? (NCSR)

- YES (**SKIP TO X6**) ☐ 01
- NO (**SKIP TO X7**) ☐ 02
- REFUSED (**SKIP TO X7**) ☐ 07
- DON'T KNOW (**SKIP TO X7**) ☐ 08

X3b. During the times of being sad, empty, or depressed, did you ever lose interest and become really bored with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies, or sports, playing computer games, or going out with friends? (NCSR)

- YES (**SKIP TO X8**) ☐ 01
- NO (**SKIP TO X9**) ☐ 02
- REFUSED (**SKIP TO X9**) ☐ 07
- DON'T KNOW (**SKIP TO X9**) ☐ 08

X4. Have you ever had any time lasting a few days or longer when most of the day you felt very discouraged or hopeless about how things were going in your life? (NCSR)

- YES ☐ 01
- NO (**SKIP TO X12**) ☐ 02
- REFUSED (**SKIP TO X12**) ☐ 07
- DON'T KNOW (**SKIP TO X12**) ☐ 08

X5. During times like this, did you ever lose interest and become really bored with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies, or sports, playing computer games, or going out with friends? (NCSR)

- YES (**SKIP TO X10**) ☐ 01
- NO (**SKIP TO X11**) ☐ 02
- REFUSED (**SKIP TO X11**) ☐ 07
- DON'T KNOW (**SKIP TO X11**) ☐ 08

X6. [INTERVIEWER: LET [BAD-A]= "SAD, DISCOURAGED, OR REALLY BORED"
LET [BAD-N]= "SADNESS, DISCOURAGEMENT, OR
BOREDOM"]
(SKIP TO X16)

X7. [INTERVIEWER: LET [BAD-A]= “SAD OR DISCOURAGED”
LET [BAD-N]= “SADNESS OR DISCOURAGEMENT”]
(SKIP TO X16)

X8. [INTERVIEWER: LET [BAD-A]= “SAD OR REALLY BORED”
LET [BAD-N]= “SADNESS OR BOREDOM”]
(SKIP TO X16)

X9. [INTERVIEWER: LET [BAD-A]= “SAD”
LET [BAD-N]= “SADNESS”]
(SKIP TO X16)

X10. [INTERVIEWER: LET [BAD-A]= “DISCOURAGED OR REALLY BORED”
LET [BAD-N]= “DISCOURAGEMENT OR BOREDOM”]
(SKIP TO X16)

X11. [INTERVIEWER: LET [BAD-A]= “DISCOURAGED”
LET [BAD-N]= “DISCOURAGEMENT”]
(SKIP TO X16)

X12. Have you ever had a time lasting a few days or longer when you lost interest and became bored with most things you usually enjoy like work, hobbies, and personal relationships?
(NCSR)

YES (SKIP TO X13)	<input type="checkbox"/> 01
NO (SKIP TO X28)	<input type="checkbox"/> 02
REFUSED (SKIP TO X28)	<input type="checkbox"/> 07
DON'T KNOW (SKIP TO X28)	<input type="checkbox"/> 08

X13. Was there ever a time when you felt this way most of the day almost every day for two weeks or longer? (NCSR)

YES (SKIP TO X15)	<input type="checkbox"/> 01
NO	<input type="checkbox"/> 02
REFUSED	<input type="checkbox"/> 07
DON'T KNOW	<input type="checkbox"/> 08

X13a. What is the longest period of time you ever had when you became really bored with most things you usually enjoy? [INTERVIEWER: IF “DON'T KNOW”, PROBE:]
Was it three days or longer? (NCSR)

	DAYS	WEEKS	MNTHS	YEARS
_____ NUMBER	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
[INTERVIEWER: “LESS THAN ONE DAY” CODE 0]				
REFUSED	<input type="checkbox"/> 07			
DON'T KNOW	<input type="checkbox"/> 08			

**X13b. [INTERVIEWER: LET [BAD-A]= “REALLY BORED”
LET [BAD-N] = “BOREDOM”]**

X14. [INTERVIEWER CHECKPOINT: SEE X13a]

DURATION OF 3 DAYS OR LONGER (SKIP TO X18)

☐ 01

ALL OTHERS (SKIP TO X28)

☐ 02

**X15. [INTERVIEWER: LET [BAD-A] =“REALLY BORED”
LET [BAD-N] = “BOREDOM”]
(SKIP TO X20)**

**X16. Did you ever have a period of time when you felt ([BAD-A] sad/or/discouraged/or/bored)
that lasted most of the day, almost every day, for two weeks or longer? (NCSR)**

YES (SKIP TO X20)

☐ 01

NO

☐ 02

REFUSED

☐ 07

DON'T KNOW

☐ 08

**X16a. How long was the longest period of time you ever had when you were ([BAD-A]
sad/ or/ discouraged/ or/ bored) most of the day? (NCSR)**

_____ DAYS

☐ 01

[INTERVIEWER: “LESS THAN ONE DAY” CODE 0]

REFUSED

☐ 07

DON'T KNOW

☐ 08

**X17. [INTERVIEWER CHECKPOINT: IF DURATION TWO DAYS OR LESS, SKIP TO
X28]**

**X18. Did you ever have a year or more in your life when just about every month you had a time
lasting several days or longer when you felt ([BAD-A] sad/or/discouraged/or/bored)? (NCSR)**

YES

☐ 01

NO (SKIP TO X28)

☐ 02

REFUSED (SKIP TO X28)

☐ 07

DON'T KNOW (SKIP TO X28)

☐ 08

X19. Think of times lasting several days or longer when (this problem/these problems) with your mood (was/ were) most severe and frequent. During those times, did your feelings of ([BAD-N] sadness/ or/ discouragement/ or/ lack of interest) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours? (NCSR)

- | | |
|--|-----------------------------|
| LESS THAN 1 HOUR (SKIP TO X28) | <input type="checkbox"/> 01 |
| BETWEEN 1 AND 3 HOURS (SKIP TO X28) | <input type="checkbox"/> 02 |
| BETWEEN 3 AND 5 HOURS | <input type="checkbox"/> 03 |
| MORE THAN 5 HOURS | <input type="checkbox"/> 04 |
| REFUSED | <input type="checkbox"/> 07 |
| DON'T KNOW | <input type="checkbox"/> 08 |

X19a. **[INTERVIEWER: LET [PERIOD]=LASTING "SEVERAL DAYS"] SKIP TO X21.**

X20. Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/ were) most severe and frequent. During those times, did your feelings of ([BAD-N] sadness/ or/ discouragement/ or/ lack of interest) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours? (NCSR)

- | | |
|--|-----------------------------|
| LESS THAN 1 HOUR (SKIP TO X28) | <input type="checkbox"/> 01 |
| BETWEEN 1 AND 3 HOURS (SKIP TO X28) | <input type="checkbox"/> 02 |
| BETWEEN 3 AND 5 HOURS | <input type="checkbox"/> 03 |
| MORE THAN 5 HOURS | <input type="checkbox"/> 04 |
| REFUSED | <input type="checkbox"/> 07 |
| DON'T KNOW | <input type="checkbox"/> 08 |

X20a. **[INTERVIEWER: LET [PERIOD]="TWO WEEKS"]**

X21. How strong were your bad feelings during those times -- mild, moderate, severe, or very severe? (NCSR)

- | | |
|-------------|-----------------------------|
| MILD | <input type="checkbox"/> 01 |
| MODERATE | <input type="checkbox"/> 02 |
| SEVERE | <input type="checkbox"/> 03 |
| VERY SEVERE | <input type="checkbox"/> 04 |
| REFUSED | <input type="checkbox"/> 07 |
| DON'T KNOW | <input type="checkbox"/> 08 |

X22. How often, during those times, did you feel so bad that nothing could cheer you up -- often, sometimes, not very often, or never? (NCSR)

- | | |
|----------------|-----------------------------|
| OFTEN | <input type="checkbox"/> 01 |
| SOMETIMES | <input type="checkbox"/> 02 |
| NOT VERY OFTEN | <input type="checkbox"/> 03 |
| NEVER | <input type="checkbox"/> 04 |
| REFUSED | <input type="checkbox"/> 07 |
| DON'T KNOW | <input type="checkbox"/> 08 |

X23. How often, during those times, did you feel so bad that you could not carry out your daily activities -- often, sometimes, not very often, or never? (NCSR)

- | | |
|----------------|-----------------------------|
| OFTEN | <input type="checkbox"/> 01 |
| SOMETIMES | <input type="checkbox"/> 02 |
| NOT VERY OFTEN | <input type="checkbox"/> 03 |
| NEVER | <input type="checkbox"/> 04 |
| REFUSED | <input type="checkbox"/> 07 |
| DON'T KNOW | <input type="checkbox"/> 08 |

X24. **[INTERVIEWER CHECKPOINT: SEE X21, X22, X23:]**
IF "MILD FEELINGS", "NEVER SO BAD", AND "NEVER INTERFERES" → SKIP TO X28
(X21 EQUALS "1" AND X22 EQUALS "4" AND X23 EQUALS "4")

X25. People who have times of feeling ([BAD-A]sad/or/discouraged/or/bored) often have other problems at the same time. These include things like changes in sleep, eating, energy, the ability to keep their mind on things, feeling badly about themselves, and other problems. Did you ever have any of these problems during a time when you were ([BAD-A] sad/ or/ discouraged/or/bored)? (NCSR)

- | | |
|---------------------------------|-----------------------------|
| YES | <input type="checkbox"/> 01 |
| NO (SKIP TO X28) | <input type="checkbox"/> 02 |
| REFUSED (SKIP TO X28) | <input type="checkbox"/> 07 |
| DON'T KNOW (SKIP TO X28) | <input type="checkbox"/> 08 |

X26. Did you have a time of being ([BAD-A]sad/or/discouraged/or/bored) with some of the other problems lasting ([PERIOD:] several days or longer/ two weeks or longer) in the past 12 months? (NCSR)

- | | |
|---------------------------------|-----------------------------|
| YES | <input type="checkbox"/> 01 |
| NO (SKIP TO X28) | <input type="checkbox"/> 02 |
| REFUSED (SKIP TO X28) | <input type="checkbox"/> 07 |
| DON'T KNOW (SKIP TO X28) | <input type="checkbox"/> 08 |

X27. In answering the next questions, think about the time ([PERIOD]several days/ two weeks) or longer during that episode when your ([BAD-N] sadness/or/discouragement/or/boredom) and other problems were worst. During that time, which of the following problems did you have most of the day almost very day: (NCSR)

	YES	NO	RF	DK
X27a. Did you feel sad, empty, or depressed for most of the day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X27b. During that time, did you feel discouraged about how things were going in your life?	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X27c. Did you sleep a lot more than usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X27d. On most days, did you feel that you didn't have much energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X27e. On most days, did you have a lot more trouble keeping your mind on things than is normal for you?	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X27f. Did you lose your self-confidence?	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

X27g. **[INTERVIEWER: IF 0 OR 1 SYMPTOM(S) IN X27a-f:] SKIP TO X28**

X27h. Did you have a time of being ([BAD-A] sad/or/discouraged/or/bored) with some of the other problems lasting ([PERIOD] several days/ two weeks) or longer in the past 12 months?

YES	<input type="checkbox"/> 01
NO	<input type="checkbox"/> 02
REFUSED	<input type="checkbox"/> 07
DON'T KNOW	<input type="checkbox"/> 08

GENERALIZED ANXIETY DISORDER

X28. Did you ever have a time in your life when you were "a worrier" -- that is, when you worried a lot more about things than other people with the same problems as you? (NCSR)

YES	<input type="checkbox"/> 01
NO (SKIP TO X28b)	<input type="checkbox"/> 02
REFUSED (SKIP TO X28b)	<input type="checkbox"/> 07
DON'T KNOW (SKIP TO X28b)	<input type="checkbox"/> 08

X28a.**[INTERVIEWER: LET [WORRY-A]= "WORRIED, NERVOUS OR ANXIOUS"**
LET [WORRY-N]= "WORRY, NERVOUSNESS, OR ANXIETY"]
(SKIP TO X29)

X28b. Did you ever have a time in your life when you were much more nervous or anxious than most people with the same problems as you? (NCSR)

- | | |
|---------------------------|-----------------------------|
| YES | <input type="checkbox"/> 01 |
| NO (SKIP TO X28d) | <input type="checkbox"/> 02 |
| REFUSED (SKIP TO X28d) | <input type="checkbox"/> 07 |
| DON'T KNOW (SKIP TO X28d) | <input type="checkbox"/> 08 |

X28c. [INTERVIEWER: LET [WORRY-A]= "NERVOUS OR ANXIOUS"
LET [WORRY-N]= "NERVOUSNESS OR ANXIETY"]
(SKIP TO X29)

X28d. Did you ever have a period lasting one month or longer when you were anxious or worried most days? (NCSR)

- | | |
|--------------------------|-----------------------------|
| YES | <input type="checkbox"/> 01 |
| NO (SKIP TO X36) | <input type="checkbox"/> 02 |
| REFUSED (SKIP TO X36) | <input type="checkbox"/> 07 |
| DON'T KNOW (SKIP TO X36) | <input type="checkbox"/> 08 |

X28e. [INTERVIEWER: LET [WORRY-A]= "ANXIOUS OR WORRIED"
LET [WORRY-N]= "ANXIETY OR WORRY"]
(SKIP TO X29)

X29. The next questions are about that time. What kinds of things were you worried or nervous or anxious about during that time? (NCSR)

[PROBE FOR UP TO TWO EXAMPLES]: Anything else [that made you ([worry-a] worried or anxious/nervous or anxious/anxious or worried)?

	FIRST	SECOND
DIFFUSE WORRIES: (WORRIES ABOUT EVERYTHING OR NOTHING IN PARTICULAR)	<input type="checkbox"/> 01	<input type="checkbox"/> 01
PERSONAL PROBLEMS: (SUCH AS FINANCES, LOVE LIFE, RELATIONSHIPS WITH FAMILY, HEALTH)	<input type="checkbox"/> 02	<input type="checkbox"/> 02
PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS: (SOCIAL PHOBIAS, AGORAPHOBIA, OBSESSIONS, AND COMPULSIONS)	<input type="checkbox"/> 03	<input type="checkbox"/> 03
NETWORK PROBLEMS: (BEING AWAY FROM FAMILY/FRIENDS)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
SOCIETAL PROBLEMS: (CRIME AND VIOLENCE, ECONOMY, ENVIRONMENT, WAR)	<input type="checkbox"/> 05	<input type="checkbox"/> 05
OTHER PROBLEMS (SPECIFY):		
FIRST (SPECIFY) _____	<input type="checkbox"/> 06	<input type="checkbox"/> 06
SECOND (SPECIFY) _____	<input type="checkbox"/> 07	<input type="checkbox"/> 07
THIRD (SPECIFY) _____	<input type="checkbox"/> 09	<input type="checkbox"/> 08
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98

X30. **[INTERVIEWER CHECKPOINT: IF WORRIED EXCLUSIVELY ABOUT ONE SPECIFIC THING:] SKIP TO X36.**

X31. Do you think your ([WORRY-N] worry or anxiety/nervousness or anxiety/anxiety or worry) was ever a lot stronger than it should have been? (NCSR)

YES	<input type="checkbox"/> 01
NO	<input type="checkbox"/> 02
REFUSED	<input type="checkbox"/> 07
DON'T KNOW	<input type="checkbox"/> 08

X32. How often did you find it hard to stop your ([WORRY-N] worry or anxiety/nerves or anxiety/anxiety or worry) -- often, sometimes, not very often, or never? (NCSR)

- | | |
|----------------|-----------------------------|
| OFTEN | <input type="checkbox"/> 01 |
| SOMETIMES | <input type="checkbox"/> 02 |
| NOT VERY OFTEN | <input type="checkbox"/> 03 |
| NEVER | <input type="checkbox"/> 04 |
| REFUSED | <input type="checkbox"/> 07 |
| DON'T KNOW | <input type="checkbox"/> 08 |

X32a. How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried -- often, sometimes, not very often, or never? (NCSR)

- | | |
|----------------|-----------------------------|
| OFTEN | <input type="checkbox"/> 01 |
| SOMETIMES | <input type="checkbox"/> 02 |
| NOT VERY OFTEN | <input type="checkbox"/> 03 |
| NEVER | <input type="checkbox"/> 04 |
| REFUSED | <input type="checkbox"/> 07 |
| DON'T KNOW | <input type="checkbox"/> 08 |

X32b. **[INTERVIEWER CHECKPOINT: SEE X32, X32a.
IF "HARD TO STOP" OR "COULD NOT THINK OF ANYTHING ELSE" OR
"NOT VERY OFTEN" OR LESS (X32>=3 OR X32a>=3):] (SKIP TO X36)**

X33. What is the longest number of months or years in a row you ever had when you were ([WORRY-A] worried or anxious/nervous or anxious/anxious or worried) most days?

[INTERVIEWER: IF "DON'T KNOW", PROBE:] Did you ever have a time that lasted 6 months or longer? [IF NOT] Did you ever have a time that lasted one month or longer? (NCSR)

- | | DAYS | WEEKS | MNTHS | YEARS |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| _____ NUMBER | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| [INTERVIEWER: IF VOL "WHOLE LIFE" OR "AS LONG AS I CAN REMEMBER," CODE 995 YEARS] | | | | |
| REFUSED | <input type="checkbox"/> 07 | | | |
| DON'T KNOW | <input type="checkbox"/> 08 | | | |

X33a. **[INTERVIEWER: IF AT LEAST 6 MONTHS (X33>6) THEN LET [MONTHS]=
"SIX MONTHS"; OTHERWISE LET [MONTHS]= "ONE MONTH"]**

X34. Think of the time lasting ([MONTHS]one month/six months) or longer when your ([WORRY-N] worry or anxiety/nervousness/ anxiety or worry) was the worst. During that time, did you often have any of the following experiences: (NCSR)

	YES	NO	RF	DK
X34a. Did you often feel restless or on the edge?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X34b. Did you often get tired very easily?	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X34c. Were you often more irritable or grouchy than usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X34d. Did you often have trouble concentrating or keeping your mind on what you were doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X34e. Did your muscles often feel tense or sore?	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X34f. Did you often have trouble falling or staying asleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

X35. Did you have an episode of being ([WORRY-A] worried or anxious/nervous or anxious/ anxious or worried), lasting at least one month or longer, in the past 12 months? (NCSR)

YES	<input type="checkbox"/> 01
NO	<input type="checkbox"/> 02
REFUSED	<input type="checkbox"/> 07
DON'T KNOW	<input type="checkbox"/> 08

(421) BEHAVIOR PROBLEMS

X36. I am going to read a list of items that describe feelings or thoughts people sometimes have. For each item that describes you now or in the past six months, please tell me if it is often true, sometimes true, or not true of you?

	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE	REFUSED	DON'T KNOW
X36a. I have trouble concentrating or paying attention. Is this very true or often true, somewhat or sometimes true, or not true of you? (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36b. I lie or cheat. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36c. I tease others a lot. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36d. I disobey my parents. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36e. I have trouble sitting still. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36f. I have a hot temper. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36g. I would rather be alone than with others. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36h. I hang around with kids who get into trouble. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36i. I disobey at school. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36j. I don't get along with other kids. (NLSY, modified)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
X36k. I have trouble getting along with teachers. (NLSY, modified)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

SECTION Y: TIME USE

Now I'd like to talk about activities you do after school and who was doing them with you.
[INTERVIEWER: ASK Y1-19 FOR [RANDOM DAY OF THE WEEK]. IF THE RESPONDENT REPLIES WITH A "DON'T KNOW" OR "REFUSED," PROBE THEM FOR THE WEEKDAY AFTER.]

Y1. We are interested in how you spend time in the late afternoon. The next few questions will be about this past [WEEKDAY], starting at 3:45 pm. Can you tell me where you were at 3:45 on [WEEKDAY]?

- | | |
|---|-----------------------------|
| WORK (SKIP TO Y7) | <input type="checkbox"/> 1 |
| CHILD CARE (ASK Y2) | <input type="checkbox"/> 2 |
| SCHOOL (SKIP TO Y3) | <input type="checkbox"/> 3 |
| BUS (SKIP TO Y7) | <input type="checkbox"/> 4 |
| CHURCH/CLUB/COMMUNITY CENTER (SKIP TO Y4) | <input type="checkbox"/> 5 |
| HOME (SKIP TO Y5) | <input type="checkbox"/> 6 |
| SOMEWHERE ELSE (SPECIFY): _____
(SKIP TO Y5) | <input type="checkbox"/> 95 |
| REFUSED (SKIP TO Y5) | <input type="checkbox"/> 97 |
| DON'T KNOW (SKIP TO Y5) | <input type="checkbox"/> 98 |

Y2. Is this provider paid to take care of you?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO Y7)

Y3. Were you playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?

- | | |
|---------------------------------|----------------------------|
| PLAYING ON A SPORTS TEAM | <input type="checkbox"/> 1 |
| PARTICIPATING IN A CLUB | <input type="checkbox"/> 2 |
| IN CLASS/TUTORING | <input type="checkbox"/> 3 |
| SERVING DETENTION | <input type="checkbox"/> 4 |
| DOING SOMETHING ELSE (SPECIFY): | <input type="checkbox"/> 5 |
| <hr/> | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO Y5)

Y4. Were you playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? **[INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY.]**

- | | |
|---------------------------------|----------------------------|
| SPORTS | <input type="checkbox"/> 1 |
| ORGANIZED ACTIVITY | <input type="checkbox"/> 2 |
| CLASS/TUTORING | <input type="checkbox"/> 3 |
| CLUB | <input type="checkbox"/> 4 |
| DOING SOMETHING ELSE (SPECIFY): | <input type="checkbox"/> 5 |
| <hr/> | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Y5. **[INTERVIEWER: IF AGES 18-19, SKIP TO Y7]:** At 3:45, was there an adult present, who could see or hear you?

- | | |
|---|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO Y7) | <input type="checkbox"/> 2 |
| VOLUNTEERED: "MOTHER PRESENT" (SKIP TO Y7) | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Y6. At 3:45, was your mother present where she could see or hear you?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Y7. Now let's talk about 5:30pm. Where were you at 5:30 on [WEEKDAY]?

- | | |
|--|-----------------------------|
| WORK (SKIP TO Y14) | <input type="checkbox"/> 1 |
| CHILD CARE (ASK Y8) | <input type="checkbox"/> 2 |
| SCHOOL (SKIP TO Y9) | <input type="checkbox"/> 3 |
| BUS (SKIP TO Y14) | <input type="checkbox"/> 4 |
| CHURCH CLUB/COMMUNITY CENTER
(SKIP TO Y10) | <input type="checkbox"/> 5 |
| HOME (SKIP TO Y11) | <input type="checkbox"/> 6 |
| OTHER (SPECIFY): _____
(SKIP TO Y11) | <input type="checkbox"/> 95 |
| REFUSED (SKIP TO Y11) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO Y11) | <input type="checkbox"/> 8 |

Y8. Is this provider paid to take care of you?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO Y14)

Y9. Were you playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?

- | | |
|---------------------------------------|----------------------------|
| PLAYING ON A SPORTS TEAM | <input type="checkbox"/> 1 |
| PARTICIPATING IN A CLUB | <input type="checkbox"/> 2 |
| IN CLASS/TUTORING | <input type="checkbox"/> 3 |
| SERVING DETENTION | <input type="checkbox"/> 4 |
| DOING SOMETHING ELSE (SPECIFY): _____ | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(SKIP TO Y11)

Y10. Were you playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? **[INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY.]**

- | | |
|--------------------|----------------------------|
| SPORTS | <input type="checkbox"/> 1 |
| ORGANIZED ACTIVITY | <input type="checkbox"/> 2 |
| CLASS/TUTORING | <input type="checkbox"/> 3 |
| CLUB | <input type="checkbox"/> 4 |
| OTHER (SPECIFY): | <input type="checkbox"/> 5 |
| <hr/> | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Y11. Were there other youth at [PLACE] with you at 5:30?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Y12. **[INTERVIEWER: IF AGES 18-19, SKIP TO Y14]** At 5:30, was there an adult present, who could see or hear you?

- | | |
|---|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO Y14) | <input type="checkbox"/> 2 |
| VOLUNTEERED: "MOTHER PRESENT" (SKIP TO Y14) | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Y13. At 5:30, was your mother present where she could see or hear you?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Y14. Now let's talk about 7:30pm. Where were you at 7:30 on [WEEKDAY]?

- WORK (**SKIP TO Z1**) ☐ 1
- CHILD CARE (**ASK Y15**) ☐ 2
- SCHOOL (**SKIP TO Y16**) ☐ 3
- BUS (**SKIP TO Z1**) ☐ 4
- CHURCH CLUB/COMMUNITY CENTER
(**SKIP TO Y17**) ☐ 5
- HOME (**SKIP TO Y18**) ☐ 6
- SOMEWHERE ELSE (SPECIFY): _____ ☐ 95
- (**SKIP TO Y18**)
- REFUSED (**SKIP TO Y18**) ☐ 7
- DON'T KNOW (**SKIP TO Y18**) ☐ 8

Y15. Is this provider paid to take care of you?

- YES ☐ 1
- NO ☐ 2
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

(**SKIP TO Z1**)

Y16. Were you playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?

- PLAYING ON A SPORTS TEAM ☐ 1
- PARTICIPATING IN A CLUB ☐ 2
- IN CLASS/TUTORING ☐ 3
- SERVING DETENTION ☐ 4
- DOING SOMETHING ELSE (SPECIFY): _____ ☐ 5
- _____
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

(**SKIP TO Y18**)

Y17. Were you playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? **[INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY.]**

- | | |
|--------------------|----------------------------|
| SPORTS | <input type="checkbox"/> 1 |
| ORGANIZED ACTIVITY | <input type="checkbox"/> 2 |
| CLASS/TUTORING | <input type="checkbox"/> 3 |
| CLUB | <input type="checkbox"/> 4 |
| OTHER (SPECIFY): | <input type="checkbox"/> 5 |
| <hr/> | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Y18. **[INTERVIEWER: IF AGES 18-19 YEARS, SKIP TO Z1]** At 7:30, was there an adult present, who could see or hear you?

- | | |
|---|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO Z1) | <input type="checkbox"/> 2 |
| VOLUNTEERED: "MOTHER PRESENT" (SKIP TO Z1) | |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Y19. At 7:30, was your mother present where she could see or hear you?

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

[INTERVIEWER: SKIP TO Z1]

SECTION Z: FUTURE PLANS

Now I'd like to talk about how you see your future. Please tell me what you think the chances are for each of the following, choosing from: very low, low, about 50-50, high, or very high.

Z1. Think about how you see your future. What are the chances that...(MTO NY)

[INTERVIEWER: HAND RESPONDENT CARD WITH RESPONSE CATEGORIES.]

	VERY LOW	LOW	ABOUT 50-50	HIGH	VERY HIGH	RE- FUSED	DON'T KNOW
Z1a. You will complete college? Would you say very low, low, about 50-50, high, or very high?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Z1b. You will find a stable, well-paid job as an adult?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

*These are all the questions we have for you. Thank you very much for your help with this study.
Do you have any questions for me?*

Appendix C:

Interim Survey of Children

**MOVING TO OPPORTUNITY INTERIM EVALUATION
CHILD SURVEY
FOR CHILDREN 8-11 YEARS OLD**

SECTION O: EDUCATION

Hello, my name is _____. I'd like to spend a few minutes today talking to you about your school, your neighborhood, and some feelings that you may have. When we are done talking, we will spend a few more minutes playing a game, while (your mom/HH Head Name) finishes talking to my friend _____.

When (your mom/HH Head Name) applied for a voucher that would provide different housing for your family, (he/she) was told that we would be also be interviewing or speaking with other members of the household. You are one of those people. Our interview won't take longer than 15 minutes, and you will receive a small gift when we are done with everything. We hope you will be really truthful in answering every question, because what you say is very important. Your answers will never be seen by any one in your family, people at school, or anyone else except our research staff.

Are you ready to start?

(READ TO 8-10 YEAR OLDS ONLY)

I am going to be asking you questions about school, your neighborhood, your friends and your family. Most of these questions will ask about a certain time period, such as the past week or 7 days, the past 30 days, or the past 12 months or year. Let's review these time periods on this calendar. SHOW CALENDAR TO CHILD. If the question asks about the past week or 7 days, we are talking about these seven days (SHOW CHILD ON CALENDAR) from (INSERT FIRST DAY) to (INSERT LAST DAY). If the question asks about the past month or 30 days, we are talking about the these thirty days (SHOW CHILD ON CALENDAR) from (INSERT FIRST DAY) to (INSERT LAST DAY). If the question asks about the past year, we are talking about the past 365 days (SHOW CHILD ON CALENDAR) from (INSERT FIRST MONTH OF YEAR) to (INSERT LAST MONTH OF YEAR).

INTERVIEWER: POINT OUT TO CHILD, MAJOR HOLIDAYS/SEASONS IN THESE TIME PERIODS TO HELP SOLIDFY UNDERSTANDING.

(104) ATTENDANCE/TIME IN SCHOOL

I'd like to start by talking about school.

O1. Do you go to school? (MTO Baseline; modified)

YES (SKIP TO O3)

☐ 1

NO

☐ 2

HOME SCHOOLED (SKIP TO P1)

☐ 3

REFUSED

☐ 7

DON'T KNOW

☐ 8

O2. Why don't you go to school? (Original)

- | | |
|---|----------------------------|
| EXPELLED/SUSPENDED | <input type="checkbox"/> 1 |
| SCHOOL WAS TOO DANGEROUS | <input type="checkbox"/> 2 |
| PARENTAL CHOICE | <input type="checkbox"/> 3 |
| HOME SCHOOLED (SKIP TO O5a) | <input type="checkbox"/> 4 |
| HASN'T STARTED SCHOOL YET (SKIP TO P1) | <input type="checkbox"/> 5 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 6 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(IF NOT CURRENTLY IN SCHOOL, READ THIS INTRO)

The next few questions are about school. If you are not currently in school, please think about the time when you were last in school when answering these questions.

O3. During the school year, how often are you late for school? (SPD98; modified)

- | | |
|-------------------------------------|-----------------------------|
| Never | <input type="checkbox"/> 1 |
| Once a month | <input type="checkbox"/> 2 |
| Once every two weeks | <input type="checkbox"/> 3 |
| Once a week | <input type="checkbox"/> 4 |
| Several times a week | <input type="checkbox"/> 5 |
| Every day | <input type="checkbox"/> 6 |
| HOME-SCHOOLED (SKIP TO P1) | <input type="checkbox"/> 7 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

(103) ATTITUDES TOWARDS OWN SCHOOL

Thinking about your school, in general, how much do you agree with each of the following statements about your school and teachers? (NLSY)

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	RF	DK
O4a. The first question is: "The teachers are interested in students." Do you strongly agree, agree, disagree, or strongly disagree?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O4b. Disruptions by other students get in the way of my learning. (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O4c. Discipline is fair. (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O4d. There is a lot of cheating on tests and assignments. (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O4e. I feel safe at this school. (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O4f. I have my own Math textbook that I can take home with me to do my homework. (MTO NY)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(105) ENGAGEMENT/PARTICIPATION IN SCHOOL

Next, I will read some sentences about school. After I read the sentence, please tell me whether the statement is not at all true, not very true, sort of true, or very true for you during the last school year.

	Not at all true	Not very true	Sort of true	Very true	REFUSED	DON'T KNOW
O5a. I work very hard on my schoolwork. (SPD98) Is that...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O5b. I pay attention in class. (SPD98) Is that...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

SECTION P: NEIGHBORHOOD, DANGER, AND RISK

Now I'd like to talk about the neighborhood you live in.

(703) CURRENT NEIGHBORHOOD SATISFACTION

P1. Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are... (MTO Baseline)

- | | |
|-----------------------|----------------------------|
| Very satisfied | <input type="checkbox"/> 1 |
| Somewhat satisfied | <input type="checkbox"/> 2 |
| In the middle | <input type="checkbox"/> 3 |
| Somewhat dissatisfied | <input type="checkbox"/> 4 |
| Very dissatisfied | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

P2. During the past 30 days, have you seen people using or selling illegal drugs in your neighborhood? (Original)

- | | |
|----------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO P3) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO P3) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO P3) | <input type="checkbox"/> 8 |

P2a. How often have you seen people using or selling illegal drugs in your neighborhood — almost every day, once a week, or once or twice in the past 30 days? (Original)

- | | |
|---|----------------------------|
| ALMOST EVERY DAY (INCLUDES 4-7 TIMES PER WEEK) | <input type="checkbox"/> 1 |
| ONCE A WEEK (INCLUDES 1-3 TIMES PER WEEK) | <input type="checkbox"/> 2 |
| ONCE OR TWICE IN THE PAST 30 DAYS (INCLUDES 1-3 TIMES IN 30 DAYS) | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

P3. During the past 30 days, have you heard gunshots in your neighborhood? (Original)

- | | |
|----------------------------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO (SKIP TO P4) | <input type="checkbox"/> 2 |
| REFUSED (SKIP TO P4) | <input type="checkbox"/> 7 |
| DON'T KNOW (SKIP TO P4) | <input type="checkbox"/> 8 |

P3a. How often have you heard gunshots in your neighborhood —almost every day, once a week, or once or twice in the past 30 days? (Original)

- | | |
|---|----------------------------|
| ALMOST EVERY DAY (INCLUDES 4-7 TIMES PER WEEK) | <input type="checkbox"/> 1 |
| ONCE A WEEK (INCLUDES 1-3 TIMES PER WEEK) | <input type="checkbox"/> 2 |
| ONCE OR TWICE IN THE PAST 30 DAYS (INCLUDES 1-3 TIMES IN 30 DAYS) | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(305) GANG PARTICIPATION SINCE RANDOM ASSIGNMENT

P4. Are there any gangs in your neighborhood or where you go to school? **[INTERVIEWER: READ THIS DEFINITION IF NECESSARY]** (“By gangs we mean a group of people that has set clear boundaries of its territory or turf, protects its members and turf against other rival gangs through fighting or threats, hangs out together, and wears gang colors or clothes. By a gang that hangs out together we do not mean just a group of friends.”) (NLSY97, modified definition)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

P5. Do any of your brothers, sisters, cousins, or friends belong to a gang? (NLSY97)

- | | |
|------------|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO | <input type="checkbox"/> 2 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

P6. In the past 12 months, that is, since (MONTH last year) how many times did you get into a serious physical fight? (AH, modified)
NUMBER OF TIMES _____ (SKIP TO P6b)

REFUSED ☐ 7
DON'T KNOW ☐ 8

P6a. Which of these is the closest to the number of times you got into a serious physical fight in the past 12 months?

Never (in past 12 months) (SKIP TO P7) ☐ 1
1-2 times ☐ 2
3 or 4 times ☐ 3
5 or more times ☐ 4
REFUSED ☐ 7
DON'T KNOW ☐ 8

P6b. The last time you were in a physical fight, where did it occur? (AH)

HOME ☐ 1
SCHOOL ☐ 2
NEIGHBORHOOD ☐ 3
FRIEND'S HOME ☐ 4
AFTER SCHOOL PROGRAM ☐ 5
OTHER (SPECIFY) _____ ☐ 95

P7. During the past 12 months, that is, since (MONTH last year) how often did each of the following things happen — never, once, or more than once? (AH, modified)

	NEVER	ONCE	MORE THAN ONCE	RF	DK
P7a. You saw someone shoot or stab another person. (AH) Would you say never, once, or more than once?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
P7b. Someone pulled a knife or gun on you. (AH) (IF NEVER SKIP TO P7e)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
P7c. Someone shot you. (AH)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
P7d. Someone cut or stabbed you. (AH)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
P7e. You were jumped. (AH)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(1103-1104) FRIENDSHIPS

Now I'd like to talk about your friends.

- P8. About how many friends do you have who you play with, hang out with, talk to on the phone, or get together with? (NCSR-AS, modified)

NUMBER OF FRIENDS	<input type="checkbox"/> 1
(IF 0, SKIP TO P10)	
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

- P9. During the hours when you are not at school, how often do you play with, talk on the phone, hang out, or get together with (this friend/these friends)—most every day, a few times a week, a few times a month, about once a month, or less than once a month? (NCSR-AS, modified)

MOST EVERY DAY (INCLUDES 5-7 TIMES PER WEEK)	<input type="checkbox"/> 1
A FEW TIMES A WEEK (INCLUDES 2-4 TIMES PER WEEK)	<input type="checkbox"/> 2
A FEW TIMES A MONTH (INCLUDES 2-4 TIMES PER MONTH/1 TIME PER WEEK)	<input type="checkbox"/> 3
ABOUT ONCE A MONTH	<input type="checkbox"/> 4
LESS THAN ONCE A MONTH	<input type="checkbox"/> 5
NEVER	<input type="checkbox"/> 6
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

- P10. How many hours each week do you read for fun? Do not mention school-assigned reading. (NLSY 79)

HOURS PER WEEK _____ (SKIP TO P11)	
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

- P10a. Which of these is closest to the amount of time you usually spend on reading for fun each week? (NLSY 79)

1-4 hours	<input type="checkbox"/> 1
5-9 hours	<input type="checkbox"/> 2
10-14 hours	<input type="checkbox"/> 3
15-19 hours	<input type="checkbox"/> 4
20 or more hours	<input type="checkbox"/> 5
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

P11. Think for a moment about a typical weekday. By weekday we mean Monday through Friday, not the weekend when you are not in school. How much time would you say you spend watching television on a typical weekday? (NLSY97)

HOURS : _____ (SKIP TO Q1)

REFUSED ☐ 7

DON'T KNOW ☐ 8

P11a. Which of these is closest to the amount of time you usually spend watching television on a typical weekday—less than one hour, one to two hours, three to five hours, or more than five hours? (NLSY 79)

LESS THAN 1 HOUR PER DAY ☐ 1

1-2 HOURS PER DAY ☐ 2

3-5 HOURS PER DAY ☐ 3

MORE THAN 5 HOURS PER DAY ☐ 4

REFUSED ☐ 7

DON'T KNOW ☐ 8

SECTION Q: HEALTH

(400) GENERAL HEALTH STATUS

Q1. Now I'd like to ask you some questions about your health. In general, how is your health? Would you say it is...(NLSY97)

- | | |
|------------|----------------------------|
| Excellent | <input type="checkbox"/> 1 |
| Very Good | <input type="checkbox"/> 2 |
| Good | <input type="checkbox"/> 3 |
| Fair | <input type="checkbox"/> 4 |
| Poor | <input type="checkbox"/> 5 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Q1a. On how many of the past 7 days did you exercise or participate in physical activity that made you sweat and breathe very hard, such as basketball, soccer, running, swimming, or fast bicycling? (YRBSS; modified)

NUMBER OF DAYS: _____

- | | |
|------------|----------------------------|
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

Q1b. In a typical week, on how many days—from 0 to 7—do you eat at least some green vegetables or fruit? (NLSY97)

NUMBER OF DAYS: _____

- | | |
|------------|----------------------------|
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(406) HEIGHT AND WEIGHT

Now, I'd like to take a little break and just see how tall you are and how much you weigh.

Q2. [INTERVIEWER: RECORD HEIGHT] _____

- | | |
|---------|----------------------------|
| REFUSED | <input type="checkbox"/> 7 |
|---------|----------------------------|

Q3. [INTERVIEWER: RECORD WEIGHT HERE.] _____

- | | |
|---------|----------------------------|
| REFUSED | <input type="checkbox"/> 7 |
|---------|----------------------------|

(410) DEPRESSION

[ONLY FOR 10-11 YEAR OLDS]

Now I'd like to talk to you about some different feelings you may have. For each one I'll ask if you felt that way all of the time, most of the time, some of the time, a little of the time, or none of the time.

Q4. In the past 30 days, how often have you had the following experiences? [INTERVIEWER: HAND RESPONDENT CARD WITH RESPONSE CATEGORIES.] (NCSR)

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	RF	DK
Q4a. How often did you feel nervous—all of the time, most of the time, some of the time, a little of the time, or none of the time? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Q4b. How often did you feel hopeless? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Q4c. How often did you feel restless or fidgety? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Q4d. How often did you feel so depressed nothing could cheer you up? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Q4e. How often did you feel everything was an effort? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Q4f. How often did you feel worthless? (NCSR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

SECTION R: BEHAVIOR AND FAMILY DYNAMICS

(421) BEHAVIOR PROBLEMS

I am going to read another list of items that describe feelings or thoughts people sometimes have. In the last 6 months, for each item that I read please tell me if it is often true, sometimes true, or not true of you

	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE	REFUSED	DON'T KNOW
R1. The first statement is: "I have trouble concentrating or paying attention." Is this often true, sometimes true, or not true of you in the past 6 months? (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R2. I lie or cheat. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R3. I tease others a lot. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R4. I disobey my parents. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R5. I don't get along with other kids. (Achenbach YSR-25)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R6. I have trouble sitting still. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R7. I have a hot temper. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R8. I would rather be alone than with others. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R9. I try to get a lot of attention. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R10. I'm too dependent on adults. (Achenbach YSR-11)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R11. I hang around with kids who get into trouble. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R12. I disobey at school. (PHDCNII)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R13. I have trouble getting along with teachers. (NLSY79-CS, modified)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

(1109) MOTHER'S SUPPORT

Now we would like to know about your relationship with your mother, or with the adult who takes care of you or knows the most about your activities.

R14. Do you live with your mother? (Original)	
YES (SKIP TO R16)	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> 7
DON'T KNOW	<input type="checkbox"/> 8

R15. Who is the adult who lives with you and knows most about your activities? (Original)

- | | |
|------------------------|-----------------------------|
| FATHER (SKIP TO R18) | <input type="checkbox"/> 1 |
| GRANDMOTHER | <input type="checkbox"/> 2 |
| AUNT | <input type="checkbox"/> 3 |
| SISTER | <input type="checkbox"/> 4 |
| FOSTER MOTHER | <input type="checkbox"/> 5 |
| STEP MOTHER | <input type="checkbox"/> 6 |
| COUSIN | <input type="checkbox"/> 7 |
| FRIEND | <input type="checkbox"/> 8 |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> 9 |
| REFUSED | <input type="checkbox"/> 97 |
| DON'T KNOW | <input type="checkbox"/> 98 |

[INTERVIEWER: FOR THE NEXT FEW QUESTIONS, "CAREGIVER" IS MOTHER IF CHILD LIVES WITH MOTHER, OR THE ADULT MENTIONED IN R15.]

R16. When you think about how your [CAREGIVER] acts toward you, in general, would you say your [CAREGIVER] is very supportive, somewhat supportive, or not very supportive? (NLSY97)

- | | |
|---------------------|----------------------------|
| VERY SUPPORTIVE | <input type="checkbox"/> 1 |
| SOMEWHAT SUPPORTIVE | <input type="checkbox"/> 2 |
| NOT VERY SUPPORTIVE | <input type="checkbox"/> 3 |
| REFUSED | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

(1110) MOTHER'S MONITORING [OR PRIMARY CAREGIVER]

R17. How much does your [CAREGIVER] know... **[INTERVIEWER: SHOW RESPONDENT CARD WITH RESPONSE CATEGORIES.]**

- | | KNOWS
NOTHING | KNOWS
JUST A
LITTLE | KNOWS
SOME
THINGS | KNOWS
MOST
THINGS | KNOWS
EVERY-
THING | RF | DK |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| R17a. About your close friends,
that is, who they are? Do
you think she/he knows
nothing, just a little, some
things, most things, or
everything? (NLSY97) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

- R17b. About who you are with when you are not at home? (NLSY97) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 7 ☐ 8
- R17c. About who your teachers are and what you are doing in school? (NLSY97) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 7 ☐ 8

(1112) CONTACT WITH FATHER

Now I'd like to talk with you about your father.

- R18. When you were growing up, in general, was he very supportive, somewhat supportive, or not very supportive of you? (NLSY97, modified)

- VERY SUPPORTIVE ☐ 1
- SOMEWHAT SUPPORTIVE ☐ 2
- NOT VERY SUPPORTIVE ☐ 3
- (VOLUNTEERED) DOESN'T SEE FATHER (**SKIP TO R20**) ☐ 4
- (VOLUNTEERED) FATHER DECEASED (**SKIP TO R20**) ☐ 5
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

[IF FATHER IS PRIMARY CAREGIVER SKIP TO R19]

- R18a. In the past 12 months, that is since (MONTH last year) how often have you seen your father – almost every day, once a week, once a month, a few times, or never in the past 12 months? (3CITY, modified)

- Almost every day (INCLUDES 4-7 TIMES PER WEEK) ☐ 1
- Once a week (INCLUDES 1-3 TIMES PER WEEK) ☐ 2
- Once a month (INCLUDES 1-3 TIMES PER MONTH) ☐ 3
- A few times (INCLUDES 1-11 TIMES) ☐ 4
- Never in past 12 months ☐ 5
- (VOLUNTEERED) LIVED IN SAME HOUSEHOLD ☐ 6
- REFUSED ☐ 7
- DON'T KNOW ☐ 8

[INTERVIEWER: IF FATHER IS NOT PRIMARY CAREGIVER SKIP TO R20]

R19. How much does your father know... **[INTERVIEWER: SHOW RESPONDENT CARD WITH RESPONSE CATEGORIES.]**

	KNOWS NOTHING	KNOWS JUST A LITTLE	KNOWS SOME THINGS	KNOWS MOST THINGS	KNOWS EVERY- THING	RF	DK
R19a. About your close friends, that is, who they are? Do you think he knows nothing, just a little, some things, most things, or everything? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R19b. About who you are with when you are not at home? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R19c. About who your teachers are and what you are doing in school? (NLSY97)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Now I'd like to talk about how you see your future. Please tell me what you think the chances are for each of the following, choosing from: very low, low, about 50-50, high, or very high.

R20. Think about how you see your future. What are the chances that...(MTO NY)

	VERY LOW	LOW	ABOUT 50-50	HIGH	VERY HIGH	RE- FUSED	DON'T KNOW
R20a. You will complete college? Are the chances very low, low, about 50-50, high, or very high?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R20b. You will find a stable, well-paid job as an adult?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Those are all the questions we have for you. Thank you very much for your help with this important study. Do you have any questions for me?

Appendix D:

Woodcock-Johnson Revised

Educational Achievement Assessment

Woodcock-Johnson Revised (Child and Youth Assessment of Educational Achievement)

MTO Interim Impact Evaluation

To be administered between November 2001 and June 2002

To be administered to randomly sampled children (ages 5-19) who are MTO core household members

Not to be administered to children under the age of 5 (as of June 1, 2001)

Each child and youth will be administered two tests in the Broad Reading cluster:
Letter-Word Identification
Passage Comprehension.

One randomly selected 5-11 year old will be administered the concept formation test.

Each child and youth will also be administered two tests in the Broad Math cluster:
Calculation
Applied Problems.

Testing of children ages 5-7 will take up to 30 minutes.

Testing of children and youth ages 8-19 will take up to 45 minutes.

Appendix E:

Item-by-Item Justification for the Interim Survey of Households

- & Main Instrument (Sections 1-6)
- & Household Roster
- & Secondary Contact Information
- & Parent-on-Child/Youth Module

Interim Survey of Households: Item-by-Item Justification

Question Number	Question	Source	Justification
SECTION A: HOUSING AND NEIGHBORHOOD			
A1	Overall, how would you describe the condition of your current house or apartment? Would you say it was in excellent, good, fair, or poor condition?	MTO Baseline	A1-3g Housing quality is both an outcome of interest in its own right and a mediating factor for other outcomes. Moves into low-poverty neighborhoods are likely to increase the quality of housing. Better-quality housing may reduce mobility and lengthen exposure to low-poverty neighborhoods, thereby influencing impacts on virtually all of the outcomes considered in the study.
A2	Not including bathrooms and hallways, how many rooms are there in your house or apartment?	3CITY	
A3	Now I am going to ask you some questions about different types of problems in your house or apartment. Where you live now, how much of a problem are...	MTO Baseline	
A3a	Walls with peeling paint or broken plaster.		
A3b	Plumbing that doesn't work?		
A3c	Rats or mice?		
A3d	Cockroaches?		
A3e	Broken locks or locks on the door to your unit?		
A3f	Broken window or windows without screens?		
A3g	A heating system that does not work?		

Question Number	Question	Source	Justification
A4	How many months or years have you lived in your current house or apartment?	MTO Baseline	A4-9 These questions (combined with A31-41) measure housing security. Are sample members able to maintain their own housing units? If not, are they doubling-up with other families and experiencing homelessness? If the experimental treatment has a positive effect on families' employment and overall economic security, we would expect it to increase housing security as well. However, moving to private housing in low-poverty areas may also increase families' overall housing costs (i.e., tenant contribution and utilities), thereby potentially reducing housing security.
A5	Was there ever a time during the past year (that is, since MONTH/YEAR) when you did not have your own place to stay?	Original	
A6	During the past year when you did not have your own place to stay, we would like to know about any places where you stayed. Did you...	<i>Homelessness: Programs and the People They Serve</i> (Original)	
A6a	—Stay with a relative?		
A6b	—Stay with a friend?		
A6c	—Stay in a shelter? (a homeless shelter, emergency shelter, or domestic violence shelter)		
A6d	—Stay on the street?		
A6e	During most of the time when you did not have your own place to stay in the past year, (was your child/were your children) with you?	Limited Benefit Plan Survey and Milwaukee Survey, modified	

Question Number	Question	Source	Justification
A7	Now I'd like to ask you some questions about your housing situation. Do you...	HOPE VI Survey, modified	
A7a	Rent your own home or apartment?		
A7b	Own your own home?		
A7c	Live with family or friends and pay part of the rent or mortgage?		
A7d	Live with family or friends and do not pay rent?		
A7e	Live in a group shelter?		
A7f	Live in some other housing arrangement?		
A8	What is your relationship to the head of the household in which you are living?	Original	
A8a	What is the main reason you are living in someone else's housing unit?	<i>Homelessness: Programs and the People They Serve</i>	
A9	How many months or years has it been since you rented or owned your own unit?	Original	
A10	How many months or years have you lived in your current neighborhood?	MTO Baseline	A10-14 As a mediating factor, greater neighborhood satisfaction may reduce housing mobility and lengthen exposure to low-poverty neighborhoods, thereby influencing impacts on virtually all of the outcomes considered in the study.
A11	Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are...	MTO Baseline	

Question Number	Question	Source	Justification
A12 A12a A12b A12c A12d A12e A12f	Now I would like to ask you about problems that occur in some neighborhoods. In your neighborhood, how big of a problem is... —Litter or trash on the streets or sidewalk? —Graffiti or writing on the walls? —People drinking in public? —Abandoned buildings? —Groups of people just hanging out? —Police not coming when called?	MTO Baseline, modified HOPE VI	
A13	Have you seen people using or selling illegal drugs in your neighborhood during the past 30 days?	Original	
A14	How often have you seen this in the past 30 days? Would you say almost every day, once a week, or once or twice in the past 30 days?	Original	
A15 A15a A15b	Now I have a few questions about discrimination. Sometimes people feel they are discriminated against, or treated badly or differently because of their race or ethnicity. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly because of your race or ethnicity in the following places? How about: —In a store where you were shopping or a restaurant where you wanted to eat? —In your own neighborhood?	Gallup, modified	A15-15d Respondent perceptions of discrimination are both an outcome of interest in their own right and a mediating factor for other outcomes. As a mediating factor, discrimination is an important aspect of the social environment. If living in a low-poverty neighborhood increases the experience of discrimination, it may limit the adult's integration into the community and the level of interaction with other adults, thereby influencing virtually all of the outcomes considered in the study. It may also serve as an indicator of overall social isolation of MTO families.
A15c	—At your child's school?		

Question Number	Question	Source	Justification
A15d	—In dealing with the police, such as a traffic accident?		
A16	How long does it take you to get to the nearest bus or train stop?	MTO Baseline	A16-18 Ease of access to neighborhood essentials like shopping and to local amenities such as parks or playgrounds may be reduced by moves to low-poverty neighborhoods, because of their residential character and lower density. This could reduce employment opportunities and the respondent's satisfaction with the neighborhood, making a subsequent move more likely. Alternatively, if employment opportunities are better in low-poverty areas, families may be better able to afford cars, improving their access to these activities and amenities.
A17	Do you have a valid driver's license?	MTO Baseline	
A18	Does anyone in your household own a car, van, or truck that runs?	3CITY	
A19a	How safe do you feel... On the streets near your home during the day? Would you say very safe, safe, unsafe, or very unsafe?	MTO Baseline	A19-20e These questions measure fear of crime and crime victimization in the current neighborhood. In prior research with the MTO sample, fear of crime and victimization were identified as factors with pervasive effects on families' lives, strongly motivating them to move. The MTO intervention may greatly reduce victimization and fear, improving the adult's willingness to interact with the community. A greater sense of safety may also influence parenting style and therefore children's activities. Reduced stress and fear may also affect mental health (e.g., reduced anxiety and depression), with consequent impacts on employability. Thus, families' sense of safety and exposure to crime and violence can be expected to act as mediating factors in a number of areas.
A19b	On the streets near your home at night? Very safe, safe, unsafe, or very unsafe?		

Question Number	Question	Source	Justification
A20 A20a A20b A20c A20d A20e	<p>Please tell me if any of the following things has happened to you or anyone who (lives/lived) with you in the past 6 months.</p> <p>—Was anyone’s purse, wallet, or jewelry snatched from them?</p> <p>—Was anyone threatened with a knife or a gun?</p> <p>—Was anyone beaten or assaulted?</p> <p>—Did anyone try to break into your home?</p> <p>—Was anyone stabbed or shot?</p>	MTO Baseline	
A21a A21b A21c A21d	<p>Since [YEAR OF RANDOM ASSIGNMENT] have you gone in person to rent a house or apartment you thought was available and been told by a landlord, real estate agent, or manager you could not rent it?</p> <p>For the most recent time this happened, what was the main reason THEY GAVE for not renting the house or apartment to you?</p> <p>For the most recent time this happened, what DO YOU THINK was the main reason they did not rent to you?</p> <p>After this happened, were you able to rent another unit in the same general area as the one you were denied, did you rent a unit in a different neighborhood, or were you not able to rent one?</p>	<p>Original</p> <p>Original</p> <p>Original</p> <p>Original</p>	<p>A21a-A21f</p> <p>These questions complement the discrimination questions found under A15. The experience of discrimination in housing search could have important effects on the MTO treatment, reducing the take-up rate and limiting the choice of neighborhoods to which participants moved. HUD’s policy interest in fair housing makes it important to determine the extent and nature of discrimination experienced by these subsidized, low-income, largely minority families.</p>
A21f	Did you make a discrimination complaint or bring a discrimination lawsuit because you were denied access to the unit?	Original	

Question Number	Question	Source	Justification
A22	How many times have you moved since [YEAR OF RANDOM ASSIGNMENT]?	Original	A22-24f The reasons for moving to the current location, and (where applicable) moving from the initial low-poverty location of MTO experimental group families will aid in the interpretation of the families’ overall mobility history.
A23	What was the MAIN reason you moved to your current house or apartment?	MTO Baseline, modified	
A24	Thinking back to when you left [PROGRAM MOVE ADDRESS], where did you look for another place to live at that time? Did you look in:	Original	
A24a	—The neighborhood you were living in?	MTO Baseline, modified	
A24b	—Similar neighborhoods?		
A24c	—Suburban areas outside the city?		
A24d	—Your old neighborhood near public housing		
A24e	—Other types of areas? (SPECIFY)		
A24f	What was the MAIN reason you moved to your current house or apartment? Please consider only the reasons you chose your current house or apartment instead of another available one.		
A25	[INTERVIEWER: IF OWNER, GO TO A27; IF RENTER, CONTINUE WITH A25a.]		

Question Number	Question	Source	Justification
A25a	Altogether in the month just past, what did you pay as rent? We are interested only in knowing your part of the payment.	NSAF99	<p>A25-30d</p> <p>This sequence of questions concerns housing expenditures (A25a, A28, A30), housing assistance status (A26-A27, and exits from housing assistance (A26b-A27a). Current housing expenditures may reflect the effects of the transition from public housing to Section 8 vouchers on families' finances. Housing assistance status concerns the cost to the federal government of any ongoing subsidies. MTO may also provide useful data on exits from assisted status. The transition to Section 8 with the MTO move or to renting/owning without housing assistance later may lead to substantial changes in housing expenditures and burden. This, in turn, could lead to housing or food insecurity and other financial problems. Alternatively, effects of the MTO move on employment opportunities and earnings may lead to greater self-sufficiency and economic well-being, reducing reliance on government housing subsidies.</p>
A25b	What is the total current monthly payment on this house or apartment?	NSAF99	
A26	Do you currently receive any governmental housing assistance in paying rent such as through public housing or Section 8?	HOPE VI Interim Assessment Resident Survey, modified to focus on renters	
A26a	Are you paying lower rent because the Federal, state, or local government is paying for part of the rent?	NSAF	
A26b	Is this public housing, a Section 8 Certificate or Voucher, Project-based Section 8 or some other type of assistance?	HOPE VI Interim Assessment Resident Survey	
A27	People leave housing assistance/public housing/Section 8 for different reasons. Which of the following would you say was the main reason you left?	Original	
A27a	What was the most recent type of housing assistance you received? Was it public housing, a Section 8 Certificate or Voucher, or some other type of assistance?	Original	

Question Number	Question	Source	Justification
A28	What is the monthly amount you pay for owning this house or apartment? We are interested in the payment you make to the bank or mortgage company.	Original	
A28a	Does that amount include taxes and insurance?	Original	
A28b	What is the amount paid annually for taxes?	Original	
A28c	What is the amount paid annually for insurance?	Original	
A29	Did a government agency or non-profit agency help you with the purchase of your home by providing down payment assistance or help with fixing or building the home? For example, Habitat for Humanity	Original	
A30	What are the annual costs of utilities and fuels for this (house/apartment/mobile home)? If you have lived here less than 1 year, estimate the annual cost.	Census 2000	
A30a	—Electricity		
A30b	—Gas		
A30c	—Water and sewer		
A30d	—Oil, coal, kerosene, wood, etc		
A31	People sometimes have trouble paying their utility bills on time. During the past 12 months, were you ever more than 15 days late paying your electric, gas, or water bill?	Original	A31-40 These questions measure housing security in terms of families’ ability to pay rent and utilities and the consequences of failure to pay these housing costs. A scale of housing security will be developed from these items, ranging from minimal difficulty in meeting these expenses (seldom or never being late with payments) through the more severe consequences of disconnection of utilities or

Question Number	Question	Source	Justification
A32	When you had trouble paying for utilities, were you ever charged a fee for late payment?	Original	eviction. See also A7-9. MTO's possible effects on housing security can also be expected to mediate effects on a number of other outcomes, such as mobility, employment, and mental health.
A33	Did you receive a notice that your gas, water, or electricity would be shut off if you did not pay your bill?	Original	
A34	In the past 12 months, was your gas, water, or electricity ever shut off for nonpayment?	Original	
A34a	When that happened, did you or your children move out, even for a little while, because the utilities were shut off?	Original	
A35	During the past 12 months, were you ever more than 15 days late paying your rent?	Original	
A36	In the last 12 months, has your current or a previous landlord ever threatened to evict you for nonpayment of rent?	Original	
A37	During the last 12 months, have you been evicted from a home for any reason?	Original	
A37a	Why was that?	Original	
A38	During the past 12 months, were you ever more than 15 days late paying your mortgage?	Original	
A39	In the last 12 months, has the bank ever threatened to foreclose on your mortgage for any reason?	Original	

Question Number	Question	Source	Justification
A40	During the last 12 months, did the bank foreclose on your mortgage?	Original	
A41	In the past 12 months, has the owner or manager complained about your housekeeping, visitors, life style, partner's behavior, damage to the unit, or your children's behavior?	Original	A41 This question concerns landlord relations, an important aspect of housing security for renters. This is an intermediate outcome, in which negative landlord relations may lead to further housing mobility, loss of housing, or loss of housing assistance. This item's relationship to housing security (ability to pay) will be analyzed; a combined scale may be developed.
SECTION B: EDUCATION AND TRAINING			
B1	What is the highest grade or year of regular school that you have completed and gotten credit for?	NLSY79-18	B1-3e The MTO treatment may affect whether adults have furthered their educations after the move, either through formal educational opportunities or through job training. Moving to low-poverty neighborhoods may create better conditions and provide more possibilities for adults to pursue education and/or obtain training. Adults may gain exposure to more educated role models and to social norms that place higher value on educational and career advancement. Their mental health may improve (reduced depression, stress, anxiety). They may gain access to institutions that have more educational resources. Greater safety in their new neighborhoods may require less intense monitoring of their children, allowing the adults to pursue self-improvement. Job training programs in particular may provide adults with skills that facilitate entry into the labor force or help them obtain better jobs, important determinants of self-sufficiency.
B2	Do you have (a high school diploma or) a GED?	NSAF99	
B3a	Now I would like to ask you about any regular school or any training you may have had since September 2000. Have you participated in any additional regular schooling or in some other type of schooling or training program that lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job?	NSAF99	
B3b	What kind of schooling or training was that?		
B3c	How many weeks did you participate in schooling or training during the period since September 2000?		
B3d	During those weeks, how many hours a week did you usually spend in schooling or training?		
B3e	Are you currently participating in schooling or training?		

Question Number	Question	Source	Justification
B4	In the past 12 months, have you or another adult who lives with you...	MTO Baseline	B4-4d These questions assess the degree to which parents are involved in their child/children's education. The MTO treatment may affect the adult's concern and level of parental support for education (due to different social norms and improved mental health, among other things), which may affect children's educational outcomes.
B4a	—gone to a general meeting at your (child/ren)'s school, like a back-to-school night or parent/teacher organization meeting?		
B4b	—gone to a school event, like a play, sports event, or science fair?		
B4c	—been a volunteer at your (child/ren)'s school, or been on a school committee?		
B4d	—worked with a youth group, sports team, or club outside of school?		

Question Number	Question	Source	Justification
SECTION C: EMPLOYMENT AND EARNINGS			
C1	Last week, did you do any work for pay?	CPS	C1-14e These questions are a slightly modified version of the standard Current Population Survey questions designed to measure current labor market status, hours of work, occupation, industry, and rate of pay. Several questions have been added to take better account of the casual, sporadic employment typical of a low-income population. This sequence will allow us to estimate impacts on all the standard measures of labor market status and activity (e.g., employment and unemployment, weekly hours and earnings, hourly wage rate). Moves to low-poverty neighborhoods can be expected to influence these outcomes because the availability and type of jobs in such neighborhoods are substantially different than those in high-poverty neighborhoods and because the supply of low-wage labor competing for such jobs may be smaller. Respondents who move to low-poverty areas may also be more motivated and/or able to work than those who remain in public housing, because the social norms and role models in higher-income neighborhoods are likely to be more supportive of work. Other factors that may affect the employment and earnings of the MTO families include the greater safety and reduced stress levels of low-poverty neighborhoods and more supportive/effective welfare-to-work programs. But in the short run, the loss of informal social networks may make it more difficult for families who move to low-poverty areas to find jobs.
C2	What is the main reason that you did not work for pay last week?	MTO-Boston, modified	
C3	Last week, did you have more than one job, including part-time and weekend work?	CPS	
C4	How many hours per week do you usually work at your [main] job? (By main job, we mean the one at which you usually work the most hours.)	CPS	
C4a	Do you usually work 35 hours or more per week at your [main] job?	CPS	

Question Number	Question	Source	Justification
C5	Now I have a few questions about the (main) job at which you worked last week. What kind of business or industry is this? What do they make or do where you work?	CPS	
C5a	Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?	CPS	
C6	What kind of work do you do, that is, what is your occupation? For example, plumber, typist, farmer.	CPS	
C7	What are your usual duties or activities at this job? For example, typing, keeping account books, filing, selling cars, operating, printing press, laying brick.	CPS, modified	
C8	When did you first start working [at your main job]?	NLSY79	
C9	For your [main] job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?	CPS	
C10	Do you usually receive overtime pay, tips, or commissions [at main job]?	CPS	
C11	(Including overtime pay, tips and commissions), what are your usual (weekly/ biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions ?	CPS	
C12	How many weeks a year do you get paid for?	CPS	

Question Number	Question	Source	Justification
C12a	[INTERVIEWER: DEFINE [UNIT] AS UNIT TYPE FROM C9. IF PER UNIT AND OVERTIME PAY, TIPS, AND COMMISSIONS (C9=7 AND C10=1), SKI TO C12d.]		
C12b	What is your rate of pay per [UNIT] (on this job)?	Original	
C12c	For how many [UNIT]'s are you usually paid per week (on this job)?	Original	
C12d	Excluding overtime pay, tips, and commissions, what is your rate of pay per [UNIT] (on this job)?	Original	
C12e	For how many [UNIT]'s are you usually paid per week at this rate?	Original	
C12f	How many hours do you usually work per week at this rate?	Original	
C12g	(At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?	Original	
C12h	Is that...	Original	
C12i	[INTERVIEWER: IF OVERTIME RATE OF PAY IS NOT PER UNIT (C12h NOT EQUAL 7), SKIP TO C12k)		
C12j	For how many [UNIT]'s are you usually paid per week at this rate?	Original	
C12k	How many hours do you usually work per week at this rate?	Original	

Question Number	Question	Source	Justification
C13	[INTERVIEWER: IF HOURLY AND OVERTIME PAY, TIPS, AND COMMISSIONS, SKIP TO C14a.]		
C13a	What is your hourly rate of pay (on this job)?	CPS	
C14a	Excluding overtime pay, tips, and commissions, what is your hourly rate of pay (on this job)?		
C14b	How many hours do you usually work per week at this rate?	CPS	
C14c	(At your main job) how much do you usually receive just in overtime pay, tips, and commissions before taxes or other deductions?	CPS	
C14d	Is that...		
C14e	How many hours do you usually work per week at this rate?		
C15 C15a C15b C15c	Through your employer are you eligible for any of the following benefits? By eligible we mean the benefit is available for you now, even if you decided to not receive it or have not needed it. Health insurance? Sick leave? Paid vacation?	SPD, modified MTO Canvass MTO Canvass	C15-15c Availability of fringe benefits is a key indicator of job quality, as well as a potentially important component of total compensation. Any impacts on employment and earnings (see discussion of C1-14e above) could be expected to affect fringe benefits as well.

Question Number	Question	Source	Justification
C16	I'd like to ask you how you found the (main) job you have now. What is the most important source of information you used to find this job?	3CITY, modified	C16-17 These questions measure the impact of location on the availability of social contacts that are useful in finding work, a potential mediating factor of MTO impacts. Residents of low-poverty areas are likely to value work more highly, and there may be peer pressure to work. But in the new neighborhood, the respondent may not have contacts (social networks) that are useful for finding employment.
C17	Did this person live in the same neighborhood as you at the time you got the job?	3CITY, modified	
C18	How did you usually get to work last week	Census 2000, modified	C18-19 These questions measure the impact of location on the availability of transportation to work, a potential mediating factor of MTO impacts. Moves to low-poverty areas may either increase or decrease access to jobs, depending on the geography of the local community and the relationship between employer locations and public transportation.
C19	How many minutes did it usually take you to get from home to work last week?	Census 2000	
C20	Do you have a disability that prevents you from accepting any kind of work during the next six months?	CPS	C20-27 This is the standard CPS sequence of questions to determine whether the respondent is unemployed according to the BLS definition and to measure the intensity of job search. We would expect the same factors discussed above in relation to employment and earnings also to affect unemployment and job search behavior.
C21	Do you currently want a job, either full-time or part-time?	CPS, modified	
C22	Have you been doing anything to find work during the past four weeks?	CPS	
C23	What are all the things you have done to find work during the past four weeks?	CPS	
C24	During the past four weeks, about how many hours in total did you spend looking for work?	Original	

Question Number	Question	Source	Justification
C25	With how many different employers have you made direct contact, either by phone, mail or in-person, during the past four weeks?	Original	
C26	Last week, could you have started a job if one had been offered?	CPS	
C27	Why is that?	CPS	
C28	Since September 2000, have you done any (other) work at all for which you were paid?	NLSY79, modified time period	<p>C28-35a This sequence, taken from the NLSY79, will allow estimation of impacts on hours of work, earnings, and job stability over the period since September 2000. Measuring these outcomes over a longer time period will provide more stable (lower variance) measures of hours and earnings than the measure for the week prior to the interview. This is also the only way to measure job stability.</p>
C29	What kind of work did you usually do for this employer? [INTERVIEWER PROBE AFTER EACH EMPLOYER:] Any more work as an employee since September 2000?		
C30	[IN GRID] Let's talk about [EMPLOYER]. When did you first start working for this employer?.	NLSY79, modified	
C31	Are you currently working for this employer?	NLSY79	
C32	When did you stop working for this employer?	NLSY79	
C33	How much (do/did) you usually earn per week from this employer?	NLSY79, modified	
C34	How many hours per week (do/did) you usually work for this employer?	NLSY79, modified	

Question Number	Question	Source	Justification
C35	During the past month, did you do any small jobs (other than any already mentioned) to bring in extra money like babysitting, home repairs, mowing lawns, house cleaning, cooking, or things like that?	MTO Baseline, modified	
C35a	How many hours do you usually work a week at these small jobs?	MTO Baseline	
C36	Is [SPOUSE] still living with you?	MTO Canvass	<p>C36-70a</p> <p>All questions on employment and earning that we ask of the household head in this entire section (C1-C35a) will be asked of spouses who were part of the core household at the baseline survey. The sequence for spouses will also collect information on income as well as other indicators of socio-economic status, including highest level of education completed. Information on race, ethnicity, and highest grade completed (if missing from baseline data) will be filled in.</p>
C36a	Last week, did [HUSBAND] do any work for pay?	CPS	
C37	What is the main reason that he did not work for pay last week?	MTO-Boston; modified response categories	
C38	Last week, did he have more than one job, including part-time and weekend work?	CPS	
C39	How many hours per week does he usually work at his [main] job? (By main job, we mean the one at which he usually works the most hours.)	CPS	
C39a	Does he usually work 35 hours or more per week at his [main] job?	CPS	
C40	Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?	CPS	

Question Number	Question	Source	Justification
C40	Now I have a few questions about the (main) job at which [HUSBAND] worked last week. What kind of business or industry is this? What do they make or do where he works?	CPS	
C40a	What kind of work does he do, that is, what is his occupation? For example, plumber, typist, farmer.	CPS	
C42	What are his usual duties or activities at this job? For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.	CPS, modified	
C43	When did he first start working [at his main job]?	NLSY79	
C44	For his [main] job, what is the easiest way for you to report his total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?	CPS	
C45	Does he usually receive overtime pay, tips, or commissions [at main job]?	CPS	
C46	(Including overtime pay, tips, and commissions), what are [SPOUSE'S] usual (weekly/biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions?	CPS	
C47	How many weeks a year does he get paid for?	CPS	

Question Number	Question	Source	Justification
C47a	[INTERVIEWER: DEFINE [UNIT] AS UNIT TYPE FROM C44. IF PER UNIT AND OVERTIME PAY, TIPS, AND COMMISSIONS (C44=7 AND C45=1), SKIP TO C47d.]		
C47b	What is [SPOUSE]'s rate of pay per [UNIT] (on this job)?	Original	
C47c	For how many [UNIT]'s is [SPOUSE] usually paid per week (on this job)?	Original	
C47d	Excluding overtime pay, tips and commissions, what is [SPOUSE]'s rate of pay per [UNIT] (on this job)?	Original	
C47e	For how many [UNIT]'s is [SPOUSE] usually paid per week at this rate?	Original	
C47f	How many hours does [SPOUSE] usually work per week at this rate?	Original	
C47g	At his main job, how much does [SPOUSE] usually receive just in overtime pay, tips, commissions, before taxes or other deductions?	Original	
C47h	Is that...	Original	
C47i	[INTERVIEWER: IF OVERTIME RATE OF PAY IS NOT PER UNIT (C47h NOT EQUAL 7), SKIP TO C47k)		
C47j	For how many [UNIT]'s is [SPOUSE] usually paid per week at this rate?	Original	
C47k	How many hours does he usually work per week at this rate?	CPS	

Question Number	Question	Source	Justification
C48	[INTERVIEWER: IF HOURLY AND OVERTIME PAY, TIPS, AND COMMISSIONS, SKIP TO C49a]0		
C48a	What is [SPOUSE]'s hourly rate of pay (on this job)?	CPS	
C49a	Excluding overtime pay, tips, and commissions, what is his hourly rate of pay (on this job)?	CPS	
C49b	How many hours does he usually work per week at this rate?	CPS	
C49c	(At main job), how much does [SPOUSE] usually receive just in overtime, tips, commissions, before taxes or other deductions?	CPS	
C49d	Is that...	CPS	
C49e	How many hours does he usually work per week at this rate?	CPS	
C50	Through his employer is he eligible for any of the following benefits? By eligible we mean the benefit is available to him now, even if he has decided to not receive it or has not needed it.		
C50a	Health Insurance?	SPD, modified	
C50b	Sick leave?	MTO Canvass	
C50c	Paid vacation?	MTO Canvass	
C51	I'd like to ask you how [HUSBAND] found the (main) job he has now. What is the most important source of information he used to find this job?	3CITY, Modified	
C52	Did this person live in the same neighborhood as his at the time he got the job?	3CITY, Modified	

Question Number	Question	Source	Justification
C53	How did he usually get to work last week?	CENSUS 2000, Modified	
C54	How many minutes did it usually take him to get from home to work last week?	CENSUS 2000	
C55	Does he have a disability that prevents him from accepting any kind of work during the next six months?	CPS	
C56	Does he currently want a job, either full-time or part-time?	CPS, Modified	
C57	Has [SPOUSE] been doing anything to find work during the past four weeks?	CPS	
C58	What are all the things he has done to find work during the past four weeks?	CPS	
C59	During the past four weeks, about how many hours in total did he spend looking for work?	Original	
C60	With how many different employers has he made direct contact, either by phone, mail, or in person, during the past four weeks?	Original	
C61	Last week, could he have started a job if one had been offered?	CPS	
C62	Why is that?	CPS	
C63	Since September 2000, has he done any other work at all for which he was paid?	NLSY 79, Modified	
C63a	What kind of work did he usually do for this employer? Any more work as an employee since September 2000?		
C64	Blank		

Question Number	Question	Source	Justification
C65	Let’s talk about [EMPLOYER]. When did [HUSBAND] first start working for this employer?	NLSY 79, modified	
C66	Is he currently working for this employer?	NLSY 79	
C67	When did he last stop working for this employer?	NLSY 79	
C68	How much does [HUSBAND] usually earn per week from this employer?	NLSY 70, Modified	
C69	How many hours per week does he usually work for this employer?	NLSY 79	
C70	During the past month, did he do any small jobs, other than any already mentioned, to bring in extra money like babysitting, home repairs, mowing lawns, house cleaning, cooking, or things like that?	MTO Baseline	
C70a	How many hours did he usually work a week at these small jobs?	MTO Baseline, Modified	
SECTION D: INCOME AND PUBLIC ASSISTANCE			
D1	Are you or your (child/children) now receiving help from the Supplemental Security Income program, called SSI?	3CITY	D1-13 These questions measure current receipt of cash assistance from various sources. Changes in residential location facilitated by MTO may be expected to affect public assistance (SSI, TANF, and Food Stamps) in several ways. In the short run, disruption of social networks could make it more difficult for MTO movers to find work and arrange (informal) childcare. But community norms in low-poverty areas are less likely to be accepting of welfare than the norms in public housing. And in the longer run, better labor market opportunities in low-poverty areas are expected to lead to higher employment rates, greater earnings, and less dependence on cash benefits.

Question Number	Question	Source	Justification
D2	Is the SSI for you or for your (child/children)?	3CITY, modified	
D3	In what month and year did [you/your child/your children] start receiving SSI benefits?	3CITY	
D4	Workers sometimes receive a tax refund check—early in the year—from the Earned Income Tax Credit or because they overpaid taxes in the previous year. Did you receive a tax refund check from the federal government in 2001?	Original	D4-4a As outcome, these questions measure receipt of EITC benefit for the working poor.
D4a	How much was your tax refund?	Original	
D5	What kind of health insurance or health care coverage do you have for yourself?	NHIS97, modified	D5 This question measures receipt of Medicare or Medicaid (as well as coverage by other forms of health insurance). Transitions in health care coverage, from public programs to private insurance, can be difficult to achieve and can lag other improvements in economic well-being. This outcome is important for distinguishing stages in improved economic circumstances that may be associated with low-poverty moves.
D6	Are you or your (child/children) regularly receiving welfare benefits now?	3CITY, modified	D6-12 This sequence measures recent welfare receipt and (if appropriate) reasons for leaving welfare. Welfare agencies in low-poverty and suburban areas may have greater resources and be more effective in moving families from welfare to work. Other changes hypothesized to result from low-poverty moves (e.g., reduced stress, improved mental health, and greater monitoring of youth by community) are likely to ease parents' welfare-to-work transitions. Finally, MTO-Baltimore research suggested that the MTO experimental group was more likely to leave welfare with employment coded as the reason for exit, but the UI records did not record these jobs. Data from this survey should resolve the apparent paradox and clarify welfare-to-work transitions for the MTO population.

Question Number	Question	Source	Justification
D7	Have you or your (child/children) received welfare benefits at any time during the past two years?	Original	
D8	During the past two years, was there ever a time when you stopped receiving welfare for more than two months?	Original	
D9	Did you go off welfare at that time because the welfare office said you weren't following the rules or was there some other reason?	3CITY	
D10	Which rules did the welfare office say you were not following?	3CITY	
D11	What was the main reason you went off welfare?	3CITY	
D12	Did you get any help from a welfare agency or government program finding a job or getting special training for a job during the first three months after you went off welfare most recently?	NSAF	
D13	Are you or your (child/children) now receiving Food Stamps?	3CITY	D13 This question measures receipt of benefits and also indicates whether the working poor have access to Food Stamps. See justification for other cash assistance (for D1-13).

Question Number	Question	Source	Justification
D13b	In a typical week, how many days do you eat at least some green vegetables or fruit?	NLSY97	D13b This question measures one aspect of adult nutrition, which may be affected by income levels, by social norms, and also by the availability and marketing of different types of foods in different neighborhoods, factors that may be affected by MTO moves. This question will complement findings on income and findings on adult health, allowing us to see whether eating habits are influenced by location. The Surgeon General has identified nutrition as a leading health indicator in its own right; it is also an important mediator for other outcomes such as obesity.
D14	Now I am going to read you three statements that people have made about their food situation. Please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for you and the other members of your household in the last 12 months.	3CITY	D14-17 These questions form the Department of Agriculture's standard short battery on food security. They measure important aspect of family well-being and shed light on the impact of changes in public assistance status, employment, and earnings. They form a scale representing different degrees of food insecurity.
D14a	The first statement is "We worried whether our food would run out before we got money to buy more." Was that often true, sometimes true, or never true for your household in the last 12 months?	CPS	
D14b	"The food we bought just didn't last, and we didn't have money to get more."	CPS	
D14c	"We couldn't afford to eat balanced meals."	CPS, USDA	
D15	In the last 12 months did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?	CPS	
D15a	How often did this happen-almost every month, some months but not every month, or in only 1 or 2 months?	CPS	

Question Number	Question	Source	Justification
D16	In the last 12 months, did you ever eat less than you thought you should because there wasn't enough money to buy food?	CPS	
D17	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?	CPS	
D18	About how many days per week do you and your (child/children) all eat dinner together?	LANFANS	D18 This question provides a measure of family routines and values.
D19	How much did you earn from all your employers before taxes and deductions during the past 12 months?	Census 2000, modified	<p>D19-26 The data from these questions will be combined to measure the respondent's (household head's) total income. Income is a key measure of economic well-being, which is expected to improve for those who moved to low-poverty areas through MTO, compared to controls. Total income for others in the household is collected in the household roster (Section G). These data can be combined to derive total household income.</p> <p>To overcome the typical extent of missing data for income questions, questions D19a-e are a series of probes to bracket the income level. They will help us approximate labor income and address possible gaps in income data. This procedure was also used when asking about labor income of spouses (D23-D26) and other household members in the household roster (Section G).</p>
D19a	Would it amount to \$10,000 or more?		
D19b	Would it amount to \$20,000 or more?		
D19c	Would it amount to \$25,000 or more?		
D19d	Would it amount to \$15,000 or more?		
D19e	Would it amount to \$5,000 or more?		

Question Number	Question	Source	Justification
D20	During the past 12 months, how much income did you receive from any businesses you have, from work on the side that you did, or from dividends, interest, or rental property you own?	Census 2000, modified	
D21	How much did you receive altogether from the government in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that during the past 12 months?	Census 2000, modified	
D22	How much did you receive from all other sources, such as alimony or child support, pensions, help from friends or relatives, or anything else during the past 12 months?	Census 2000, modified	
D23	How much did he earn from all his employers before taxes and deductions during the past 12 months?		
D23a	Would it amount to \$10,000 ore more?		
D23b	Would it amount to \$20,000 ore more?		
D23c	Would it amount to \$25,000 ore more?		
D23d	Would it amount to \$15,000 ore more?		
D23e	Would it amount to \$5,000 ore more?		
D24	During the past 12 months, how much income did [SPOUSE] receive from any businesses he has, from work on the side that he did, or from dividends, interest, or rental property he owns?		

Question Number	Question	Source	Justification
D25	How much did he receive altogether from the government in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that during the past 12 months?		
D26	How much did [SPOUSE] receive from all other sources, such as alimony or child support, pensions, help from friends or relatives, or anything else during the past 12 months?		
SECTION E: OUTLOOK AND SOCIAL NETWORKS			
E1	About how many CLOSE FRIENDS do you have these days? These are people you feel at ease with, can talk to about private matters, or call on for help. Would you say that you have no close friends, one or two, three to five, six to ten, or more than ten?	SCCBS	<p>E1-E6</p> <p>These questions concern the formation of new friendships and maintenance of old ones. They support analyses of degree of social isolation, the breadth of the respondent's social network, and the degree of support available from friends after a low-poverty move. The questions measure various aspects of social networks, including the respondent's integration into the new community, the density of the community links, and the level and the type of information available to the respondent. Questions E4-E4b obtain information on whether respondents know as friends people who could be role models for educational achievement or economic self-sufficiency.</p>
E2	The next few questions are about all your friends. Some people have friends who mostly know one another. Other people have friends who don't know one another. Would you say that: all your friends know one another, most of your friends know one another, only a few friends know one another, or none of your friends know one another?	GSS, slightly modified	
E3	How many of your friends live in the same neighborhood as you?	MTO Baseline	

Question Number	Question	Source	Justification
E4 E4a E4b	Thinking about everyone that you would count as a friend, not just your close friends, do you have a friend who: — graduated from college? — earns more than \$30,000 a year?	SCCBS, modified	
E5	During the past thirty days, about how often have you had friends or relatives over to your home? Every day; several days a week; twice a week; about once a week; 2-3 times in the past month; once in the past month; or not at all in the past month?	MTO Boston	
E6	During the past thirty days, about how often have you visited with friends or relatives at their homes?	MTO Boston	
E7	Thinking about your neighborhood now, would you say it is...	Original	<p>E7-10</p> <p>These questions measure the degree to which respondents who moved through MTO perceive that they moved away from the neighborhoods of high-poverty public housing developments and the extent to which they remain tied to those areas through personal relationships. It is hypothesized that, the closer or more numerous the ties back to the origin neighborhoods, the less respondents will be influenced by—or take advantage of—the differences offered by low-poverty areas.</p>
E8	Do you still have friends in your old neighborhood, where you lived at [BASELINE ADDRESS]?	Original	
E9	How often do you go back to visit friends in that old neighborhood?	Original	
E10	How often do your friends from that old neighborhood visit you?	Original	

Question Number	Question	Source	Justification
E11	[INTERVIEWER, HAND RESPONDENT CARD WITH RESPONSE CATEGORIES. RECORD "UNSURE" IF ANSWER IS BETWEEN LIKELY AND UNLIKELY; DK IF DOES NOT UNDERSTAND THE QUESTION.		E11-11b These questions measure the adult's view of the level of community monitoring of youth. One of the major theories of community-level change is that low-poverty neighborhoods socialize their youth differently than poor neighborhoods, toward achievement and learning, and away from anti-social behavior.
E11a	If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it? Very likely, likely, unsure, unlikely, or very unlikely.	LAFANS	
E11b	If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it?	LAFANS	
E12	Now, I want to ask you some questions about how you view other people. Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?	GSS & SCCBS	E12-15 These questions provide a measure of civic engagement—the respondent's involvement with the larger community. While engagement is not a middle-class phenomenon (there are many examples of well-organized, activist communities in working-class and poor neighborhoods), here we wish to see whether those who have moved to low-poverty areas are becoming engaged with these communities.
E13	How often do you stop to chat with a neighbor in the street or hallway? Would you say almost every day; once a week; once a month; a few times a year; or almost never?	MTO Baseline	

Question Number	Question	Source	Justification
E14	In the past 12 months, how often have you gone to church or attended other religious services? Never in the past 12 months; several times in the past 12 months; once a month; once a week; or more than once a week?	3CITY, modified	
E15	In the past 12 months, have you taken part in any sort of activity with people at your church or place of worship other than attending services? This might include teaching Sunday school, serving on a committee, attending choir rehearsal, retreat, or other things.	SCCBS, modified	
SECTION F: HEALTH			
F1	Would you say your health in general is excellent, very good, good, fair, or poor?	NHIS99	F1 This question measures sample members' general health, one of the key outcome variables in the study. Findings from the MTO Boston study suggest that general health status improves with moves to low-poverty areas. Health status is highly correlated with current medical conditions and future mortality experience. MTO moves can affect health outcomes through: reduction in stress associated with living in a high-poverty area, leading to improvements in mental health; a safer environment and less need to spend time monitoring children, allowing more exercise; reduced exposure to persons engaged in drug use; and greater optimism about the future, leading to increased use of preventive health care.
F2	Have you ever been told by a doctor or other health professional that you had asthma?	NHIS99	F2-5 These questions measure the incidence of asthma in the study population. Asthma incidence is known to be higher in high-poverty communities and communities with older housing stock, possibly due to crowding, poor air quality, stress, and/or exposure to allergens from cockroaches, mites, mice, and cigarette smoke. Unlike many other chronic health problems, asthma is highly sensitive to current environmental conditions; the MTO Boston research suggests reductions due to moves out of public housing.

Question Number	Question	Source	Justification
F3	During the past 12 months, have you had an episode of asthma or an asthma attack?	NHIS99	
F4	During the past 12 months, have you had a wheezing or whistling sound in your chest?	NHIS99	
F5	How many attacks of wheezing or whistling have you had in your chest during the past 12 months?	NHIS99	
F5a	Have you <i>ever</i> been told by a doctor or other health professional that you had hypertension, also called high blood pressure?	NHIS99	F5a-5d Data from these questions will be used with the direct measures of adult blood pressure. See justification for items F13-F17b.
F5b	Were you told on two or more <i>different</i> visits that you had hypertension, also called high blood pressure?	NHIS99	
F5c	Was any medication ever prescribed by a doctor to help you lower your blood pressure?	NHIS99	
F5d	Are you <i>now</i> taking prescribed medicine for your high blood pressure?	NHIS99	
F6	Is there a place where you <i>usually</i> go to when you are sick or need advice about your health?	NHIS99	F6-6a The MTO treatment may directly affect health care resources, including the range of providers and the distance to providers from home. Changes in these resources may be reflected in respondents' use of non-emergency health care services. Health insurance status is measured earlier in the instrument, access to care follows these questions.
F6a	What kind of place is it? A clinic, doctor's office, emergency room, or some other place?	NHIS99	

Question Number	Question	Source	Justification
F7	Is there a place where [child] usually goes when (he/she) is sick or you need advice about (his/her) health?	NHIS99, modified	F7-9c These questions are about access to care, an important mediator of health outcomes. If MTO produces increased levels of employment and improvement in quality of jobs, treatment group members may have greater access to employer-provided access to care. On the other hand, increased earnings could lead families to fail to qualify for Medicaid. And some may not be offered (or may not elect) employer-provided health insurance. Furthermore, MTO moves away from the urban core may reduce access to low-cost care. For those who live in the suburbs, transportation to a close-by health center (as well as possibly higher costs for the health services offered there) may prove obstacles to care. These data will help us understand the reasons people did not receive care, in order to assess whether any treatment effects are due to cost, access, or information.
F7a	What kind of place does [NAME] go to most often – a clinic, doctor’s office, emergency room, or some other place?	NHIS99	
F8	About how long has it been since [child] last saw or talked to a doctor or other health care professional about (his/her) health? Would you say...	NHIS99, modified	
F9	During the past 12 months, was there any time when you or your children needed medical care but did not get it? There are many reasons people do not get medical care. During the past 12 months, did you or your children not get care for any of the following reasons:	Original; similar to NHIS99	
F9a	--You couldn’t afford it?		
F9b	--You didn’t have transportation?		
F9c	--You didn’t know whom to see?		
F10	The next questions are about activities you might do during a typical day.	SF-36	F10-10b These questions measure difficulty with some activities of daily living and serve as additional indicators of overall health status (see F1). If the MTO treatment has a positive effect on adults’ overall mental and physical health, we expect that such improvements will be reflected in improved performance in activities of daily living. Physical mobility and daily functioning are also potential mediators of other outcomes. Treatment group adults in good health may be better able to take advantage of the opportunities provided in the new neighborhood than those in poor health and with limited mobility.
F10a	The first activity is lifting or carrying groceries. Does your health limit you in this activity a lot, a little, or not at all?	SF-36, modified	
F10b	The second activity is climbing several flights of stairs. Does your health now limit you in this activity a lot, a little, or not at all?	NLSY79	

Question Number	Question	Source	Justification
F11	In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that cause small increases in breathing or heart rate?	BRFSS2001, modified	F11-12 These questions measure the extent of physical exercise among sample members, a mediator of overall health. Moves to low-poverty neighborhood could promote increased exercise due to a safer physical environment, readier access to recreational space, less need for parents to supervise children constantly, and thus more time for adults to devote to their own activities, including exercise. On the other hand, transitions to employment could limit the time available for exercise.
F12	How many days per week do you do these moderate activities for at least 10 minutes at a time?	BRFSS2001, modified	
F13	[INTERVIEWER: [RECORD AUTOMATIC DEVICE MEASUREMENT NUMBER HERE]		F13-17b Elevated blood pressure (hypertension) has a well-known association with increased risk of cardiovascular disease and is a particularly acute issue for African-Americans. While blood pressure has a substantial genetic component, it is also a function of stress, weight, and activity patterns such as exercise and diet—all of which could be affected by living in a new neighborhood with different social norms. Increasing evidence suggests that variations in the magnitude and timing of blood pressure response to stress are associated with heightened risk of developing hypertension and accelerated arteriosclerosis, especially in the context of low incomes (or high job demands). There is also considerable evidence of links between distressed psychosocial states and heightened blood pressure. These are all possible pathways through which MTO may affect blood pressure. Using automated sphygmomanometers approved by the American Association for the Advancement of Medical Instrumentation Standard (accepted by the FDA as the national standard), we will directly measure adult blood pressure.
F13a	[INTERVIEWER: [RECORD MEASUREMENT OF PARTICIPANT'S UPPER ARM CIRCUMFERENCE HERE.]		
F13b	[INTERVIEWER: [RECORD MEASUREMENT OF PARTICIPANT'S FOREARM CIRCUMFERENCE HERE, AND MEASURE USING FOREARM]		
F14	How many hours has it been since you had your last meal?		
F15	INTERVIEWER: [RECORD ROOM TEMPERATURE HERE]		
F15a	CAPI PROGRAMMER: [RECORD TIME STAMP OF TIME OF DAY]		
F16	[INTERVIEWER: RECORD BLOOD PRESSURE MEASUREMENT HERE]		
F16a	[HAND THE RESPONDENT THE CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. THANK THE RESPONDENT. SKIP TO F18]		
F16b	[INTERVIEWER: RECORD SECOND BLOOD PRESSURE READING HERE]		

Question Number	Question	Source	Justification
F16c	[CAPI PROGRAMMER: CALCULATE THE AVERAGE OF TWO BLOOD PRESSURE READINGS FROM F16 AND F16b: IF AVERAGE BLOOD PRESSURE FALLS INTO “IMMEDIATE REFERRAL: CATEGORY CONTINUE, OTHERWISE SKIP TO F16d] In order to make sure we have measured your blood pressure accurately, we will continue with the next set of questions, and at the end of the interview, I will ask you to let us take your blood pressure measurement again. [THANK THE RESPONDENT, SKIP TO F18]		
F16d	[CAPI PROGRAMMER DISPLAY AVERAGE OF TWO BLOOD PRESSURE READINGS.]		
F16e	[INTERVIEWER: IF AVERAGE BLOOD PRESSURE READING IS NORMAL, HAND RESPONDENT THE CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. ALSO INCLUDE:]		
F17a	[INTERVIEWER, IF BLOOD PRESSURE FALLS UNDER “URGENT REFERRAL” CATEGORY: HAND THE RESPONDENT CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. ALSO INCLUDE:] Since it appears that your blood pressure is high, we would like to provide your doctor with this information and provide a copy of your blood pressure readings to help him or her better monitor your health. Would you feel comfortable if I contacted your doctor to communicate information about you blood pressure?		

Question Number	Question	Source	Justification
F17b	Could you give me his/her name and tell me how I can contact him/her?		
F18	About how tall are you without shoes?	NHIS97	F18-19 Data from these questions will be used to measure obesity, a basic health outcome with higher incidence in low-income populations in the U.S. Moves to low-poverty neighborhoods may reduce obesity through several mechanisms: lower incidence of depression and stress; behavioral changes (like exercise); different social norms about eating habits. Finally, if moving to low-poverty neighborhood increases discretionary spending on food, access to a better diet could also reduce obesity.
F19	About how much do you weigh without shoes?	NHIS97	
F20 F20a F20b F20c F20d F20e F20f F20g	How much of the time during the past month have you felt... —So sad that nothing could cheer you up? —Nervous? —Restless or fidgety? —Hopeless? —That everything was an effort? —Worthless? —Calm and peaceful?	NHIS99	F20-31 These questions measure depression, anxiety, and stress. Numerous studies have demonstrated higher incidences of depression and anxiety among low-income populations and those living in low-income communities. The rate of depression among the MTO population prior to intervention was significantly higher than that in the community at large. The MTO treatment can directly affect these mental health outcomes by reducing the stress associated with living in a violent, high-crime, high-poverty community. But it is possible that treatment group members will experience increased feelings of social isolation as a result of moving to a new community, contributing to increased depression. F20-20g This question sequence forms the <i>Mental Health Inventory Scale</i> , which is designed to encompass a full range of both positive and negative affect. It is included to complement other questions that focus specifically on identifying psychological disorders.
F21	During the past 12 months, was there ever a time when you felt sad, blue or depressed for two weeks or more in a row?	NHIS99	F21-31 This sequence is the CIDI-SF-MDE scale, used to generate a predicted value for a DSM-IV diagnosis of major depressive episode, based on the number of reported symptoms. It involves questions about basic indicators of depressive episodes, such as lack of concentration, sleep, and interest in life. See F20-31 (above) for the hypothesized relationship of depression to MTO treatment.

Question Number	Question	Source	Justification
F22	Now for the next few questions, please think of the two-week period during the past 12 months when these feelings were the worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?	NHSDA	
F22a	During those two weeks, did you feel this way every day, almost every day, or less often?		
F22b	During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?		
F22c	Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?		
F23	During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?		
F24	For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week, period did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?		

Question Number	Question	Source	Justification
F24a	Did you feel this way every day, almost every day, or less often during the two weeks?		
F25	During those two weeks did you feel more tired out or low on energy than is usual for you?		
F26	Did you gain or lose weight without trying, or did you stay about the same?		
F27	About how much did (you gain/you lose/ your weight change)?		
F28	During those same two weeks, did you have more trouble falling asleep than you usually do?		
F28a	Did that happen every night, nearly every night, or less often during those two weeks?		
F29	During those two weeks, did you have a lot more trouble concentrating than usual?		
F30	People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?		
F31	Did you think a lot about death—either your own, someone else's, or death in general during those two weeks?		

Question Number	Question	Source	Justification
F32	During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?	NHSDA	F32-32a, 32b F32-F32a are the initial stem questions for the CIDI-SF GAD scale. The full scale is used for classification of the DSM-IV diagnosis of Generalized Anxiety Disorder. Because GAD does not have sufficiently high incidence in the overall population, we do not expect to observe measurable changes in GAD as a result of the MTO treatment. However, the percentage of the population answering affirmatively to the stem questions will provide an indication of whether the prevalence of anxiety changes as result of the MTO intervention.
F32a	People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?	NHSDA	F32b The question measures amount of sleep, which is a physiological marker of mental health and constitutes an observable event (unlike the other questions on mental health).
F32b	How long do you usually spend sleeping each night? Do not include time spent resting.	CGSS	
F33	In any one year, have you had at least 12 drinks of any type of alcoholic beverage?	NHIS99	F33-40 These questions measure the incidence and intensity of alcohol consumption and alcohol-related problems in the sample population. The question sequence is the CIDI-SF AD scale, which generates a predicted probability of DSM-IV diagnosis for alcohol abuse/dependence. There are several mechanisms through which moves to low-poverty neighborhoods may influence alcohol consumption. Depression is correlated with alcohol use; social norms regarding alcohol use may change; and residents of high-poverty neighborhoods are more likely to be exposed to advertisements for alcohol. Alcohol consumption is more subject to behavioral control than other chronic health conditions and may therefore be more likely to change in response to the MTO treatment.

Question Number	Question	Source	Justification
F34	In the past 12 months, how often did you usually have at least one drink – nearly every day, three to four days a week, one to two days a week, one to three days a month, less than once a month, or not at all in the past 12 months?	NCSR	
F35	On the days you drank in the past 12 months, about how many drinks did you usually have per day?	NCSR	
F36	In the past 12 months, on how many days did you have 5 or more drinks of any alcoholic beverage?	NHIS99, modified	
F37	[INTERVIEWER: IF DRANK 1+ DAYS PER WEEK OR 3+ AVERAGE DRINKS AT LEAST MONTHLY (F34<=3 OR (F34=4 AND F35>=3)), THEN CONTINUE; OTHERWISE SKIP TO F41.] The next questions are about problems you may have had because of drinking during the past 12 months. Did your drinking or being hung over frequently interfere with your work or responsibilities at school, on a job, or at home during the past 12 months?		
		NCSR	
F38	During the past 12 months, did your drinking cause arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?	NCSR	
F38a	Did you continue to drink even though it caused problems with these people	NCSR	

Question Number	Question	Source	Justification
F39	During the past 12 months, were you often under the influence of alcohol in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else?	NCSR	
F40	During the past 12 months, were you arrested or stopped by the police more than once because of drunk driving or drunk behavior?	NCSR	
F41	Have you smoked at least 100 cigarettes in your entire life?	NHIS99	F41-44 This sequence of questions measures the prevalence and intensity of tobacco use in the sample population. Residents of high-poverty neighborhoods are more likely to be tobacco-dependent than residents of low-poverty neighborhoods. Tobacco use could be affected by moves to low-poverty neighborhoods through several mechanisms. Depression and stress are correlated with tobacco use; social norms about tobacco use could change; and exposure to cigarette advertising, particularly advertising targeted at minority groups, could decline.
F42	On how many of the past 30 days did you smoke a cigarette?	NHIS99	
F43	On the average when you smoked during the past 30 days, about how many cigarettes did you smoke a day?	NHIS99	
F44	How long has it been since you quit smoking cigarettes?	NHIS99	
SECTION G: HOUSEHOLD COMPOSITION (HOUSEHOLD ROSTER)			
G1	[IF MEMBER=SPOUSE]: the next questions are about [SPOUSE].		
G1a	Is (MEMBER) still living with you?	MTO Canvass	G1a-1m In this sequence, household members are tracked as part of the longitudinal study. These questions are a review of household composition, including updated information on members who moved from the household.

Question Number	Question	Source	Justification
G1b	When did (he/she) move?	MTO Canvass	
G1c	Do you know (MEMBER'S) address?	MTO Canvass	
G1c1	What is his/her street address?	MTO Canvass	
G1c2	Is there a complex/building name?	MTO Canvass	
G1c3	Is there an apartment number?	MTO Canvass	
G1c4	In what city?	MTO Canvass	
G1c5	In what state?	MTO Canvass	
G1c6	What is the zip code?	MTO Canvass	
G1d	Is there any other information regarding his/her whereabouts that you could tell us about?		
G1e	Who is the head of the household at (MEMBER)'s new address?	MTO Canvass	
G1f	What is (his/her) relationship to the head of that household?	MTO Canvass	
G1g	Do you have a phone number for (him/her)?	MTO Canvass	
G1g1.	Please tell me (his/her) new telephone number beginning with area code.	MTO Canvass	
G1h	FOR DECEASED MEMBERS ONLY: I'm sorry for your loss. For our records, could you tell us when (MEMBER) passed away?	MTO Canvass	
G1i	What is (his/her) race?	MTO Baseline	
G1j	Is (he/she) Hispanic or non-Hispanic?	MTO Baseline	
G1j1	What is (his/her) date of birth?	MTO Canvass	

Question Number	Question	Source	Justification
G1j2	Is [MEMBER] (a boy or girl/male or female?)	MTO Canvass	
G1k	INTERVIEWER: CHECK BIRTH YEAR OF MEMBER	MTO Baseline	
G1l	What is (his/her) marital status?	LAFANS, modified	
G1m	What is the highest grade of school that (he/she) has ever completed?		
G2a	Last week, did [MEMBER] do any work for pay?	MTO Canvass	G2a-2e These questions inquire about the employment of household members and their incomes. Movers into low-poverty neighborhoods are expected to experience higher rates of employment and better earnings, but due to these higher earnings, the receipt of public assistance is likely to decline. (This information was gathered earlier in the survey on the respondent and spouse.)
G2b	How much did (he/she) earn from all (his/her) employers before taxes and deductions during the past 12 months?	Census 2000, modified	
G2b1	Would it amount to \$10,000 or more?	Original	
G2b2	Would it amount to \$20,000 or more?	Original	
G2b3	Would it amount to \$25,000 or more?	Original	
G2b4	Would it amount to \$15,000 or more?	Original	
G2b5	Would it amount to \$5,000 or more?	Original	
G2c	During the past 12 months, how much did (he/she) receive from any business he/she has, from work on the side he/she has done, or from dividends, interest, or rental property he/she owns?	Census 2000, modified	

Question Number	Question	Source	Justification
G2d	How much did (he/she) receive from the government altogether in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that in the past 12 months?	Census 2000, modified	
G2e	How much did (he/she) receive from all other sources, such as alimony or child support, pensions, help from family or friends, or anything else during the past 12 months?	Census 2000, modified	
G3	Are there any other people living in your household, whom we have not already discussed?	MTO Canvass	G3-5e These questions gather basic identifying information on new members of the household so that they can be tracked longitudinally. These members are tracked as long as they remain part of the household. For these members as well, we inquire about the income and public assistance to help measure total household income.
G3a1	What is the (FIRST/SECOND/THIRD) other member's first name,	MTO Canvass	
G3a2	What is his/her middle name?	MTO Canvass	
G3a3	What is his/her last name?	MTO Canvass	
G3a4	Does his/her name have a suffix?	MTO Canvass	
G3b	What is [OTHER MEMBER'S] date of birth?	MTO Canvass	
G3c	What is [OTHER MEMBER'S] relationship to you?	MTO Canvass	
G3d	INTERVIEWER: IF SEX KNOWN, RECORD; OTHERWISE ASK: Is [OTHER MEMBER] (a boy or girl/male or female)?	MTO Canvass	
G3e	Is (he/she) in school?	MTO Canvass	
G3f	What grade or year?	MTO Canvass	

Question Number	Question	Source	Justification
G3g	What is (his/her) race?	MTO Baseline	
G3h	Is (he/she) Hispanic or non-Hispanic?	MTO Baseline	
G3i	What is [OTHER MEMBER'S] Social Security Number?	MTO Baseline	
G3j	INTERVIEWER: CHECK BIRTH YEAR OF MEMBER.	MTO Baseline	
G3k	What is (his/her) marital status?	MTO Canvass	
G4	Last week, did [OTHER MEMBER] do any work for pay?	MTO Canvass	
G4a	How much did [OTHER MEMBER] earn from all (his/her) employers before taxes and deductions during the past 12 months?	MTO Canvass	
G4a1	Would it amount to \$10,000 or more?	Original	
G4a2	Would it amount to \$20,000 or more?	Original	
G4a3	Would it amount to \$25,000 or more?	Original	
G4a4	Would it amount to \$15,000 or more?	Original	
G4a5	Would it amount to \$5,000 or more?	Original	
G4b	During the past 12 months, how much did (he/she) receive from any business he/she has, from work on the side he/she has done, or from dividends, interest, or rental property he/she owns?	MTO Canvass	

Question Number	Question	Source	Justification
G4c	How much did (he/she) receive from the government altogether in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that in the past 12 months?	MTO Canvass	
G4d	How much did (he/she) receive from all other sources, such as alimony or child support, pensions, help from family or friends, or anything else during the past 12 months?	MTO Canvass	
G4e	Are there any other members in your household?	MTO Canvass	
G5	What is the total combined income of all members of this household during the past 12 months? Please include money from jobs, work on the side, welfare, SSI, help from your family and friends, and any other money income received by you or any other household member.		
G5a	Would it amount to \$10,000 or more?		
G5b	Would it amount to \$20,000 or more?		
G5c	Would it amount to \$25,000 or more?		
G5d	Would it amount to \$15,000 or more?		
G5e	Would it amount to \$5,000 or more?		

Question Number	Question	Source	Justification
SECTION H: SECONDARY CONTACTS			
H1	The first contact person you provided is [FIRST CONTACT NAME]. Is his/her address still [FIRST CONTACT ADDRESS]?	MTO Canvass	H1-H10a The MTO population is highly mobile. We know from prior tracking efforts that both addresses and phone numbers change frequently. In order to maintain the panel for the full length of the demonstration, we ask each respondent to provide up to three secondary contacts, who will always know how to find the respondent. We confirm past data or collect name, address, and phone information, as well as the nature of relationship to the respondent, for each of these contacts.
H1a	What is his/her new street address		
H1b	Is there a complex/building name?		
H1c	Is there an apartment number?		
H1d	In what city?		
H1e	In what state?		
H1f	What is the zip code?		
H2	What's the best phone number to reach (him/her) at starting with the area code?		
H3	The second contact person you provided is [SECOND CONTACT NAME]. Is his/her address still [SECOND CONTACT ADDRESS]?		
H3a	What is his/her new street address?		
H3b	Is there a complex/building name?		
H3c	Is there an apartment number?		
H3d	In what city?		

Question Number	Question	Source	Justification
H3e	In what state?		
H3f	What is the zip code?		
H4	What's the best phone number to reach (him/her) at starting with the area code?		
H5	The second contact person you provided is [THIRD CONTACT NAME]. Is his/her address still [THIRD CONTACT ADDRESS]?		
H5a	What is his/her new street address?		
H5b	Is there a complex/building name?		
H5c	Is there an apartment number?		
H5d	In what city?		
H5e	In what state?		
H5f	What is the zip code?		
H6	What's the best phone number to reach (him/her) at starting with the area code?		
H7	Could you tell us the name of a person who does not live with you and will always know how to contact you?		
H7a	What is his/her first name?		
H7b	What is his/her middle name?		
H7c	What is his/her last name?		

Question Number	Question	Source	Justification
H7d	Does his/her name have a suffix?		
H8	What is (his/her) street address?		
H8a	Is there a complex/building name?		
H8b	Is there an apartment number?		
H8c	In what city?		
H8d	In what state?		
H8e	What is the zip code?		
H9	What's the best phone number to reach (him/her) at starting with the area code?		
H10	Is she/he a friend or a relative, or what is (his/her) relationship to you?		
SECTION I: BLOOD PRESSURE MEASUREMENT &			
I1	[INTERVIEWER: CHECK AGES OF SAMPLED CHILDREN IN THE HOUSEHOLD. GO TO J1 FOR UP TO TWO SAMPLED CHILDREN AGES 5-19 ON JUNE 1, 2001.]	Original	I1 This instruction directs interviewers to the Parent-on-Child/Youth module.
I2	[INTERVIEWER: IF RESPONDENT FELL UNDER THE "IMMEDIATE REFERRAL" CATEGORY WITH THE FIRST SET OF BP MEASUREMENTS IN SECTION F (BP >=200/120), CONTINUE. OTHERWISE SKIP TO I2.]	Original	I2-I2i These items repeat the blood pressure measurements for those respondents who were detected to have extremely high levels of blood pressure (BP>=200/120) in the first set of readings taken in Section F. Before we refer them immediately to the doctor or hospital, we want to make sure that our blood pressure measurements are accurate. For the rationale of including direct blood pressure measurements in the MTO study, please refer to the justification provided under items F13-17b.
I2a.	[CAPI PROGRAMMER: RECORD TIME STAMP OF TIME OF DAY]		
I2b	[INTERVIEWER: RECORD BLOOD PRESSURE MEASUREMENT HERE]		

Question Number	Question	Source	Justification
I2c	[INTERVIEWER: TAKE AN ADDITIONAL BP MEASUREMENT. RECORD MEASUREMENT HERE]		
I2d	[CAPI PROGRAMMER: CALCULATE AVERAGE OF ALL FOUR BLOOD PRESSURE READINGS IN F16, F16b, I2b and I2c AND DISPLAY]		
I2e	.[INTERVIEWER: IF RESPONDENT HAS NORMAL BLOOD PRESSURE, HAND THE RESPONDENT CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. THANK THE RESPONDENT. SKIP TO N1]		
I2f	[INTERVIEWER: IF RESPONDENT FELL UNDER “URGENT REFERRAL” CATEGORY, HAND THE RESPONDENT CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. ALSO INCLUDE:]		
I2g	Could you give me his/her name and tell me how I can contact him/her?		
I2h	[INTERVIEWER: IF RESPONDENT FELL UNDER THE “IMMEDIATE REFERRAL” CATEGORY, HAND THE RESPONDENT CARD WITH HIS/HER BLOOD PRESSURE INFORMATION AND EXPLAIN. ALSO INCLUDE:]		
I2i	Could you give me his/her name and tell me how I can contact him/her?		

Question Number	Question	Source	Justification
SECTION N MTO EXPERIENCES			
N1	That's all the specific questions that I have. Is there anything else that you would like to tell me about your neighborhood, or experiences, or any suggestions that you might have for improving housing programs?	MTO-Boston	Section N This is the debriefing section of the survey. After the Parent-on-Child/Youth module(s), it provides respondents with an opportunity to express freely their feelings toward the MTO program and the changes it may have made in their lives.

Parent-on-Child/Youth Module: Item-by-Item Justification

Question Number	Question	Source	Justification
SECTION J: EDUCATION			
J1	What is the highest grade or year of school [CHILD] has ever completed?	LAFANS Parent–F31; modified	J1-7 (J1-3b YOUTH ONLY, J4-6 CHILD ONLY) These questions measure the child’s educational attainment to date and whether he/she is currently enrolled in school. Combined with information on the child’s age and school history (see below), the questions permit analysis of educational progress, an important child outcome.
J2	Has (he/she) received a regular high school diploma? Do not include a GED.	Original; similar to NLSY97	
J3	Has (he/she) received a GED?	Original; similar to NLSY97	
J3a	Is [CHILD] currently enrolled in college?		
J3b	When was [CHILD] last enrolled in high school?	Original	
J4	Did child ever participate in any early intervention program, such as Head Start, Even Start, or Fair Start?	Original	
J5	Is [CHILD] in school now?	MTO-Baseline, modified	
J6	Why doesn’t [CHILD] attend school?	LAFANS	J8-12 This sequence obtains the child’s/youth’s school history. Questions J9-J12 will be repeated for all the schools attended since random assignment in the MTO program. Data on school history are needed in order to understand whether school changes followed the residential location changes brought about by the MTO intervention. If, as hypothesized, schools in low-poverty neighborhoods
J7	Has (he/she) received a GED?	Original	
J8	When was [CHILD] last enrolled in high school?	Original; similar to NLSY97	
J9	What is the full name of the school [CHILD] (is attending /most recently attended)?	Original	

Question Number	Question	Source	Justification
J10	Is/was this school a...[TYPE OF SCHOOL]	LAFANS	will be important in shaping the educational attainment and economic prospects of MTO children and youth, it is necessary to know whether they attended those schools or whether (for a variety of reasons) they were schooled elsewhere (and where). Identification of schools will allow us to link to rich data on school performance and student body socioeconomic characteristics in the school(s) the child/youth is attending/has attended, factors which might determine the extent to which schools mediate MTO impacts.
J11	Where is this school located?	LAFANS	
J12	For which grade(s) did [CHILD] attend this school?	Original	
J13	Has [CHILD] ever repeated a grade?	LAFANS	J13-14a Grade retention is a major aspect of educational progress. However, it may reflect not only the child's/youth's educational efforts and academic achievement but also differences in the policy and standards of schools located in lower-poverty neighborhoods, compared to those in higher-poverty neighborhoods.
J14	Which grades did [CHILD] repeat?	LAFANS	
J14a	IF YES: Did [CHILD] repeat [GRADE] in same school?	Original	
J15	Has [CHILD] ever been suspended or expelled?	LAFANS	J15-15a, J17 These questions measure child/youth disciplinary problems and school sanctions. Behavior in school may be affected by the MTO treatment through peer influences and school norms. Disciplinary problems may be symptomatic of a child's/youth's difficulty in adjusting to a different school. Sanctions could reflect both a change in the child's/youth's behavior and a change in discipline in a different environment.
J15a	IF YES: Has this happened during the past 2 years?	LAFANS	
J16a	What is the full name of the school?	Original	J16a-d These questions are a continuation of the school history (see J8-12). They will be asked of all schools the child/youth has attended since random assignment.
J16b	Was this school a regular public school, a magnet problem or school, a charter school...?	LAFANS	
J16c	Where was this school located?	LAFANS	
J16d	For which grades did child attend this school?	Original	

Question Number	Question	Source	Justification
	REPEAT J17a-d FOR EACH ADDITIONAL SCHOOL.		
J17	During the past 2 years, has anyone from [CHILD's] school asked someone to come in and talk about problems [CHILD] was having with schoolwork or behavior?	MTO-Baseline	J17 See above, under J15.
J18	During the past 2 years, has [CHILD] gone to a special class for gifted students or done advanced work in any subjects?	MTO Baseline	J18 The child's/youth's academic track (both opportunities for and involvement in advanced school work) may be affected by moves to low-poverty neighborhoods. Better schools in more affluent neighborhoods are more likely to offer advanced classes and provide more rigorous preparation.
J19 J19a J19b J20	During the past 2 years, has [CHILD] gone to a special class or school or gotten special help in school for... —Learning problems? —Behavioral or emotional problems? How often has [CHILD] received any special services for these problems?	MTO-Baseline	J19-20 These questions measure whether the child/youth has been involved in formal special education programming in school and the intensity of services received. Moving to a low-poverty community's school may require adjustments and remedial intervention to effect the transition. But recent research also indicates that minority children in predominantly white schools tend to be over-assigned to special education.
SECTION K: HEALTH			
K1	Would you say [CHILD]'s health in general is excellent, very good, good, fair, or poor?	NHIS97	K1 This question measures the child's/youth's overall health. Findings from the MTO Boston study suggest that general health status improved with moves into lower-poverty neighborhoods.
K2	What kind of health insurance or health care coverage does [CHILD] have?	NHIS99	K2 This question measures health insurance coverage for the child/youth. Family transitions off public assistance may lead to loss of Medicaid coverage, while parents' new employment may not provide health insurance they can afford. Loss of health care access could offset other health benefits of an MTO move.
K3	During the past 12 months, did [CHILD] receive a physical	NHIS99	K3 This question measures preventive health care behavior, an important mediator

Question Number	Question	Source	Justification
	examination or well-child check-up?		of child/youth health that may change with MTO moves.
K4	In the past 12 months, has [CHILD] had any accidents or injuries that required medical attention?	NLSY79	K4-6 Accidents and injuries are an important factor in overall health for children and youth. These questions measure their incidence. Low-poverty neighborhoods may be safer in some respects (e.g., better housing, less exposure to violence) but may encourage more exercise and outdoor play. Thus, the causes of accidents and injuries may change as a result of the MTO treatment.
K5	How many such accidents or injuries requiring medical attention has [CHILD] had in the past 12 months?	NLSY79	
K6	What was the cause of (that/the first/the second/etc.) accident or injury?	NLSY79	
K7	Have you ever been told by a doctor or other health professional that [CHILD] had asthma?	NHIS99	K7-16 These questions measure the incidence and the intensity of asthma in the child/youth study population. Asthma incidence is known to be higher in high-poverty communities and communities with older housing stock, possibly due to crowding, poor air quality, stress, and exposure to allergens from cockroaches, mites, cats, mice, and/or cigarette smoke. Children and youth in these settings are even more susceptible than adults to asthma. Unlike many other chronic health problems, asthma is highly sensitive to current environmental conditions; the MTO Boston research suggests reductions due to moves out of public housing.
K8	During the past 12 months, has [CHILD] had an episode of asthma or an asthma attack?	NHIS99	
K9	During the past 3 months, has child had to use prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.	NHIS99	
K10	During the past 12 months, has [CHILD] had a wheezing or whistling sound in (his/her) chest?	NHIS99	
K11	How many attacks of wheezing or whistling has [CHILD] had in (his/her) chest during the past 12 months?	NHIS99	
K12	During the past 12 months, has	NHIS99	

Question Number	Question	Source	Justification
K13	[CHILD]'s sleep been disturbed due to wheezing or whistling?	NHIS99	
K14	During the past 12 months, how often on average has [CHILD]'s sleep been disturbed due to wheezing or whistling?	NHIS99	
K15	During past 12 months, has [CHILD]'s chest sounded wheezy during or after exercise or physical activity?	NHIS99	
K16	During the past 12 months, has [CHILD]'s wheezing ever been severe enough to limit (his/her) speech to only 1 or 2 words at a time between breaths?	NHIS99	
	During the past 12 months, how many times has [CHILD] gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?		

Question Number	Question	Source	Justification
SECTION L: BEHAVIOR			
L1	How many close friends does [CHILD] have?	LAFANS	L1 Parents' responses about close friends of their children proved a key mediator in the MTO-Boston research, helping explain the large differences in behavior problems between boys and girls. It appears the reductions in behavior problems from moving to a new neighborhood may have been offset by increased social isolation for girls. This question will help in measuring gender differences in problem behaviors and will complement the youth self-reported questions on friendship. This will also allow us to compare our findings of social isolation over the full range of ages from 5-19.
L2	Now I have a few questions about discrimination. Can you think of one or more occasions in the past 6 months when you felt [CHILD] was treated unfairly because of (his/her) race or ethnicity in the following places?	Gallup, modified	L2 Parent perceptions of whether (and where) the child/youth experiences discrimination are an outcome of direct interest to the MTO study as well as a mediating factor for other outcomes, such as mental health (behavior problems) and social isolation. If living in a low-poverty neighborhood increases the experience of discrimination, it may limit the respondent's and/or the child's integration into the community as well as the level of interaction with other adults and children there, also limiting exposure to a different set of peer influences and cultural norms. This may have impacts on virtually all of the outcomes considered in the study.
L2a	- [CHILD]'s school?		
L2b	- at a neighborhood playground or recreation program?		
L2c	- in a store where [CHILD] was shopping or in a restaurant where [CHILD] wanted to eat?		
L2d	-somewhere else in the neighborhood?		
	<i>Now I am going to read some statements that describe behavior problems that many children have. Please tell me whether each statement has been often true, sometimes true, or not true of [CHILD] during the past three months.</i>	NLSY79-98	L3-19 Behavior Problems Index These items measure child/youth behavior problems. It is expected that children and youth living in low-poverty neighborhoods will show a reduced incidence of behavior problems in the long run. Previous MTO research in Boston found fairly large impacts on the reported prevalence of some behavior problems among boys but no statistically significant impacts on girls.
L3	Has difficulty concentrating, cannot pay attention for long.		

Question Number	Question	Source	Justification
L4	Cheats or tells lies.		<p>Using data from the NLSY-CH, we have also found that parental reports of behavior problems at ages 8 to 14 are statistically significant predictors of socioeconomic outcomes (alcohol use, drug use, criminal involvement, and school enrollment) measured 4 to 8 years later. Other research has shown the predictive validity of child behavior problems for future delinquency and poor educational achievement.</p> <p>Items here belong to the anti-social, headstrong, hyperactivity, and peer problem subscales of the Behavior Problems Index.</p>
L5	Is rather high strung, tense, and nervous.		
L6	Bullies or is cruel or mean to others		
L7	Is disobedient at home.		
L8	Has trouble getting along with other children.		
L9	Feels worthless or inferior.		
L10	Is restless or overly active, cannot sit still.		
L11	Has a very strong temper and loses it easily.		
L12	Is unhappy, sad or depressed.		
L13	Withdrawn, does not get involved with others.		
L14	Demands a lot of attention.		
L15	Is too dependent on others.		
L16	Hangs around with kids who get into trouble.		
L17	Worries too much.		
L18	Is disobedient at school.		

Question Number	Question	Source	Justification
L19	Has trouble getting along with teachers.		
SECTION M: TIME USE			
M1	We are interested in how [CHILD] spends time in the late afternoon. The next few questions will be about this past [WEEKDAY], starting at 3:45 pm. Can you tell me: where was [CHILD] at 3:45 on [WEEKDAY]?		<p>M1-19 This section collects information on daily child activities and contact with adults, using a randomly selected day (Monday-Friday) and three specific points in time: 3:45 PM, 5:30 PM, and 7:30 PM. It is designed to capture after-school supervision and adult contact. It is hypothesized that the nature of children's activities and the level of supervision will change as they move from high- to low-poverty neighborhoods.</p> <p>In MTO experimental group families, we expect to see children devote more time to structured activities like academic extra-curricular or recreational activities. We also expect to see greater community monitoring of children by adults other than those in the child's immediate family. With moves into safer neighborhoods, parental practices may also become less restrictive and authoritative. We hope to capture parenting practices through survey questions in the adult questionnaire as well as through interviewer direct observation.</p>
M2	Is this provider paid to take care of [CHILD]?		
M3	Was [CHILD] playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?		
M4	Was [CHILD] playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else?		
M5	At 3:45, was there an adult present who could see or hear [CHILD]?		
M6	At 3:45, were you present where you could see or hear [CHILD]?		
M7	Now let's talk about 5:30 pm. Where was [CHILD] at 5:30 on [WEEKDAY]		
M8	Is this provider paid to take care of [CHILD]?		
M9	Was [CHILD] playing on a sports team, participating in a club, serving detention, or doing something else at the school?		
M10	Was [CHILD] playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else?		

Question Number	Question	Source	Justification
M11	Were there other children at [PLACE] with [CHILD] at 5:30?		
M12	At 5:30, was there an adult present, who could see or hear [CHILD]?		
M14	Now let's talk about 7:30pm. Where was [CHILD] at 7:30 on [WEEKDAY]?		
M15	Is this provider paid to take care of [CHILD]?		
M16	Was [CHILD] playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?		
M17	Was [CHILD] playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else?		
M18	At 7:30, was there an adult present, who could see or hear [CHILD]?		
M19	At 7:30, were you present where you could see or hear [CHILD]?		

Appendix F:

**Item-by-Item Justification
for the Interim Survey of Youth**

Revised for HUD and OMB
August 22 2001

Interim Survey of Youth: Item-by-Item Justification

Question Number	Question	Source	Justification
SECTION S: EDUCATION			
S1	Are you currently attending or enrolled in regular school?	NLSY97, modified	S1-2b School enrollment is an important mediating factor for the influence of low-poverty areas on youth. Information to identify specific schools and locations is gathered in the Parent-on-Youth module of the household survey.
S2	Are you attending school full-time or part-time?	Original	
S2a	What grade or year of school are you currently attending?	NLSY97, modified	
S2b	Are you attending a two-year college, a four-year college, or a trade or business school?	Original	
S3	When were you last enrolled in regular school—what was the month and year?	NLSY97	S3-4 School leaving is a major educational outcome. These questions address how long the youth has been out of school and the reasons he/she left. We will also gain information on prior spells of leaving for those currently enrolled. The MTO treatment may affect school leaving in two different ways. Youth whose schooling changes as a result of an MTO move may become more engaged in education in a setting where it is valued more, so that school leaving is reduced. On the other hand, youth moving from inner-city neighborhoods may get left behind academically, have other adjustment problems, and become more likely to leave before graduation.
S4	What is the main reason you left at that time?	NLSY97	
S4a	[INTERVIEWER: IF AGE 15-19, FILL IN (high) IN S4a AND (were) IN S5.] The next few questions ask about life in (high) school. If you are not currently in (high) school, please think about the time when you were last in (high) school when answering these questions.		S4a-6 These questions measure attitude toward school in terms of the behavioral indicators of attendance and tardiness. The answers will be used in composite indicators of school performance and attitudes toward/engagement in education.

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
S5	During the school year, how often [have you been/were] you late for school?	SPD98, modified	
S6	During the school year, how many days were you absent from school?	NLSY97, modified	
S7	[Have you ever taken/Did you ever take] any classes in algebra, geometry, or other advanced math?	NLSY97, modified	S7-8 These questions about the academic track being followed by the youth in school use Math as the primary measure of progress. Self-reported grades will become part of a composite indicator of school performance.
S7a	What subjects are you taking or have you completed in math?	Original	
S8	Overall, what grades did you receive [last year/the last full year of school you completed]?	Original, similar to NLSY97	
S9	Thinking about [your school/when you were last in school], in general, how much do you agree with each of the following statements about your school and teachers:	NLSY97	S9-10b These questions extend the measurement of engagement in education (see S5-6 above). The indicators will be combined into scales of school engagement.
S9a	— The teachers [are/were] interested in students. Do you strongly agree, agree, disagree, or strongly disagree?		
S9b	— Disruptions by other students [get/got] in the way of my learning.		
S9c	— There [is/was] a lot of cheating on tests and assignments.		
S9d	— Discipline [is/was] fair.		
S9e	— I [feel/felt] safe at this school.		

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
S10	Next, I'd like to ask some more questions about school. In general, how true are each of the following statements?	SPD98, modified	
S10a	—I [work/worked] very hard on my schoolwork. Is this not at all true, not very true, sort of true, or very true of you during the last school year?	SPD98	
S10b	—I [pay/paid] attention in class. Is this not at all true, not very true, sort of true, or very true of you during the last school year?	SPD98	
S11	About how much time [do/did] you spend each week on homework outside of school?	NLSY79	S11-12a These questions address schoolwork and homework habits. Youth attention to homework
S11a	Which of these is closest to the amount of time you usually [spend/spent] on homework outside of school each week?	NLSY79-CS	may be affected by the MTO move through different channels. Youth may spend more time doing homework because of different norms in
S11b	About how much of your assigned homework [do/did] you usually complete, either during school hours or outside of school—All, three quarters, half, one quarter, or almost none?	Original	the low-poverty neighborhood and its school, or perhaps because of a change in parenting and the level of support for education at home, which may also be affected by a move.
S12	How much additional reading [do/did] you do each week on your own outside of school—not in connection with schoolwork? Do not count any assigned reading.	NLSY79	Aside from a change in youth attitude (and behavior) towards homework, the amount of time spent on homework may be indicative of a change the amount of homework different schools assign, .
S12a	Which of these is closest to the amount of time you usually [spend/spent] reading on your own outside of school or work each week?	NLSY79-CS, modified	the quality of teaching, or the quality of support from teachers and parent. Asking about the portion of the assigned homework the youth usually completes helps us sort and understand this information. Time spent on reading for pleasure could increase as a result of the different schools and contact with higher-SES children and may also be a mediator for improved achievement.

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
S13	[Did you take/Have you taken] any of the Advanced Placement (AP) exams?	NLSY97	S13-14 These questions extend the measurement of academic track (see Q7-8 above). They also provide some indication of college enrollment levels, a key educational outcome.
S14	Have you ever taken the SAT or ACT test?	NLSY97	
S15	[Other than your regular school, which we’ve already talked about,] since September 2000, have you participated in any training program that lasted at least two weeks, that was designed to help you find a job, improve your job skills, or learn a new job?	Original	S15-18a Moves to low-poverty areas may affect the likelihood of a youth’s participation in job training through differences in peer pressure and differences in the availability of training programs. Participation in job training and acquisition of new skills may be important to facilitate youth transition into the workforce. Skills provided in the training may help the youth obtain and hold a job.
S16	What kind of training was that?	Original	
S17	How many weeks in total did you participate in training during the period since September 2000?	Original	
S18	During the weeks you participated in training, how many hours a week did you usually spend in training?	Original	
S18a	Are you currently participating in training?	Original	
SECTION T: EMPLOYMENT AND EARNINGS			
T1	Last week, did you do any work for pay?	CPS	T1-12, 17-19b These questions are a slightly modified version of the standard Current Population Survey questions designed to measure current labor market status, hours of work, occupation, industry, and rate of pay. Questions have been added to take better account of the casual, sporadic employment typical of a low-income population and particularly of its youth.
T2	What is the main reason that you did not work for pay last week?	MTO Boston, modified	
T3	Last week, did you have more than one job, including part-time and weekend work?	CPS	
T4	How many hours per week do you usually work at your (main) job? (By main job, we mean the one at which you usually work the most hours.)	CPS	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
T4a	Do you usually work 35 hours or more per week at your main job?	CPS	This sequence will allow estimation of impacts on all the standard measures of labor market status and activity (e.g., employment and unemployment, weekly hours and earnings, hourly wage rate) for youth who have entered the labor market. Moves to low-poverty neighborhoods can be expected to influence these outcomes, because the availability and types of jobs in such neighborhoods are substantially different than those in high-poverty neighborhoods. The supply of low-wage labor competing for such jobs is also likely to be much smaller.
T5	When did you first start working (at your main job)?	NLSY79	
T6	For your (main) job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?	CPS, modified	
T7	Do you usually receive overtime pay, tips, or commissions(at main job)?	CPS	
T8	(Including overtime pay, tips, and commissions), what are your usual (weekly/ biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions?	CPS	
T9	How many weeks a year do you get paid for?	CPS	
T9a	[INTERVIEWER: DEFINE [UNIT] AS UNIT TYPE FROM T6. IF PER UNIT AND OVERTIME PAY, TIPS, AND COMMISSIONS (T6=7 AND T7=1), SKIP TO T9d]		
T9b	What is your rate of pay per [UNIT] (on this job)	Original	
T9c	For how many [UNIT]'s are you usually paid per week (on this job)?	Original	
T9d	Excluding overtime pay, tips, and commissions, what is your rate of pay per [UNIT] (on this job)?	Original	
T9e	For how many [UNIT]'s are you usually paid per week at this rate?	Original	
T9f	How many hours do you usually work per week at this rate?	Original	
T9g	(At your main job), how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?	Original	
T9h	Is that...	Original	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
T9i	[INTERVIEWER: IF OVERTIME RATE OF PAY IS NOT PER UNIT (T9h NOT EQUAL 6), SKIP TO T9k]		
T9j	For how many [UNIT]'s are you usually paid per week at this rate?	Original	
T9k	How many hours do you usually work per week at this rate?	Original	
T10.	[INTERVIEWER: IF HOURLY <u>AND</u> OVERTIME, PAY, TIPS, AND COMMISSIONS, SKIP TO T11a.]		
T10a	What is your hourly rate of pay (on this job)?	CPS	
T11a	Excluding overtime pay, tips and commissions, what is your hourly rate of pay (on this job)?	CPS	
T11b	How many hours do you usually work per week at this rate?	CPS	
T11c	(At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?	CPS	
T11d	Is that...	CPS	
T11e	How many hours do you usually work per week at this rate?	CPS	<p>T12 Location may affect the availability of social contacts that are useful in finding work. Residents of low-poverty areas may have more or better information about employment opportunities. But youth need to establish contacts (social networks) in the new neighborhood to take advantage of this.</p> <p>T13-16 These questions are from the standard CPS sequence to determine whether the respondent is unemployed according to the BLS definition and to measure the intensity of job search. The same factors discussed above in relation to employment</p>
T12	I'd like to ask you how you found the (main) job you have now. What is the most important source of information you used to find this job?	3CITY, modified	
T13	Have you been doing anything to find work during the past four weeks?	CPS	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
			and earnings are also expected to affect unemployment and job search behavior.
T14	What are all the things you have done to find work during the past four weeks?	CPS	
T15	Last week, could you have started a job if one had been offered?	CPS	
T16	Why is that?	CPS	
T17	Since September 2000, have you done any/are you doing (other) work as an employee for which you were paid?	NLSY79, modified	T17-18f These questions collect employment history, for use in the analyses described under T1 above.
T18a	What kind of work did you usually do for this employer? Any more work as an employee since September 2000?	Original	
T18b	Let's talk about [EMPLOYER-TYPE OF WORK]. When did you first start working for this employer?	NLSY79, modified	
T18c	Are you currently working for this employer?	NLSY79	
T18d	When did you last stop working for this employer?	NLSY79	
T18e	How much (do/did) you usually earn per week from this employer?	NLSY79, modified	
T18f	How many hours per week (do/did) you usually work for this employer?	NLSY79, modified	
T19	During the past month have you worked as a freelancer—doing things like babysitting or mowing lawns—or worked by yourself, for example, running your own business?	NLSY	T19-19b These questions measure informal employment, which may be a more important source of income to youth than to adults. See T1 above for planned analyses.

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
T19a	In the last month, how many hours did you do this type of work?	Original	
T19b	In the past month, approximately how much did you earn doing this type of work?	Original	
SECTION U: DELINQUENCY AND RISKY BEHAVIOR			
U1	First I would like to ask you about smoking habits. Have you ever smoked a cigarette?	NLSY97, slightly modified	U1-3 This sequence of questions measures the prevalence and intensity of tobacco use among sample youth. The teen years are known to be the critical time when smoking addiction is established. Studies have shown that residents of high-poverty neighborhoods are more likely to be tobacco-dependent than residents of low-poverty neighborhoods. Tobacco use could be affected by moves to low-poverty neighborhoods through several mechanisms. Reduced depression or stress could reduce tobacco use; social norms about tobacco use could change; and/or exposure to cigarette advertising, particularly advertising targeted at minority groups and located in high-poverty areas, could decline.
U2	During the past 30 days, on how many days did you smoke a cigarette?	NLSY97	
U3	When you smoked a cigarette during the past 30 days, how many cigarettes did you usually smoke each day?	NLSY97	
U4	Next I would like to ask you some questions about drinking alcoholic beverages, including beer, wine, or liquor. Have you ever had a drink of alcoholic beverage? By a drink we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of liquor. Do not include childhood sips that you might have had from an older person's drink.	NLSY97	U4-8 These questions measure alcohol use and its possible effect on school or work performance. As with tobacco use, residents of high-poverty neighborhoods are more likely to be alcohol-dependent than residents of low-poverty neighborhoods. Alcohol use among youth could be affected by moves to low-poverty neighborhoods through several mechanisms, including reduced depression and stress and/or reduced use or pressure for use among peers.

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
U5	During the past 30 days, on how many days did you have one or more drinks of an alcoholic beverage?	NLSY97	
U6	In the last 30 days, on the days that you drank alcohol, about how many drinks did you usually have?	NLSY97	
U7	On how many days did you have 5 or more drinks on the same occasion during the past 30 days? By occasion, we mean at the same time or within hours of each other.	NLSY97	
U8	In the last 30 days, how many days have you had something alcoholic to drink, such as beer, wine or hard liquor right before or during school or work hours?	NLSY97	
U9	Have you ever used marijuana—that is grass or pot—in your lifetime?	NLSY97, slightly modified	U9-15 These questions measure exposure to and use of a range of illegal drugs and other controlled substances. Q11 measures their possible effect on school or work performance, while Q14-15 measure the youth's involvement in drug distribution. All these risky behaviors are more likely to occur among youth in high-poverty areas and to be less frequent (although hardly absent) in low-poverty neighborhoods.
U10	On how many days have you used marijuana in the last 30 days?	NLSY97	
U11	In the last 30 days, how many times have you used marijuana right before or during school or work hours?	NLSY97	
U12	Excluding marijuana and alcohol, have you ever used any other drugs like cocaine or crack or heroin, or any other substance not prescribed for you by a doctor, in order to get high or to achieve an altered state?	NLSY97, modified	
U13	During the past 12 months, about how many times have you used any of these drugs or other substances?	NLSY97, modified	
U14	Have you ever sold or helped sell marijuana, hashish or other drugs such as heroin, cocaine, or LSD?	NLSY97	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
U15	During the past 12 months, how many times have you sold or helped sell marijuana, hashish, or other hard drugs?	NLSY97, modified	
U16	The next few questions are about fighting, violence, and gangs. Again, remember all your responses are confidential.	Original	U16-16f These questions measure the youth's involvement in crime and violence. The MTO treatment is expected to have substantial effects on youth involvement in criminal behavior, due to reduced exposure to violence or gangs and to the differences in peer behavior in low-poverty neighborhoods.
U16a	Have you ever purposefully damaged or destroyed property that did not belong to you?	NLSY97	These questions measure the youth's involvement in property crime, from small-scale offenses to more significant ones. The items will be combined into a scale and tested for differences among the three random-assignment groups. MTO research in Baltimore has shown reduced involvement in violent crime but some (marginally significant) increase in property crime for youth in the MTO experimental group.
U16b	Have you ever stolen something from a store or something that didn't belong to you worth less than \$50?	NLSY97	
U16c	Have you ever stolen something from a store, person, or house, or something that did not belong to you worth \$50 or more including stealing a car?	NLSY97	
U16d	Have you ever committed other property crimes such as fencing, receiving, possessing or selling stolen property, or cheated someone by selling them something that was worthless or worth much less than what you said it was?	NLSY97	
U16e	Have you ever attacked someone with the idea of seriously hurting them, or have had a situation end up in a serious fight or assault of some kind?	NLSY97	U16e This question measures involvement in violent behavior.
U16f	Have you ever been arrested by the police or taken into custody for an illegal or delinquent offense? Do not include minor traffic violations.	NLSY97	U16f This question measures direct contact with law enforcement. Self-reports by youth have been shown to be reliable on this subject. The MTO treatment may affect encounters with police in at least two divergent ways. Greater educational engagement and employment opportunities may reduce the temptation of criminal behavior. But

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
			patterns of policing in low-poverty areas (such as racial profiling) may bring greater police attention to minority youth, even those who live there.
U17	Have you ever carried a handgun? When we say handgun, we mean any firearm other than a rifle or shotgun.	NLSY97	U17-18a These questions extend the measurement of the youth's involvement in violence. Carrying of firearms is a strong behavioral indicator of exposure to and risk of violence. (Also see U16-16f.)
U18	How many times have you carried a handgun in the past 12 months?	NLSY97	
U18a	Which category best describes the number of times you've carried a handgun in the last 12 months?	NLSY97	
U19	Are there any gangs in your neighborhood or where you go to school?	NLSY97, slightly modified	U19-21a These questions focus specifically on gang activity, involvement of peers, and the youth's own possible involvement. We would expect that youth living in low-poverty neighborhoods would report markedly different incidences of gang contact and involvement, unless they continue to be active with peers in their old (high-poverty) neighborhoods. (W 14-15 below measure continued ties.)
U20	Do any of your brothers, sisters, cousins, or friends belong to a gang?	NLSY97	
U21	Have you ever belonged to a gang?	NLSY97	
U21a	In the past 12 months, have you been a member of a gang?	NLSY97, modified	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
U22	Have you ever had sexual intercourse, that is, made love, had sex, or gone all the way?	SPD98	<p>U22-34</p> <p>These questions address teen dating, sexual activity and attendant risks. Age of first sexual activity is likely to be considerably younger for MTO youth living in high-poverty areas than for those who have moved, although this will be affected by whether they continue to be involved with peers in their old (high-poverty) neighborhoods. U24-25 focus on risk reduction behaviors directed at sexually transmitted diseases (STDs) and at pregnancy. Considering the range of ages in this sample (12-19), we would expect sexual activity to be reported by many or most of the older youth. However, the MTO treatment could affect use of condoms (through educational differences and differences in peer groups) and would likely reduce risk-taking around pregnancy (due to greater educational engagement and attainment as well as better employment opportunities for both young women and men).</p>
U23	How old were you when you had sexual intercourse for the first time?	SPD98	
U24	How many partners have you had sexual intercourse with in the past 12 months—that is since this time last year?	NLSY97, modified	
U25	The last time you had sexual intercourse, did you or your partner use a condom?	SPD98	
U26	The last time you had sexual intercourse, did you or your partner use any other method to prevent pregnancy?	SPD98	
U27	Have you ever been pregnant? (Consider all pregnancies, even if no child was born.)	NLSY97	<p>U27-30</p> <p>These questions measure current and past pregnancies and childbearing for young women in the youth sample. Teen childbearing greatly increases the likelihood of future poverty for young women. The MTO treatment is expected to reduce the incidence of both pregnancies and live births among teens who move to low-poverty areas, as a result of educational differences, differences in peer groups, greater educational attainment, and better employment opportunities.</p>
U28	Are you pregnant now?	NLSY97	
U29	Not counting a current pregnancy, how many times have you been pregnant? Please include pregnancies that did not result in live births.	NLSY97	
U30	Now we would like to ask about the outcomes of your previous pregnancies. How many of your pregnancies have resulted in children born alive to you?	NLSY97	

Revised for HUD and OMB
August 22 2001

U31	Have you ever gotten someone pregnant?	Original	U31-33 These questions measure current and past pregnancies resulting from the sexual activity of young men in the youth sample. For reasons noted above (Q20-25 and Q26-28), we expect fewer pregnancies and live births if the young men from the MTO treatment group are involved with their female peers living in low-poverty neighborhoods. But continued involvement with peers from the old high-poverty neighborhood may reduce or eliminate such an effect.
U31a	How many times have you gotten someone pregnant?	SPD98, modified	
U32	Is someone pregnant with your child now?	SPD98, modified	
U33	How many children have you ever fathered? Please only count live births and do not count current pregnancy.	SPD98, modified	
U34	Now I'd like to ask you about cash assistance for which some families receive money on a regular basis. For example, they may get a monthly check. Some people call this assistance "welfare", AFDC, TANF or "public aid." I will use the word "welfare." Are you or your (child/children) regularly receiving welfare benefits now?	3CITY, modified	U34 This question measures receipt of cash benefits for own children. Young mothers living in low-poverty neighborhoods would be expected to have a lower rate of benefits receipt and be more likely to be in school or working, due to different community norms.
SECTION V: HEALTH			
V1	Now I'd like to ask you some questions about your health. In general, how is your health: excellent, very good, good, fair, or poor?	NLSY97	V1 This question measures the general health of sampled youth, a key outcome variable in the study. Findings from the MTO Boston study suggest that general health status improves with moves to low-poverty areas, and health status is highly correlated with current medical conditions and with future mortality experience. MTO moves can affect health outcomes through: reduction in stress associated with living in a high-poverty area, leading to improvements in mental health; a safer environment; reduced exposure to persons engaged in drug use; and greater optimism about the future, leading to increased use of preventive health care.

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
V2	Have you ever been told by a doctor or other health professional that you had asthma?	NHIS99	V2-12 These questions measure the incidence of asthma among youth in the study population. Asthma incidence is known to be higher in high-poverty communities and communities with older housing stock, possibly due to crowding, poor air quality, stress, and exposure to allergens from cockroaches, mites, cats, mice, and cigarette smoke. Children and adolescents are particularly vulnerable. Unlike many other chronic health problems, asthma is highly sensitive to current environmental conditions; the MTO Boston research suggests reductions due to moves out of public housing.
V3	During the past 12 months, have you had an episode of asthma or an asthma attack?	NHIS99	
V3a	During the past three months, have you used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.	NHIS99	
V4	During the past 12 months, have you had a wheezing or whistling sound in your chest?	NHIS99	
V5	How many attacks of wheezing or whistling have you had in your chest during the past 12 months?	NHIS99	
V6	During the past 12 months, has your sleep been disturbed due to wheezing or whistling?	NHIS99	
V7	During the past 12 months, how often on average has your sleep been disturbed due to wheezing or whistling?	NHIS99	
V8	During the past 12 months, has your chest sounded wheezy during or after exercise or physical activity?	NHIS99	
V9	During the past 12 months, has your wheezing ever been severe enough to limit your speech to only 1 or 2 words at a time between breaths?	NHIS99	
V10	During the past 12 months, how many times have you gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?	NHIS99	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
V11	During the past 12 months, how much did you limit your usual activities due to wheezing or whistling? Would you say...	NHIS99, modified	
V12	During the past 12 months, how many days of work and school did you miss due to wheezing or whistling?	NHIS99	
V12a	[PROBE]: Is that...		
V13	What is your height in feet and inches?	AH	<p>V13-14 These questions will be used to measure obesity, a basic health outcome with higher incidence in low-income populations in the U.S. Obesity is an acknowledged problem starting in childhood. Moves to low-poverty neighborhoods may reduce obesity through several mechanisms: lower incidence of depression and stress; behavioral changes (like exercise); different social norms about eating habits.</p>
V14	What is your weight?	AH	
V15	In the past 12 months, have you had any accidents or injuries that required medical attention?	NLSY79, modified	<p>V15-20 These questions measure the incidence of accidents and injuries among youth in the sample. Low-poverty neighborhoods may be safer in some respects (e.g., better housing, less exposure to violence) but may encourage more exercise and outdoor play. Thus, the causes of accidents and injuries may change as a result of the MTO treatment.</p>
V16	How many such accidents or injuries requiring medical attention have you had in the past 12 months?	NLSY79	
V17	What was the cause of [that/the first/the second/etc.] accident or injury requiring medical attention? How did it happen?	NLSY79, modified	
V18	(Other than [that/those] already mentioned) have you had any serious accident or injury during the past 12 months which limited your usual activities but did not require medical attention?	Original	
V19	How many of these accidents or injuries did you have during the past 12 months? Remember, these are ones that did not require medical attention but did limit your usual activities.	Original	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
V20	What was the cause of [that/the first/the second/etc.] accident or injury not requiring medical attention? How did it happen?	NLSY79, modified	
V21	On how many of the past seven days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming, fast bicycling, fast dancing, or similar aerobic activities?	YRBSS	V21-23 These questions provide a complement to our direct questions on obesity (height and weight). Moves to low-poverty neighborhoods may affect obesity through several mechanisms: lower incidence of depression and stress; behavioral changes (like higher levels of moderate and intensive physical activity, V21-22) and different social norms about eating habits. V23 will complement data on obesity and help analyze whether eating habits actually change with location. Differences could arise from income but could also be due to the availability and marketing of different types of foods or exposure to different norms – all of which could be influenced by MTO. While nutrition has been identified by the Surgeon General as a leading health indicator in its own right, it is also an important mediator for other outcomes such as obesity.
V22	On how many of the past seven days did you participate in physical activity for at least <u>30</u> minutes that did <u>not</u> make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?	YRBSS	
V23	In a typical week, how many days do you eat at least some green vegetables or fruit?	NLSY79	
SECTION W: NEIGHBORHOOD AND SOCIAL NETWORKS			
W1	Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are...	MTO Baseline	W1 As a mediating factor, greater neighborhood satisfaction may reduce mobility and lengthen exposure to low-poverty neighborhoods. If youth are not satisfied with low-poverty locations, they may put pressure on the household head to move, or they may move themselves—either moving in with friends/relatives or living on their own. Greater satisfaction with low-poverty locations suggests more adjustment to the life changes involved.

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
W2	Now I have a few questions about discrimination. Can you think of one or more occasions in the past 6 months when you felt you were treated unfairly because of your race or ethnicity in the following places	Gallup, modified	<p>W2</p> <p>Youth perceptions of discrimination are an outcome of direct interest to the MTO study as well as a mediating factor for other outcomes, such as mental health (behavior problems) and social isolation. As a mediating factor, discrimination is an important aspect of the social environment. Youth may be subject to particular surveillance by police, storeowners, and/or neighbors. If living in a low-poverty neighborhood increases the experience of discrimination, it may limit the youth's integration into the community as well as the level of interaction with other adults and children there, also limiting exposure to a different set of peer influences and cultural norms. This may have impacts on virtually all of the outcomes considered in the study.</p>
W2a	At your school?		
W2b	At a neighborhood playground or recreation program.		
W2c	In a store where you were shopping or a restaurant where you wanted to eat?		
W2d	In dealing with police, such as traffic accidents?		
W3	During the past 30 days, have you seen people using or selling illegal drugs in your neighborhood?	Original	<p>W3-4a</p> <p>These questions measure the youth's observations of drug activity and violence in the neighborhood. These may be important contributors to fear and may also carry a greater likelihood of involvement with drugs and exposure to violence. In prior research with the MTO sample, fear of crime and victimization were identified as factors with pervasive effects on people's lives. In addition to strongly motivating the parent's desire to move, concerns about crime may affect youths' willingness to interact with their community. Stress and fear may also affect their mental health, with further possible impacts on educational achievement and/or employability.</p>
W3a	How often have you seen people using or selling illegal drugs in your neighborhood – almost every day, once a week, or once or twice in the past 30 days?	Original	
W4	During the past 30 days, have you heard gunshots in your neighborhood?	Original	
W4a	How often have you heard gunshots in your neighborhood – almost every day, once a week, or once or twice in the past 30 days?	Original	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
W5	In the past 12 months, how often did you get into a serious physical fight?	AH	W5-6e These questions measure the youth's direct involvement in physical violence and his/her exposure to violence, including victimization. The MTO treatment is designed to reduce both involvement and victimization, by fostering moves to low-poverty neighborhoods where these are lower-probability events.
W5a	Which of these is the closest to the number of times you got into a serious physical fight in the past 12 months?		
W5b	The last time you were in a physical fight, where did it occur?	AH	
W6	During the past 12 months, how often did each of the following things happen—never, once, or more than once?	AH, modified	
W6a	You saw someone shoot or stab another person. Would you say never, once, or more than once?	AH	
W6b	Someone pulled a knife or gun on you?	AH	
W6c	Someone shot you?	AH	
W6d	Someone cut or stabbed you?	AH	
W6e	You were jumped?	AH	
W7	About how many friends do you have who you either hang out with, talk to on the phone, or get together with socially?	NCSR	W7-9c These questions measure various aspects of peer influences for the sampled youth. They ask about the number of friends and some of the activities (both positive and negative) with which those friends are involved.
W8	During the hours when you are not at school, how often do you either talk on the phone, hang out, or get together with this [friend/these friends]—most every day, a few times a week, a few times a month, about once a month, or less than once a month?	NCSR, modified	
W8a	Get involved in school activities like school clubs, teams, or projects?	NCSR	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
W8b	Use marijuana or other drugs?	NCSR	
W8c	Carry a knife, gun, or weapon?	NCSR	
	Out of the friends you just told me about, how many ever do each of the following things?		
W8d	How many get involved in school activities like school clubs, teams, or projects?	NCSR	
W8e	How many use marijuana or other drugs?	NCSR	
W8f	How many carry a knife, gun, or weapon?	NCSR	
W9	Blank		
W10	Thinking about your current neighborhood, would you say it is...	Original	<p>W10-12b</p> <p>These questions first ask the youth's own view of whether he/she is still living in the original public housing neighborhood from which the family was recruited for MTO. For youth who have changed neighborhoods, the items measure the persistence of friendships with peers from the origin area. While the continuation of old friendships may offer social and emotional support for youth who have moved to low-poverty areas, in the longer run they may slow or impede adaptation to the new environment. Visits from those friends may also be a source of friction with new neighbors.</p>
W11	Do you still have friends in your old neighborhood, when you lived at [BASELINE ADDRESS]?	Original	
W12a	During the past year, how often have you gone back to visit friends in your old neighborhood?	MTO NY, modified	
W12b	During the past year, how often have they come to visit you?	Original	
W13	Many churches, synagogues, and other places of worship have special activities for teenagers—such as youth groups, Bible classes, or choir. In the past 12 months, how often did you attend such youth activities?	AH	<p>W13</p> <p>This question measures the mediating factor of religious attendance. The youth's participation in church-based activity reveals another aspect of his/her social links and activity.</p>

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
W14	How many adults do you have in your life who you feel comfortable talking to about personal problems?	NCSR, modified	W14-15 This sequence measures the presence of positive adult role models as a mediating factor. In addition to capturing the concept of a “role model” (e.g. having adults working in the community) with local Census characteristics, these items measure specific adult support. It is hypothesized that the presence of positive adult role models will assist the youth’s transition to the low-poverty neighborhood and his/her educational progress.
W15	How many adults do you have in your life who care a lot about how you turn out and who will help you if you get into trouble?	NCSR, modified	
W16	Do you live with your mother?	Original	W16-19c These questions measure the youth’s view of support, monitoring, and discipline by the mother or other primary caregiver. (If not the mother, that person is identified at the beginning of the sequence.) For youth between 12 and 15, it is expected that this person is still fairly closely involved in the youth’s daily life and activities. The MTO treatment could affect support, monitoring, and discipline by changing the parent’s sense of safety (which may influence parenting style and therefore the youth’s activities). It could also bring the parent to be more involved with the youth’s educational progress.
W17	Who is the adult who lives with you and knows the most about your activities?		
W18	When you think about how your [CAREGIVER] acts toward you, in general, would you say your [CAREGIVER] is very supportive, somewhat supportive, or not very supportive?	NLSY97	
W19	How much does your [CAREGIVER] know...		
W19a	—about your close friends, that is, who they are? Do you think she/he knows nothing, just a little, some things, most things, or everything?	NLSY97	
W19b	—about who you are with when you are not at home?	NLSY97	
W19c	—about who your teachers are and what you are doing in school	NLSY97	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
W20	When you were growing up, in general, was he very supportive, somewhat supportive, or not very supportive of you?	NLSY97	W20-21c These questions measure the youth’s contact with his/her father. Most MTO households originally consisted of single mothers with children, and there is no prior information on fathers in these cases. Other youth will report regarding the father as a member of the current household. It is hypothesized that the MTO treatment could lead to changes in the relationship between the father and the mother and/or child.
W20a	In the past 12 months, how often have you seen your father?	3CITY, modified	
W21	How much does your father know...	NLSY97	
W21a	—about your close friends, that is, who they are? Do you think he knows nothing, knows just a little, knows some things, knows most things, or knows everything?		
W21b	—about who you are with when you are not at home?		
W21c	—about who your teachers are and what you are doing in school?		
SECTION X: EMOTIONS			
X1	In the past 30 days, how often have you had the following experiences?	NCSR	X1-1f These items comprise a scale of non-specific psychological distress, with a broad range outside particular psychiatric disorders. Item selection was originally done for the National Health Interview Survey that included extensive psychometric evaluation, with choices made from an initial set of over 1000 items through a combination of expert review and statistical analysis. It is hypothesized that the MTO treatment may affect psychological distress through different mechanisms, including reductions in stress and exposure to violence,
X1a	—How often did you feel nervous – all of the time, most of the time, some of the time, a little of the time, or none of the time?		
X1b	—How often did you feel hopeless?		
X1c	—How often did you feel restless or fidgety?		
X1d	—How often did you feel so depressed nothing could		

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
X1e X1f	cheer you up? —How often did you feel everything was an effort? —How often did you feel worthless?		changes in parenting, and changes in peer relationships.
X2	Have you ever in your life had a time lasting a few days or longer when most of the day you felt sad, empty or depressed?	NCSR	X2-16a These questions are a new sequence of items about depression and generalized anxiety currently being used as part of the NATIONAL COMORBIDITY SURVEY REPLICATION: ADOLESCENT SUPPLEMENT (NCSR-AS), being administered to 10,000 6-12th grade students in the U.S during 2001. There are four segments to the sequence: a set of screening questions to establish the language in which the respondent views the problem; questions measuring episode intensity; questions measuring severity; and a set of questions on symptoms.
X3	During times of this sort, did you ever feel discouraged about how things were going in your life?	NCSR	
X3a,3b	During the times of being sad, empty, or depressed did you ever lose interest and become really bored with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies , sports, playing computer games, or going out with friends?	NCSR	
X4	Have you ever had any time lasting a few days or longer when most of the day you felt very discouraged or hopeless about how things were going in your life?	NCSR	
X5	During times like this, did you ever lose interest and become really bored with most things like school, work, hobbies, and other things that are usually fun for you, like listening to music, watching TV, movies, sports, playing computer games, or going out with friends?	NCSR	The NCSR-AS items included here serve as screens for a longer battery of items designed to produce the first national estimates for youth of psychiatric disorders such as major depressive episode and generalized anxiety disorder. By administering the initial items in this sequence to the MTO youth sample, we can use the national data for the complete set of items to develop a scale based on statistical prediction relating the number of symptoms from the initial sequence to the diagnosis from the full set of questions. This will allow us to conduct analyses of predicted depression diagnoses with youth, as we already intend to with adults.
X6	[INTERVIEWER:LET [BAD-A]= “SAD, DISCOURAGED, OR REALLY BORED” LET [BAD-N]= “SADNESS, DISCOURAGEMENT OR BOREDOM”]		
X7	[INTERVIEWER: LET [BAD-A]= “SAD OR DISCOURAGED,” LET [BAD-N]= “SADNESS OR DISCOURAGEMENT”]		

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
X8	[INTERVIEWER: LET [BAD-A]= “SAD OR REALLY BORED,” LET [BAD-N]= “SADNESS OR BOREDOM”]		
X9	[INTERVIEWER: LET [BAD-A]= “SAD,” LET [BAD-N]= “SADNESS”]		
X10	[INTERVIEWER: LET [BAD-A]= “DISCOURAGED OR REALLY BORED,” LET [BAD-N]= “DISCOURAGEMENT OR BOREDOM”]		
X11	[INTERVIEWER: LET [BAD-A]= “DISCOURAGED,” LET [BAD-N]= “DISCOURAGEMENT”]		
X12	Have you ever had a time lasting a few days or longer when you lost interest and became bored with most things you usually enjoy like work, hobbies, and personal relationships?	NCSR	
X13	Was there ever a time when you felt this way most of the day almost every day for two weeks or longer?	NCSR	
X13a	What is the longest period of time you ever had when you became really bored with most things you usually enjoy? Was it three days or longer?	NCSR	
X13b	[INTERVIEWER: LET [BAD-A]= “REALLY BORED,” LET [BAD-N]= “BOREDOM”]		
X14	[INTERVIEWER CHECKPOINT: SEE X13a]		
X15	[INTERVIEWER: LET [BAD-A]= “REALLY BORED,” LET [BAD-N]= “BOREDOM”]		
X16	Did you ever have a period of time when you felt ([BAD-A] sad/or/discouraged/or/bored) that lasted most of the day, almost every day, for two weeks or longer?	NCSR	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
X16a	How long was the longest period of time you ever had when you were [BAD-A] sad/or/discouraged/or/bored most of the day?	NCSR	<p>X17-27f</p> <p>These questions measure anxiety as an aspect of mental health, an outcome of interest to this study for adults and youth. The sequence was chosen from the NCSR-AS as specifically suitable for our purposes, since it allows the study of lifetime and 12-month prevalence of disorders. After the screening questions (X28), there are three sections to this sequence: type of anxiety; duration; and past year symptoms. Respondents are asked only about issues of particular concern to them and the actual time required (when skip patterns are followed) is relatively short.</p>
X17	[INTERVIEWER CHECKPOINT: IF DURATION TWO DAYS OR LESS, SKIP TO X28]		
X18	Did you ever have a year or more in your life when just about every month you had a time lasting several days or longer when you felt ([BAD-A] sad/or/discouraged/or/bored)?	NCSR	
X19	Think of times lasting several days or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of ([BAD-N] sadness/or/discouragement/or/lack of interest) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?	NCSR	
X19a	[INTERVIEWER: LET [PERIOD]= LASTING "SEVERAL DAYS," SKIP TO X21]		
X20	Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of ([BAD-N] sadness/or/discouragement/or/lack of interest) usually last less than one hour a day,	NCSR	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
	between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?		
X20a	[INTERVIEWER: LET [PERIOD]= “TWO WEEKS”]		
X21	How strong were your bad feelings during those times--mild, moderate, severe, or very severe?	NCSR	
X22	How often, during those times, did you feel so bad that nothing could cheer you up—often, sometimes, not very often, or never?	NCSR	
X23	How often, during those times, did you feel so bad that you could not carry out your daily activities--often, sometimes, not very often, or never?	NCSR	
X24	[INTERVIEWER CHECKPOINT: SEE X21, X22, X23:] IF “MILD FEELINGS,” “NEVER SO BAD,” AND “NEVER INTERFERES,” SKIP TO X28 (X21 EQUALS “1” AND X22 EQUALS “4” AND X23 EQUALS “4”)		
X25	People who have times of feeling ([BAD-A] sad/or/discouraged/or/bored) often have other problems at the same time. These include things like changes in sleep, eating, energy, the ability to keep their mind on things, feeling badly about themselves, and other problems. Did you ever have any of these problems during a time when you were ([BAD-A] sad/or/discouraged/or/bored)?	NCSR	
X26	Did you have a time of being ([BAD-A] sad/or/discouraged/or/bored) with some of the other problems lasting ([PERIOD] several days or longer/two weeks or longer) in the past 12 months?	NCSR	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
X27	In answering the next questions, think about the time ([PERIOD] several days/two weeks) or longer during that episode when your ([BAD N sadness/or/ discouragement/or/boredom) and other problems were worst. During that time, which of the following problems did you have most of the day or almost every day:	NCSR	
X27a	Did you feel sad, empty or depressed for most of the day?	NCSR	
X27b	During that time, did you feel discouraged about how things were going in your life?	NCSR	
X27c	Did you sleep a lot more than usual?	NCSR	
X27d	On most days, did you feel that you didn't have much energy?	NCSR	
X27e	On most days did you have a lot more trouble keeping your mind on things than is normal for you?	NCSR	
X27f	Did you lose your self-confidence?	NCSR	
X27g	[INTERVIEWER: IF 0 OR 1 SYMPTOM(S) IN X27a-f, SKIP TO X28]		
X27h	Did you have a time of being ([BAD-A] sad/or/ discouraged/or/ bored) with some of the other problems lasting ([PERIOD] several days/two weeks) or longer in the past 12 months?	NCSR	
X28	Did you ever have a time in your life when you were "a worrier"—that is, when you worried a lot more about things than other people with the same problems as you?	NCSR	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
X28a	[INTERVIEWER: LET [WORRY-A]= “WORRIED, NERVOUS OR ANXIOUS,” LET [WORRY-N]= “WORRY, NERVOUSNESS OR ANXIETY”] (SKIP TO X29)		
X28b	Did you ever have a time in your life when you were much more nervous or anxious than most people with the same problems as you?	NCSR	
X28c	[INTERVIEWER: LET [WORRY-A]= “NERVOUS OR ANXIOUS,” LET [WORRY-N]= “NERVOUSNESS OR ANXIETY”] (SKIP TO X29)		
X28d	Did you ever have a period lasting one month or longer when you were anxious or worried most days?	NCSR	
X28e	[INTERVIEWER: LET [WORRY-A]= “ANXIOUS OR WORRIED,” LET [WORRY-N]= “ANXIETY OR WORRY”] (SKIP TO X29)		
X29	The next questions are about that time. What kinds of things were you were worried or nervous or anxious about during that time? Anything else [that made you ([WORRY-A] worried or anxious/nervous or anxious/anxious or worried)]?	NCSR	
X30	[INTERVIEWER CHECKPOINT: IF WORRIED EXCLUSIVELY ABOUT ONE <u>SPECIFIC</u> THING:] (SKIP TO X36)		
X31	Do you think your ([WORRY-N] worry or anxiety/nervousness or anxiety/anxiety or worry) was ever a lot stronger than it should have been?	NCSR	
X32	How often did you find it hard to stop your ([WORRY-N] worry or anxiety/nerves or anxiety/anxiety or worry)—often, sometimes, not very often, or never?	NCSR	
X32a	How often were you so nervous or worried that you could not think about anything else, no matter how hard you	NCSR	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
	tried—often, sometimes, not very often, or never?		
X32b	[INTERVIEWER CHECKPOINT: SEE X32, X32a. IF “HARD TO STOP” OR “COULD NOT THINK OF ANYTHING ELSE” OR “NOT VERY OFTEN” OR LESS (X32>=3 <u>OR</u> X32a>=3):] (SKIP TO X36)		
X33	What is the longest number of months or years in a row you ever had when you were ([WORRY-A] worried or anxious/nervous or anxious/anxious or worried) most days? Did you ever have a time that lasted 6 months or longer? [IF NOT] Did you ever have a time that lasted one month or longer?	NCSR	
X33a	[INTERVIEWER: IF AT LEAST 6 MONTHS (X33>6) THEN LET [MONTHS]= “SIX MONTHS”; OTHERWISE LET [MONTHS]= “ONE MONTH”]		
X34	Think of the time lasting ([MONTHS] one month/six months) or longer when your ([WORRY-N] worry or anxiety/nervousness/anxiety or worry) was the worst. During that time, did you often have any of the following experiences?:	NCSR	
X34a	Did you often feel restless or on the edge?		
X34b	Did you often get tired very easily?	NCSR	
X34c	Were you often more irritable or grouchy than usual?	NCSR	
X34d	Did you often have trouble concentrating or keeping your mind on what you were doing?	NCSR	
X34e	Did your muscles often feel tense or sore?	NCSR	
X34f	Did you often have trouble falling or staying asleep?	NCSR	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
X35	Did you have an episode of being ([WORRY-A]worried or anxious/nervous or anxious/anxious or worried) lasting at least one month or longer in the past 12 months?	NCSR	
X36	I am going to read a list of items that describe feelings or thoughts people sometimes have. For each item that describes you now or in the past six months, please tell me if it is often true, sometimes true, or not true of you.	PHDCN-II	X36-36k These items measure behavioral problems among youth. The list has been expanded, relative to the younger children, in order to enhance analysis at different ages. Items from PHDCN-II are a subset of the index developed by T.M. Achenbach. Parallel items are asked of parents for anti-social, headstrong, hyperactivity, immaturity, and peer problem subscales. Positive items have been added to make the sequence more comfortable for the respondent.
X36a	I have trouble concentrating or paying attention. Is this very true or often true, somewhat or sometimes true, or not true of you?	PHDCN-II	
X36b	I lie or cheat.	PHDCN-II	
X36c	I tease others a lot.	PHDCN-II	
X36d	I disobey my parents.	PHDCN-II	
X36e	I have trouble sitting still.	PHDCN-II	
X36f	I have a hot temper.	PHDCN-II	
X36g	I would rather be alone than with others.	PHDCN-II	
X36h	I hang around with kids who get into trouble.	PHDCN-II	
X36i	I disobey at school.	PHDCN-II	
X36j	I don't get along with other kids.	NLSY, modified	
X36k	I have trouble getting along with teachers.	NLSY, modified	

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
SECTION Y: TIME USE			
Y1	We are interested in how you spend time in the late afternoon. The next few questions will be about this past [WEEKDAY], starting at 3:45 pm. Can you tell me where you were at 3:45 on [WEEKDAY]?	??	<p>Y1-19</p> <p>This section collects information on daily youth activities and contact with adults, using a randomly selected day (Monday-Friday) and three specific points in time: 3:45 PM, 5:30 PM, and 7:30 PM. It is designed to capture after-school supervision and adult contact and to supplement other information gathered in this regard elsewhere. The sequence also allows for youth who are not in school. It is hypothesized that the nature of youth's activities and the level of supervision will change as they move from high- to low-poverty neighborhoods.</p> <p>In MTO experimental group families, we expect to see youth devote more time to structured activities. We also expect to see greater community monitoring of youth by adults other than those in the youth's immediate family. With moves into safer neighborhoods, parental practices may become less restrictive and authoritative.</p>
Y2	Is this provider paid to take care of you?	??	
Y3	Were you playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?	??	
Y4	Were you playing on an unorganized sports team, participating in some organized activity, in class or tutoring, or doing something else?	??	
Y5	At 3:45, was there an adult present, who could see or hear you?	??	
Y6	At 3:45, was your mother present where she could see or hear you?	??	
Y7	Now let's talk about 5:30pm. Where were you at 5:30 on [WEEKDAY]?		
Y8	Is this provider paid to take care of you?		
Y9	Were you playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?		
Y10	Were you playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else?		
Y11	Were there other youth at [PLACE] with you at 5:30?		

Revised for HUD and OMB
August 22 2001

Question Number	Question	Source	Justification
Y12	At 5:30, was there an adult present, who could see or hear you?		
Y13	At 5:30, was your mother present where she could see or hear you?		
Y14	Now let's talk about 7:30 pm. Where were you at 7:30 on [WEEKDAY]?		
Y15	Is this provider paid to take care of you?		
Y16	Were you playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?		
Y17	Were you playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else?		
Y18	At 7:30, was there an adult present, who could see or hear you?		
Y19	At 7:30, was your mother present where she could see or hear you?		
SECTION Z: FUTURE PLANS			
Z1	Think about how you see your future. What are the chances that...	MTO-NY	Z1-1b These questions provide indicators of the youth's view of his/her future in various dimensions. They
Z1a	You will complete college? Would you say very low, low, about 50-50, high, or very high?	MTO-NY	
Z1b	You will find a stable, well-paid job as an adult?	MTO-NY	

Appendix G:

**Item-by-Item Justification
for the Interim Survey of Children**

Interim Survey of Children: Item-by-Item Justification

Question Number	Question	Source	Justification
SECTION O: EDUCATION			
O1	Do you go to school?	MTO Baseline, modified	O1-2 School enrollment is not only a crucial outcome for MTO children but also an important mediating factor. Neighborhoods influence child outcomes through several mechanisms, and school is one of them. Information on specific school and location is gathered in the Parent-on-Child module of the Household Survey and this will prove crucial in helping us gather administrative data on school quality. With an MTO move, we want to know whether children also change schools and how this may affect child outcomes.
O2	Why don't you go to school?	Original	
O3	During the school year, how often are you late for school?	SPD98, Modified	O3-5b Though we are measuring math and verbal skills directly through achievement tests, there is a possibility that after 5 years, a move to a lower-poverty neighborhood may not yet have affected test scores. These questions on change in attitude towards school and school effort are strongly correlated with future change in achievement. Questions 4-4f look at school/classroom environment, an important factor in shaping educational attainment. We expect that MTO may affect educational outcomes by allowing mover families access to schools that not only have more resources, better teachers and higher quality of instructions, but perhaps a more nurturing environment for learning (safety, teacher interest) and more positive peer influences.
O4	Thinking about your school, in general, how much do you agree with each of the following statements about your school and teachers:	NLSY97	
O4a	—The teachers are interested in students.	Original	
O4b	—Disruptions by other students get in the way of my learning	NLSY97	
O4c	—Discipline is fair.	NLSY97	
O4d	—There is a lot of cheating on tests and assignments.	NLSY97	
O4e	—I feel safe at this school.	NLSY97	
O4f	---I have my own Math textbook that I can take home with me to do my homework.	MTO NY	
O5	Next, I will read some sentences about school. After I read the sentence, please tell me whether the statement is not at all true, not very true, sort of true, or very true for you during the last school year.		
O5a	—I work very hard on my schoolwork	SPD98	
O5b	—I pay attention in class.	SPD98	

Revised for HUD
August 21, 2001

Question Number	Question	Source	Justification
SECTION P: NEIGHBORHOOD, DANGER, AND RISK			
P1	Which of the following statements best describes how satisfied you are with your neighborhood?	MTO Baseline	<p>P1-7e</p> <p>Questions in this section measure child victimization and exposure to violence. In prior studies with the MTO population, fear of crime and victimization were identified as factors with pervasive impact on family's lives and as the main reason families wanted to move away from public housing. Exposure to violence can affect child outcomes at many levels. It affects social interactions and limits healthy activities like playing outside the house. It may have a strong impact on child and adult mental health (depression and generalized anxiety disorder). It may affect the type of parenting and the level of monitoring children receive, and it may also affect educational outcomes.</p> <p>We ask children specifically about gangs (questions 4-5) because we are interested in child peer influences as well as possible later delinquency. We expect that, with a move to a low-poverty neighborhood, incidence of drug sales, gunshots, victimization, exposure to violence, and exposure to gangs will be significantly lower.</p>
P2	During the past 30 days, have you seen people using or selling illegal drugs in your neighborhood?	Original	
P2a	How often have you seen people using or selling illegal drugs in your neighborhood — almost every day, once a week, or once or twice in the past 30 days?	Original	
P3	During the past 30 days have you heard gunshots in your neighborhood?	Original	
P3a	How often have you heard gunshots in your neighborhood — almost every day, once a week, or once or twice in the past 30 days?	Original	
P4	Are there any gangs in your neighborhood or where you go to school? By gangs we mean a group of people that has set clear boundaries of its territory or turf, protects its members and turf against other rival gangs through fighting or threats, hangs out together, and wears gang colors or clothes. By a gang that hangs out together, we do not mean just a group of friends.	NLSY97, modified	
P5	Do any of your brothers, sisters, cousins, or friends belong to a gang?	NLSY97	
P6	In the past 12 months, that is, since [MONTH last year] how many times did you get into a serious physical fight?	AH Modified	
P6a	Which of these is the closest to the number of times you got into a serious physical fight in the past 12 months?	AH	
P6b	The last time you were in a physical fight, where did it occur?	AH	

Revised for HUD
August 21, 2001

Question Number	Question	Source	Justification
P7	During the past 12 months, that is, since (MONTH last year) how often did each of the following things happen—never, once, or more than once?	AH, modified	
P7a	—You saw someone shoot or stab another person.	AH	
P7b	—Someone pulled a knife or gun on you.	AH	
P7c	—Someone shot you.	AH	
P7d	—Someone cut or stabbed you.	AH	
P7e	—You were jumped.	AH	
P8	About how many friends do you have who you play with, hang out with, talk on the phone, or get together with?	NCSR, modified	P8-11a These questions look at child leisure activities, specifically at friendships, watching television, and reading for fun.
P9	During the hours when you are not at school, how often do you play with, talk on the phone, hang out, or get together with (this friend/these friends) — most every day, a few times a week, a few times a month, about once a month, or less than once a month?	NCSR, modified	The friendship questions for children provide some measure of isolation and of how often this child interacts with other children. For children that move from a higher to lower-poverty neighborhoods, we expect to find a higher degree of isolation compared to controls. While moving to a safer neighborhood might make playing and interacting with other children easier, racial and social differences in a potentially less diverse neighborhood could make for a lonelier experience for lower-income minority children.
P10	How many hours each week do you read for fun? (Do not count school-assigned reading.)	NLSY79	
P10a	Which of these is closest to the amount of time you usually spend on reading for fun? 1-4 hours; 5-9 hours; 10-14 hours; 15-19 hours; 20 or more hours?	NLSY79	We are also interested in the number of hours children spend reading a week. Time spent on reading could increase as a result of the different schools and contact with higher-SES children. The number of hours that children read for fun may also be a mediator of improved achievement.
P11	Think for a moment about a typical weekday. By weekday I mean Monday through Friday, not the weekend when you are not in school. How much time would you say you spend watching television on a typical weekday?	NLSY97	The number of hours the child usually watches TV will be indicative of the amount of time that he/she does not spend doing other activities such as physical activities, playing with other children, or reading.

Revised for HUD
August 21, 2001

Question Number	Question	Source	Justification
P11a	Which of these is closest to the amount of time you usually spend on watching television? 1-4 hours per day; 5-9 hours per day; 10-14 hours per day; 15-19 hours per day; 20 or more hours per day?	NLSY79	
SECTION Q: HEALTH			
Q1	Now I'd like to ask you some questions about your health. In general, how is your health: would you say it is excellent, very good, good, fair, or poor?	NLSY97	Q1 This question—along with the parent's answer to the same question—measures the sample child's general health, one of the key outcome variables in the study. Findings from the MTO Boston study suggest that general health status improves with moves to low-poverty areas, and health status is highly correlated with current medical conditions and life expectancy.
Q1a	On how many of the past 7 days did you exercise or participate in physical activity that made you sweat and breathe very hard, such as basketball, soccer, running, swimming, or fast bicycling?	YRBSS, modified	Q1a-3 These questions will be used to measure obesity, a basic health outcome with higher incidence in low-income populations in the U.S. Obesity is an acknowledged problem starting in childhood. Moves to low-poverty neighborhoods may reduce obesity through several mechanisms: lower incidence of depression and stress; behavioral changes (like exercise, Q1a) and different social norms about eating habits. We will measure height and weight directly for children younger than 12, because research shows that in this age group self-reports and parental reports are inaccurate and unreliable. Q1b will complement data on obesity and help reveal whether eating habits vary by location. Differences may arise from income but could also be due to the availability and marketing of different types of foods or exposure to different norms—all of which could be influenced by MTO. The Surgeon General has identified nutrition as a leading health indicator in its own right, and it is also an important mediator for other outcomes such as obesity.
Q1b	In a typical week, on how many days — from zero to seven — do you eat at least some green vegetables or fruit?	NLSY97	
Q2	Now I'd like to take a little break just to see how tall you are and how much you weigh. Height: _____	Original	
Q3	Weight: _____	Original	

Revised for HUD
August 21, 2001

Question Number	Question	Source	Justification
Q4	Now I would like to talk to you about some different feelings you may have. For each one I'll ask you if you felt that way all of the time, most of the time, some of the time, a little of the time, or none of the time: In the past 30 days, how often have you had the following experiences...?	NCSR-AS	Q4-4f [FOR 10-11 YEAR OLDS ONLY] These questions are considered the key indicators of depression for children 10-11 and are valid in self-reports. Numerous studies have demonstrated higher incidences of depression and anxiety among low-income populations and those living in low-income communities. The rate of adult depression among the MTO population prior to intervention was significantly higher than that in the community at large; these questions allow the first measurement of depression among the children in MTO families. For children as for adults, the MTO treatment can directly affect mental health outcomes by reducing the stress associated with living in a high-poverty community. But it is also possible that treatment group members will experience increased feelings of social isolation as a result of moving to a new community, contributing to increased depression.
Q4a	How often did you feel nervous?	NCSR-AS	
Q4b	How often did you feel hopeless?	NCSR-AS	
Q4c	How often did you feel restless or fidgety?	NCSR-AS	
Q4d	How often did you feel so depressed that nothing could cheer you up?	NCSR-AS	
Q4e	How often did you feel everything was an effort?	NCSR-AS	
Q4f	How often did you feel worthless?	NCSR-AS	
SECTION R: BEHAVIOR AND FAMILY DYNAMICS			
	I am going to read another list of items that describe feelings or thoughts people sometimes have. In the last 6 months, for each item that I read, please tell me if it is often true, sometimes true, or not true of you.	PHDCNII	R1-13 These items measure behavior problems among children. Previous MTO research in Boston found fairly large impacts on the prevalence of some behavior problems among boys (as reported by a parent) but statistically insignificant impacts on girls. Using data from the NLSY-CH, we also found that parental reports of behavior problems at ages 8 to 14 were statistically significant predictors of socioeconomic outcomes (alcohol use, drug use, criminal involvement, and school enrollment) measured 4 to 8 years later. Other research has shown the predictive utility of child behavior problems data for future delinquency and lack of educational achievement. We want to verify these findings by asking both parents and children about the child's problem behaviors, so items parallel to these are asked in the Parent-on-Child module. They include questions from the anti-social, headstrong, hyperactivity, immaturity, and peer problem subscales.
R1	—I have trouble concentrating or paying attention.	PHDCNII	
R2	—I lie or cheat.	PHDCNII	
R3	—I tease others a lot.	PHDCNII	
R4	—I disobey my parents.	PHDCNII	
R5	—I don't get along with other kids	Achenbach YSR-25	
R6	—I have trouble sitting still.	PHDCN-II	
R7	—I have a hot temper.	PHDCNII	
R8	—I would rather be alone than with others.	PHDCNII	
R9	—I try to get a lot of attention.	PHDCNII	

Revised for HUD
August 21, 2001

Question Number	Question	Source	Justification
R10	—I'm too dependent on adults.	Achenbach YSR-11	Questions from PHDCN-II are a subset of the index developed by T.M. Achenbach.
R11	—I hang around with kids who get into trouble.	PHDCNII	
R12	—I disobey at school.	PHDCNII	
R13	—I have trouble getting along with teachers.	NLSY 79-CS, Modified	
R14 R15	Now we would like to know about your relationship with your mother, or with the adult most responsible for taking care of you or who knows the most about your Activities: —Do you live with your mother? —Who is the adult who lives with you and knows most about your activities?	Original	<p>R14-17d We are interested in learning about how moving from a high- to a low-poverty neighborhood might affect parenting and home environment, which in turn could have direct implications for child development.</p> <p>A large body of empirical research has documented associations between parenting and the home environment and developmental outcomes such as cognitive functioning, behavior problems, social functioning, academic achievement, and physical and mental health. Parenting and home environment may be associated with neighborhood of residence. A move to a low-poverty neighborhood may change the parent's sense of safety, reduce levels of depression and stress, and change social and parenting norms. Questions on level of parental support and parental monitoring are a way of assessing parenting styles.</p>
R16	When you think about how your [CAREGIVER] acts toward you, in general, would you say your [CAREGIVER] is very supportive, somewhat supportive, or not very supportive?	NLSY97, modified	
R17	How much does your [CAREGIVER] know...		
R17a	—about your close friends, that is, who they are?	NLSY97	
R17c	—about who you are with when you are not at home?	NLSY97	High levels of parental monitoring are associated with fewer problem behaviors (i.e., less delinquency, substance use, and risky sexual activity) as well as with better school performance for children. While better parenting may require some degree of monitoring, moving to a lower-poverty and safer neighborhood might actually require less close monitoring.
R17d	—about who your teachers are and what you are doing in school?	NLSY97	
R18	Now I'd like to talk with you about your father. When you were growing up, in general, was he very supportive, somewhat supportive, or not very supportive of you?	NLSY97, Modified	<p>R18-20 Questions 18-20 are about paternal monitoring, level of support and participation in child's life (discussed above). We also measure contact with absent fathers.</p>

Revised for HUD
August 21, 2001

Question Number	Question	Source	Justification
R18a	In the past 12 months, that is, since [MONTH last year] how often have you seen your father -- almost every day, once a week, once a month, a few times, or never in the past 12 months?	3 CITY, Modified	Paternal contact may affect children's outcomes positively if the father is a good role model, mentor, or skilled parent. Whether the father is supportive has been shown to be highly correlated with other positive parenting measures.
R19	How much does your father know...	NLSY97	Lack of contact with a non-supportive father may also be a good thing, if the father was abusive or otherwise not a good role model or parent. We will complement this with a question on level of monitoring/ father's knowledge of child's life.
R19a	—about your close friends, that is, who they are?	NLSY97	
R19b	—about where you are with when you are not at home?	NLSY97	
R19c	—about who your teachers are and what you are doing in school?	NLSY97	
R20	Now I'd like to talk to you about how you see yourself in the future. Please tell me what you think the chances are for each of the following, choosing from very low, low, about 50-50, high or very high. Think about how you see yourself in the future. What are the chances that...	MTO NY	<p>R20-20c These questions provide indicators of the child's future expectations in domains that are of particular interest: education and employment.</p> <p>By providing more opportunities, the MTO treatment could influence child expectations of the future. And outlook and expectations can themselves be important determinants shaping child outcomes.</p>
R20a	You will complete college?	MTO-NY	
R20b	You will find a stable, well-paid job as an adult?	MTO-NY	

Appendix H:

Federal Register Notice

Health, 6701 Rockledge Drive, Room 5156, MSC 7842, Bethesda, MD 20892, (301) 435-1739.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel.

Date: June 29, 2001.

Time: 8:30 a.m. to 9:30 a.m.

Agenda: To review and evaluate grant applications.

Place: Swissotel Washington, The Watergate, 2650 Virginia Avenue, NW., Washington, DC 20037.

Contact Person: Richard D. Rodewald, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, Room 5142, MSC 7840, 6701 Rockledge Drive, Bethesda, MD 20892, (301) 435-1024, rodewalr@csr.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel.

Date: June 29, 2001.

Time: 8:30 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Hyatt Regency, Chesapeake Suites, One Bethesda Metro Center, Bethesda, MD 20814.

Contact Person: Karen Sirocco, PhD., Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3184, MSC 7848, Bethesda, MD 20892, 301-435-0676, siroccok@csr.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel.

Date: June 29, 2001.

Time: 9 a.m. to 4 p.m.

Agenda: To review and evaluate grant applications.

Place: Marriott Spring Hill Suites, 9715 Washingtonian Blvd., Gaithersburg, MD 20878.

Contact Person: Stephen M. Nigida, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4112, MSC 7812, Bethesda, MD 20892, (301) 435-3565.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel.

Date: Jun 29, 2001.

Time: 1 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Holiday Inn—Silver Spring, 8777 Georgia Avenue, Silver Spring, MD 20910.

Contact Person: Tracy E. Orr, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of

Health, 6701 Rockledge Dr., Room 5118, Bethesda, MD 20892, (301) 435-1259, orrt@csr.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel.

Date: June 29, 2001.

Time: 12 p.m. to 2 p.m.

Agenda: To review and evaluate grant application.

Place: NIH, Rockledge 2, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Elaine Sierra-Rivera, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4136, MSC 7804, Bethesda, MD 20892, 301-435-1779, riverse@csr.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine, 93.306; 93.333, Clinical Research, 93.333, 93/337, 93.393-93.396, 93.837-93.844, 83.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: June 11, 2001.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 01-15254 Filed 6-15-01; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4653-N-07]

Notice of Proposed Information Collection for Public Comment: Interim Evaluation of Moving to Opportunity Demonstration

AGENCY: Office of the Assistant Secretary for Policy Development and Research, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act of 1995. The Department is soliciting public comments on the subject proposal.

DATES: *Comments Due Date:* August 17, 2001.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Reports Liaison Officer, Office of Policy Development and Research, Department

of Housing and Urban Development, 451 7th Street, SW., Room 8226, Washington, DC 20410-5000.

FOR FURTHER INFORMATION CONTACT:

Todd Richardson at, (202) 708-3700, extension 5706 for copies of the proposed forms and other relevant documents. (This is not a toll-free number). The proposed forms and other documents can also be viewed via the internet at the web site <http://www.huduser.org/research/eval.html>.

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended). This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated collection techniques or other forms of information technology; e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: Data Collection for the Interim Impact Evaluation of the Moving to Opportunity Demonstration.

Description of the need for the information and proposed use: This request is for the clearance of several survey instruments for the Interim Evaluation of the Moving to Opportunity (MTO) demonstration program. Authorized by Congress in the Housing and Community Development Act of 1992, MTO is a unique experimental research demonstration designed to learn whether moving from a high-poverty neighborhood to a low-poverty neighborhood significantly improves the social and economic prospects of poor families. Families living in high poverty public and assisted housing in Baltimore, Boston, Chicago, Los Angeles and New York who applied for MTO were randomly assigned into two treatment groups and one control group between 1994 and 1998. Families assigned to the treatment groups were provided Section 8 to allow them to move out of the high poverty

developments. Families in one of the treatment groups received intensive mobility counseling and were required to lease a unit in a neighborhood with less than ten percent poverty. The other treatment group families could lease a unit wherever they chose, but only received the normal housing authority counseling. Those families assigned to the control group did not receive any Section 8 assistance but continued to receive project-based assistance.

This data collection is necessary to measure impacts and mediators approximately 5-years after families were randomly assigned to the two treatment groups and the control group. The data are planned to be collected for six primary domains: housing mobility and assistance; adult education, employment and earnings; household income and cash assistance; adult, youth, and child physical and mental health; youth and child social well-being, including delinquency and risky behavior; and youth and child educational performance.

An estimated 3,800 adults heads of household will be interviewed using the adult interview guide. In addition to questions about themselves and their household in general, adults will be asked questions about up to two randomly selected children/youth between the ages of 5 and 19. Approximately 3,000 youth between the ages of 12 and 19 will be interviewed using the youth interview guide. An estimated 2,100 children between the ages of 8 and 11 will be interviewed using the child interview guide. Finally, the youth and children noted above plus approximately 900 children between the ages of 5 and 7 will take an educational achievement test to measure reading and math skills. All interviewers and testing will be conducted in-person by interviewers using computer-assisted personal interviewing (CAPI) software to directly input the data into a laptop computer. The youth interviewing and testing will take place at conveniently located test centers. Incentive payments will be made to respondents participating in this survey in order to ensure a high response rate. Adult respondents will receive \$10 for responding to an initial mailing seeking contact information, \$50 for responding to the main adult survey instrument, and \$25 for answering questions about their youth/children. Youth will receive \$50 for responding to the interview and completing the achievement test. Small gifts (worth \$5 or less) for children under 12 who cooperate with testing and (if 8–11) the interview. Data gathered will be used by Abt Associates and the National Bureau of Economic

Research to prepare a report to HUD on the interim impacts of MTO. Subject to maintaining the privacy and confidentiality of respondents, the data collected will also be used by academics and HUD policy analysts to further explore what specific neighborhood mediating factors contribute to the neighborhood impact on outcomes for families and children. The information will be used by HUD and Congress to guide future housing policy in many areas, including housing mobility assistance and the location and concentration of assisted housing.

Members of affected public: Individuals or households.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: 3,800 adults at 65 minutes; 3,000 youth with 30 minute survey, 45 minute achievement test, and 60 minute travel time to and from test center; 2,100 children ages 8–11 with 15 minute survey and 45 minute achievement test; and 900 children ages 5–7 with 30 minute achievement test. One-time response, total 13,446 reporting burden hours.

Status of the proposed information collection: Pending OMB approval.

Authority: Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: June 8, 2001.

Lawrence L. Thompson,

General Deputy Assistant Secretary for Policy Development And Research.

[FR Doc. 01–15216 Filed 6–15–01; 8:45 am]

BILLING CODE 4210–62–M

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Notice of Extension for Public Scoping Comments for the Preparation of an Environmental Impact Statement for the Proposed Exchange of Lands With Federal Interest on South Fox Island, Leelanau County, MI, Between the State of Michigan and a Private Citizen

AGENCY: Fish and Wildlife Service, Interior, lead; National Park Service, Interior, cooperating; Michigan Department of Natural Resources, cooperating.

ACTION: Notice of intent to prepare an Environmental Impact Statement; extension of comment period.

SUMMARY: This document announces an extension of the comment period for an additional 30 days to allow further participation in the scoping process.

For additional information, the original announcement regarding the notice of intent to prepare an Environmental Impact Statement was published in the **Federal Register** on May 16, 2001, beginning on page 27154. Copies of the document can be obtained by contacting the individuals listed in the original announcement.

The notice of intent and supplementary information can also be viewed via the internet at <http://midwest.fws.gov/nepa>

DATES: Written comments must be received on or before COB July 15, 2001.

FOR FURTHER INFORMATION CONTACT: For the various agencies, the contacts are: Mr. Craig A. Czarnecki, U.S. Fish and Wildlife Service, East Lansing Field Office, 2651 Coolidge Road, Suite 101, East Lansing, MI 48823, telephone: (517) 351–8470, facsimile: (517) 351–1443; or Mr. Jon Parker, U.S. Fish and Wildlife Service, Division of Federal Aid, Bishop Henry Whipple Building, 1 Federal Drive, Fort Snelling, MN 55111; telephone: (612) 713–5142, facsimile: (612) 713–5290; Ms. Elyse LaForest, National Park Service, 15 State Street, Boston, MA 02109, telephone: (617) 223–5190, facsimile: (617) 223–5164; Mr. Doug Erickson, Michigan Department of Natural Resources, Wildlife Division, P.O. Box 30444, Lansing, MI 48909–7944; telephone: (517) 335–4316, facsimile: (517) 373–6705.

William F. Hartwig,

Regional Director, Region 3, Fort Snelling, Minnesota.

[FR Doc. 01–15278 Filed 6–15–01; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

National Park Service

Final Environmental Impact Statement/ Final General Management Plan, New Bedford Whaling National Historical Park, Bristol County, MA

AGENCY: National Park Service, Interior.

ACTION: Notice of availability of final environmental impact statement/ final general management plan.

SUMMARY: Pursuant to Council on Environmental Quality regulations and National Park Service Policy, this notice announces the availability for public review of a Final Environmental Impact Statement/ Final General Management Plan for New Bedford Whaling National Historical Park, Bristol County, Massachusetts. In accordance with the National Environmental Policy Act 102(2)(C) of 1969, the environmental

Appendix I:

MTO Enrollment Agreement

MTO PARTICIPANT ENROLLMENT AGREEMENT

The Housing Authority of _____ has received special Section 8 certificates and vouchers under the Moving to Opportunity for Fair Housing or MTO Program. If you apply and are eligible for the program, the Housing Authority may place you on a special waiting list to get one of these certificates or vouchers. Your application for the MTO program will not affect the housing you now have.

As part of this application, you will fill out a survey which asks questions about you and the people who live with you. You may also be asked to fill out other surveys or be interviewed later. This information will be used only for research purposes.

Because this is a special program with a small number of certificates and vouchers, not everyone will get assistance. To guarantee that all families have the same chance of getting assistance, the Housing Authority will give out certificates and vouchers by lottery. The Housing Authority will contact you to let you know what happens.

If you do get a Section 8 certificate or voucher through the MTO Program, you may be asked to come to meetings about moving and looking for a new neighborhood. There may also be rules about where you can move with your Section 8 certificate or voucher. Finally, you must be willing to follow any other program rules or regulations.

Please check one of the boxes below to show if you want to sign up for the MTO Program. Then please sign your name and fill in the other information.

YES. I have read this form and want to apply for a Section 8 certificate or voucher through the MTO Program. I am willing to follow any special rules for this program. I agree to let the researchers studying this program get information about me or my children from schools, Social Security, welfare, or other government agencies. I understand that this information will be kept private, except as required by law, and that neither my name nor those of my family members will be used in any study report.

NO. I have read this form and have decided not to apply for a Section 8 certificate or voucher through the MTO Program.

Signature

____/____/____
mo day year

Print full name

SSN #: _____ - _____ - _____

Date of Birth ____/____/____
mo day year

A. Current Address of Applicant:

Street: _____ Apt.: _____

Telephone: (____) _____ - _____

C. Is current lease in this applicant's name? 1. Yes 2. No

A. Date of Pre-Application: _____ / _____ / _____
mo day year

B. Date of Eligibility Determination: _____ / _____ / _____
mo day year

1. Eligible , will apply

a. Random Assignment MTO Experimental
Section 8 Comparison
In-place Control

b. Type of Assistance	Certificate
	Voucher

2. NOT eligible Why? a. Not on lease b. Not a family with children
 c. Above income limits d. Not in high poverty census tract
 e. Other (explain)

3. Eligible for program, but declined to participate. Why? _____

Appendix J:

Interim Evaluation Consent Forms

- & Consent Form for Youth 18 and Over
- & Parental Consent Form for Children Ages 5-17
- & Assent Form for Youth Ages 12-17
- & Assent Form for Children Age 5-11

MTO Interim Evaluation
Consent Form Information Page -- Parent of Children Under Age 18

The Department of Housing and Urban Development (HUD) wants to find out what happened to everyone who signed up for Section 8 assistance through the Moving to Opportunity Program (MTO) program. MTO was designed to help some families move out of public housing to other areas. You and your family became part of this research study several years ago, when you applied for the MTO program. You may remember filling out a questionnaire and going through a lottery for MTO, at that time. We are interested in **everyone** who signed up for the MTO program, including those who did not get Section 8 certificates or vouchers, or were not able to use their certificate or voucher.

This research study is important because the answers you provide, and your opinions of the program, will help HUD to determine how to help families improve their housing situation in the future. HUD is interested in finding out about you and your family's housing and neighborhood conditions, education, employment, and health.

We plan to get in touch with you beginning this fall. At that time, we will ask you to schedule a time when we can interview you and possibly one or two of your children. The interview with you will take about 65 minutes and will ask about your house or apartment and neighborhood, any jobs that you may have, your education, health, and well-being. At the same time, we would like to give 5-11 year old children a brief educational achievement test (15-30 minutes) and possibly, a short interview (15 minutes). We would also like to interview 12-19 year old children separately, for approximately 30 minutes plus time for a longer educational achievement test.

In appreciation of your time to complete the survey, you will receive \$50. Your younger children will receive a small gift, and you will be given \$25 for each child between the ages of 5 and 11 who completes the survey and achievement testing. The older children between the ages of 12 and 19 will receive \$50 for completing the survey and testing.

This study will follow strict rules to protect your family's confidentiality. Your identity and privacy will be protected. Neither you nor your children will ever be named in any reports about the study. Because of our commitment to protecting the privacy of individuals who take part in this study, HUD has obtained a "Certificate of Confidentiality", a legal document that lets HUD refuse to give out any information that could identify you, even if a court asks for it. You should understand, however, that researchers are not prevented from taking steps if they believe you may cause serious harm to yourself or others. Although your responses may be looked at individually by HUD, or the researchers from Abt Associates, your name will not be associated with them. Only results from groups of people will be reported.

If you have any questions regarding the research or your consent form, please call Diane Stoner or Tammy Ouellette at Abt Associates at 1-800-777-4279. You will be given a copy of your signed consent form at the time of your interview.

OMB Disclaimer

Public reporting burden for this collection of information is estimated to average 65 minutes per adult response, 30 minutes per 5 to 7 year old response, 60 minutes per 8 to 11 year old response, and 75 minutes per 12 to 19 year old. This estimate includes the time for responding to an interview and completing an achievement test. This agency may not collect this information, and you are not required to respond to this survey, unless this form displays a currently valid OMB control number. HUD will use the information to understand the impact that neighborhoods have on families and improve the design of its housing programs.

Sensitive Information: The information collected is sensitive and is protected by the Privacy Act and a Certificate of Confidentiality."

Consent for Participation in the Moving to Opportunity Study -- Parent of Children under 18

The Department of Housing and Urban Development (HUD) wants to find out what happened to everyone who signed up for Section 8 assistance through the Moving to Opportunity Program (MTO) program. HUD is interested in finding out about you and your family's housing and neighborhood conditions, education, employment, and health. This research study is important because the answers you provide, and your opinions of the program, will help HUD to determine how to help families improve their housing situation in the future. This study is being done by researchers from Abt Associates, a private research company that has done many large studies of housing programs. HUD is paying for the study.

We will call you in the to schedule a time when we can interview you [AND INSERT UP TO 2 CHILDREN'S NAMES]. The interview with you will take about 65 minutes and will ask about your house or apartment and neighborhood, any jobs that you may have, your education, health, and well-being. (At the same time, we would like to give [NAME of 5-11 year old CHILD(REN)] a brief educational achievement test -- 15-30 minutes -- and possibly a short interview --15 minutes.) (We would (also) like to interview and test [NAME of 12-17 year old child(ren)] separately. That interview will be slightly longer, approximately 30 minutes, and the test will take approximately 45 minutes.) Although participating in this study offers no direct benefit to you or your family at this time, please remember that your experience and opinions will help HUD to improve housing programs in the future.

Your participation is voluntary. All information you may provide will be kept strictly confidential. The only risk you take by participating is that you may find some of the questions too personal or embarrassing. Even if you agree to take part, you can refuse to answer any questions that make you uncomfortable. You may stop the interview at any time. ***You will not lose any services or benefits*** if you decide not to participate, skip specific questions, or stop the interview.

Researchers are not allowed to interview or test children without the consent of a parent or guardian. At this time, we would like your permission to interview [Insert up to 2 CHILDREN'S NAMES]. We will, of course, contact you again before we try to talk to your child(ren). If you agree to authorize the researchers to contact your child(ren), please check the box below and then sign and date the form.

- ☐ YES. I have read this form and want my child(ren) to participate in this study. I agree to let the researchers studying the program interview and test my children. I also agree to let them get information about me or my children from schools, Social Security, welfare, or other government agencies. I understand that this information will be kept private, except as required by law, and that neither my name nor those of my children will be used in any study report.

[NAME OF SAMPLE ADULT]
Name of Interviewee

Signature of Interviewee

Date

[NAME OF SAMPLE CHILD]
Name of Child

[DOB OF CHILD]
Date of Birth

[NAME OF SAMPLE CHILD]
Name of Child

[DOB OF CHILD]
Date of Birth

MTO Interim Evaluation
Consent and Assent Form Information Page -- Youth Ages 12-19

The Department of Housing and Urban Development (HUD) wants to find out what happened to everyone who signed up for Section 8 Assistance through the Moving to Opportunity Program (MTO). MTO was designed to help some families move out of public housing to other areas. You and your family became part of this research study when a member of your family applied for the MTO program several years ago. At that time, a member of your family completed a questionnaire and a statement allowing HUD and its researchers to periodically contact him/her and his/her family members

This research study is important because the answers you provide, and your opinions of the program, will help HUD to determine how to help families improve their housing situation in the future. HUD is interested in finding out about you and your housing and neighborhood conditions, education, employment, and health.

This study will follow strict rules to protect your confidentiality. Your identity and privacy will be protected. You will never be named in any reports about the study. HUD has obtained a "Certificate of Confidentiality", a legal document that lets HUD refuse to give out any information that could identify you, even if a court asks for it. You should understand, however, that researchers are not prevented from taking steps if they believe you may cause serious harm to yourself or others. Although your responses may be looked at individually by HUD, or the researchers from Abt Associates, your name will not be associated with them. Only results from groups of people will be reported.

In appreciation of your time to complete the survey, you will receive \$50.

If you have any questions regarding the research or your consent/assent form, please call Diane Stoner or Tammy Ouellette at Abt Associates at 1-800-777-4279. You will be given a copy of your signed form at the time of your interview.

OMB Disclaimer

Public reporting burden for this collection of information is estimated to average 65 minutes per adult response, 30 minutes per 5 to 7 year old response, 60 minutes per 8 to 11 year old response, and 75 minutes per 12 to 19 year old. This estimate includes the time for responding to an interview and completing an achievement test. This agency may not collect this information, and you are not required to respond to this survey, unless this form displays a currently valid OMB control number. HUD will use the information to understand the impact that neighborhoods have on families and improve the design of its housing programs.

Sensitive Information: The information collected is sensitive and is protected by the Privacy Act and a Certificate of Confidentiality."

Consent for Participation in the Moving to Opportunity Study -- Youth Age 18-19

The Department of Housing and Urban Development (HUD) wants to find out what happened to everyone who signed up for Section 8 Assistance through the Moving to Opportunity Program (MTO) Program. You and your family became part of this research study in [Random Assignment Year]. At that time, [NAME of APPLICANT] completed a questionnaire and a statement allowing HUD and its researchers to periodically contact (him/her) and (his/her) family members. HUD would like to find out about you and your housing and neighborhood conditions, education, employment, and health. We would like to talk to you directly since we are interested in what has happened to all household members, not just the person who applied.

This research study is important because the answers you provide, and your opinions of the program, will help HUD to determine how to help families improve their housing situation in the future. The study is being done by researchers from Abt Associates, a private research company that has done many large studies of housing programs. HUD is paying for the study.

We plan to get in touch with you beginning this Fall. At that time, we will ask you to schedule a time when we can interview you. Your participation will consist of a short interview (approximately 30 minutes) and an educational achievement test (30-45 minutes). Although participating in this study offers no direct benefit to you at this time, please remember that your experience and opinions will help HUD to improve housing programs in the future. Your responses and test scores will be kept confidential. You will not be identified by name.

Your participation is voluntary. The only risk you take by participating is that you may find some of the questions too personal or embarrassing. Even if you agree to take part, you can refuse to answer any questions that make you uncomfortable. You may stop the interview at any time. ***You will not lose any services or benefits*** if you decide not to participate, skip specific questions, or stop the interview.

Researchers are not allowed to interview people without their consent. At this time, we would like your permission to interview you and conduct an educational achievement test. If you consent to be interviewed, please check the box and then sign and date the form.

☐ YES. I have read this form and want to participate in this study. I agree to let the researchers studying the program interview and test me. I also agree to let them get information about me from schools, Social Security, welfare, or other government agencies. I understand that this information will be kept private, except as required by law, and that my name will never be used in any study report.

[NAME OF SAMPLE YOUTH]

Name of Interviewee

Signature of Interviewee

Date

Assent for Participation in the Moving to Opportunity Study (Youth Aged 12-17)

The Department of Housing and Urban Development (HUD) wants to find out what happened to everyone who signed up for Section 8 Assistance through the Moving to Opportunity Program (MTO). You and your family became part of this research study in [Random Assignment Year]. At that time, [NAME of APPLICANT] completed a questionnaire and a statement allowing HUD and its researchers to contact (him/her) and (his/her) family members from time to time. HUD would like to find out about you and your housing and neighborhood conditions, education, health, and possible jobs you may have. We would like to talk to you directly since we are interested in what has happened to all household members, not just the person who applied.

This research study is important because the answers you provide will help HUD to determine how to help families improve their housing situation in the future. The study is being done by researchers from Abt Associates, a private research company that has done many large studies of housing programs. HUD is paying for the study.

We will call you in the Fall to set up a time when we can talk to you for approximately 30 minutes and then do some achievement tests (approximately 45 minutes). Although participating in this study offers no direct benefit to you at this time, please remember that your experience and opinions will help HUD to improve housing programs in the future. Your responses, and test scores will be kept confidential. You will not be identified by name.

Your participation is voluntary. The only risk you take by participating in this study is that you may find some of the questions too personal or embarrassing. Even if you agree to take part, you can refuse to answer any questions that make you uncomfortable. You may stop the interview at any time. ***You will not lose any services or benefits*** if you decide not to participate, skip specific questions, or stop the interview.

Researchers are not allowed to interview people under the age of 18 unless they have obtained assent forms from the respondents themselves. They also need the consent of their parents or guardians. We have already requested that consent from your parent/guardian. At this time, we would like your permission to interview you. If you consent to be interviewed, please check the box and then sign and date the form.

☐ YES. I have read this form and want to participate in this study. I agree to let the researchers studying the program interview and test me. I also agree to let them get information about me from schools, Social Security, welfare, or other government agencies. I understand that this information will be kept private, except as required by law, and that my name will never be used in any study report.

[NAME OF SAMPLE YOUTH]

Name of Interviewee

Signature of Interviewee

Date

MTO Interim Evaluation
Assent Form Information Page – Children Ages 5-11

The Department of Housing and Urban Development (HUD) wants to find out what happened to everyone who signed up for Section 8 Assistance through the Moving to Opportunity Program (MTO). You and your family became part of this research study when a member of your family applied for the MTO program several years ago.

This research study is important because the answers you provide will help HUD to determine how to help families improve their housing situation in the future. HUD is interested in finding out about you and your housing and neighborhood conditions, education, employment, and health.

Your identity and privacy will be protected. HUD has obtained a "Certificate of Confidentiality", that lets HUD refuse to give out any information that could identify you, even if a court asks for it. You should understand, however, that researchers are not prevented from taking steps if they believe you may cause serious harm to yourself or others. Although your answers may be looked at individually by HUD, or the researchers from Abt Associates, your answers will not have your name on them. Only results from groups of people will be reported.

In appreciation of your time to complete the survey, you will receive a small gift.

If you have any questions regarding the research or your assent form, please call Diane Stoner or Tammy Ouellette at Abt Associates at 1-800-777-4279. You will be given a copy of your signed form at the time of your interview.

OMB Disclaimer

Public reporting burden for this collection of information is estimated to average 65 minutes per adult response, 30 minutes per 5 to 7 year old response, 60 minutes per 8 to 11 year old response, and 75 minutes per 12 to 19 year old. This estimate includes the time for responding to an interview and completing an achievement test. This agency may not collect this information, and you are not required to respond to this survey, unless this form displays a currently valid OMB control number. HUD will use the information to understand the impact that neighborhoods have on families and improve the design of its housing programs.

Sensitive Information: The information collected is sensitive and is protected by the Privacy Act and a Certificate of Confidentiality."

Assent for Participation in the Moving to Opportunity Study (Children Age 5-11)

The Department of Housing and Urban Development (HUD) wants to find out what happened to everyone who signed up for Section 8 Assistance through the Moving to Opportunity Program (MTO). You and your family became part of this research study in [Random Assignment Year]. HUD would like to find out about you and your housing and neighborhood conditions, education, and health. We would like to talk to you since we are interested in what has happened to all household members, not just the person who applied.

This research study is important because the answers you provide will let HUD help some families improve their housing situation in the future. The study is being done by researchers from Abt Associates, a private research company that has done many large studies of housing programs. HUD is paying for the study.

We would like to conduct a short achievement test with you (about 30-45 minutes), and maybe even ask you a couple of questions. Although participating in this study offers no direct benefit to you at this time, please remember that your experience and opinions will help HUD to improve housing programs in the future. Your responses, and test scores will be kept confidential. You will not be identified by name.

Your participation is voluntary. The only risk you take by participating in this study is that you may find some of the questions too personal or embarrassing. If you agree to do the study, you can refuse to answer any questions that make you uncomfortable. You may stop the interview at any time.

Since you are not 18 years old yet, researchers are not allowed to interview you without your permission. They also need permission from your parent or guardian, which we have requested already. At this time, we would like your permission to interview you. If you agree to be interviewed, please check the box and then sign and date the form.

- ☐ YES. I have read this form and want to participate in this study. I agree to let the researchers studying the program interview and test me. I also agree to let them get information about me from schools, Social Security, welfare, or other government agencies. I understand that this information will be kept private, except as required by law, and that my name will never be used in any study report.

[NAME OF SAMPLE YOUTH]

Name of Interviewee

Signature of Interviewee

Date