

SRI International

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NATIONAL LONGITUDINAL TRANSITION STUDY 2 (NLTS2) PARENT INTERVIEW - WAVE 1

SRI Project 10492

**NATIONAL LONGITUDINAL TRANSITION STUDY - 2 (NLTS2)
PARENT INTERVIEW – WAVE 1**

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NATIONAL LONGITUDINAL TRANSITION STUDY - 2 (NLTS2) DRAFT PARENT INTERVIEW

INTRODUCTION

S1. Hello, my name is _____. May I please speak with [NAME OF PARENT/GUARDIAN ON SAMPLE FILE]. IF THERE ARE TWO NAMES, E.G., MR. AND MRS. JOHN JONES OR JOHN AND MARY JONES, ASK FOR THE FEMALE. IF FEMALE IS UNAVAILABLE, ASK FOR SECOND NAME. IF YOUTH ANSWERS AND NEITHER RESPONDENT IS AVAILABLE, ASK FOR ANY OTHER ADULT IN THE HOUSEHOLD. IF THERE IS NO PARENT/GUARDIAN NAME ON THE SAMPLE FILE, ASK FOR "the parent or guardian of [YOUTH'S NAME]".

	YES, SUBJECT IS AVAILABLE	1
	SUBJECT(S) NOT AVAILABLE, BUT WILL BE AVAILABLE AT ANOTHER TIME, SET APPOINTMENT	2
	SUBJECT NO LONGER AVAILABLE	3
IF POSSIBLE, INDICATE LANGUAGE RESPONDENT IS SPEAKING, THEN GO TO TERMINATION SCRIPT	LANGUAGE BARRIER	4

S2a. I'm calling as part of a national study being conducted for the U.S. Department of Education about students who have received special education services in school. You may have gotten a letter about it. The school or school district that serves [YOUTH] is part of the study and [YOUTH] is one of the students included in the study. Who is the best adult to talk with about [YOUTH] and [YOUTH's] experiences in school? (IF RESPONDENT SAYS S/HE DIDN'T GET THE LETTER, GOTTEN TO YOU YET" AND CONTINUE.)

GO TO CHECKPOINT BEFORE S3	PERSON SPEAKING WITH	1
GO TO S5	NAMES OTHER PERSON	2
GO TO S4	SOMEONE ELSE, NOT NAMED	3
CONDOLENCE SCRIPT	YOUTH IS DECEASED	4
GO TO S6a	DON'T KNOW	-1
TERMINATION SCRIPT	REFUSED	-2

CHECKPOINT: IF THERE IS NO NAME FOR THE PERSON SPEAKING WITH ON THE SAMPLE FILE, ASK S3. IF THERE IS A NAME FOR THE PERSON SPEAKING WITH ON THE SAMPLE FILE, GO TO S8.

S3. Could you please tell me your name? RECORD NAME.

NAME: _____

CHECKPOINT: GO TO S8.

S4. Could you tell me the name of [that person/the person] who could best talk about [YOUTH] and [YOUTH's] experiences in school? RECORD NAME.

NAME: _____

S5. ASK TO SPEAK TO PERSON NAMED AS BEST ADULT TO SPEAK TO.

GO TO S7	SUBJECT IS AVAILABLE	1
	SUBJECT WILL CALL BACK	2
	SUBJECT NOT AVAILABLE, SET APPOINTMENT	3
GO TO TERMINATION SCRIPT	LANGUAGE BARRIER	4
	REFUSED	-2

S6a. I have some questions about [YOUTH] and [YOUTH's] school experiences that will take about **XX** minutes. Could I ask you those questions?

GO TO S6b	YES	1
	WILL ANSWER, NOT NOW, SET APPOINTMENT	2
TERMINATION SCRIPT	REFUSED	-2

S6b. Could you please tell me your name? RECORD NAME.

NAME: _____

CHECKPOINT: GO TO S9.

S7. I'm calling as part of a national study being conducted for the U.S. Department of Education about students who receive special education services in school. You may have gotten a letter about it. The school district that serves [YOUTH] is part of the study and [YOUTH] is one of the students in the study. IF RESPONDENT SAYS HE OR SHE DIDN'T GET THE LETTER, SAY "Maybe it hasn't gotten to you yet" AND CONTINUE.

S8. I have some questions about [YOUTH] and [YOUTH's] school experiences that will take about **XX** minutes.

S9. Everything you say will be kept completely confidential and you may choose not to answer any question that I ask you. Nothing you say will ever be reported individually about you, [YOUTH], or your family, and no information you give will be shared with [YOUTH's] school. If you have any questions or concerns about the study, I can give you a toll-free number to call. IF ASKED: PROVIDE TOLL-FREE NUMBER.

If this is a good time to talk, we can start the interview now. IF RESPONDENT HESITATES, SAY: Why don't we start and then I can always call back if you need to stop before we finish.

S10. INDICATE SEX OF RESPONDENT. ASK IF NECESSARY.

GO TO S11a	FEMALE	1
GO TO S12a	MALE	2

S11a. To start, what is your relation to [YOUTH]? CIRCLE ONE

GO TO S11b	MOTHER	1
GO TO CHECKPOINT BEFORE A1	BIOLOGICAL MOTHER	2
	ADOPTIVE MOTHER	3
GO TO S11c	STEPMOTHER	4
	FOSTER MOTHER	5
GO TO A1	LEGAL GUARDIAN	6
GO TO S11c	SISTER/STEPSISTER	7
	AUNT	8
	GRANDMOTHER	9
	OTHER (SPECIFY) _____	10
GO TO A1	DON'T KNOW	-1
	REFUSED	-2

S11b. Are you [YOUTH's] biological, adoptive, step or foster mother?

GO TO A1	BIOLOGICAL MOTHER	1
	ADOPTIVE MOTHER	2
GO TO S11c	STEPMOTHER	3
	FOSTER MOTHER	4
	DON'T KNOW	-1
	REFUSED	-2

S11c. Are you [YOUTH's] legal guardian

GO TO A1	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: GO TO CHECKPOINT BEFORE A1.

S12a. To start, what is your relation to [YOUTH]? CIRCLE ONE.

GO TO S12b	FATHER	1
GO TO CHECKPOINT BEFORE A1	BIOLOGICAL MOTHER	2
	ADOPTIVE FATHER	3
GO TO S12c	STEPFATHER	4
	FOSTER FATHER	5
GO TO A1	LEGAL GUARDIAN	6
GO TO S11c	BROTHER/STEPBROTHER	7
	UNCLE	8
	GRANDFATHER	9
GO TO A1	OTHER (SPECIFY) _____	10
	DON'T KNOW	-1
	REFUSED	-2

S12b. Are you [YOUTH's] biological, adoptive, step, or foster father?

GO TO A1	BIOLOGICAL FATHER	1
	ADOPTIVE FATHER	2
GO TO S12c	STEP FATHER	3
	FOSTER FATHER	4
GO TO A1	DON'T KNOW	-1
	REFUSED	-2

S12c. Are you [YOUTH's] legal guardian?

GO TO A1	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CONDOLENCE SCRIPT: I'm terribly sorry. Please accept our condolences. I'll make sure you aren't contacted by the study again. Thank you. TERMINATE CALL.

TERMINATION SCRIPT: Thank you very much for your time.

A. STUDENT CHARACTERISTICS

SEELS

A1. I'd like to ask you some questions about [YOUTH]. Is [YOUTH] male or female?

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

CHECKPOINT: IF BIRTHDATE IS IN SAMPLE FILE, ASK A2a, IF NOT GO TO A2b.

SEELS

A2a. I have [YOUTH's] birthdate as [BIRTHDATE FROM SAMPLE FILE]. Is that correct?

GO TO A3a.	YES	1
ASK A2b	NO	2
GO TO A3a	DON'T KNOW	-1
	REFUSED	-2

SEELS

A2b. What is [YOUTH's] birthdate? RECORD BIRTHDATE.

_____ / _____ / _____
 MM DD YY

VERIFICATION CHECK.

IF BIRTHDATE MAKES YOUTH LESS THAN 13 OR MORE THAN 18 YEARS OLD, CONFIRM THAT YOU ARE TALKING ABOUT THE YOUTH ON THE SAMPLE FILE. IF UNCLEAR, SAY: I may have an error here. Let me check with my supervisor and I will call you back. Thank you.

CHECKPOINT: GO TO A3.

Census, SEELS

A3a. Is [YOUTH] of Hispanic, Latino, or other Spanish origin? READ CATEGORIES

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

Census, SEELS

A3b. I'm going to read a list of categories. Please choose one or more categories that best describe [YOUTH's] race. Is [he/she] READ CATEGORIES. CODE ALL THAT APPLY. IF RESPONDENT SAYS MIXED RACE OR BI- OR MULTIRACIAL, ASK WHICH RACES THE YOUTH REPRESENTS AND CODE EACH.

	White,	1
	African-American or Black,	2
	American Indian or Alaska Native,	3
	Asian,	4
	Native Hawaiian, or Other Pacific Islander	5
DON'T READ	OTHER? (SPECIFY) _____	6
	DON'T KNOW	-1
	REFUSED	-2

NELS:88, ECLS-K, SEELS

A4a. Is any language other than English regularly spoken in your home?

GO TO A4b	YES	1
GO TO A5a	NO	2
GO TO A4b	DON'T KNOW	-1
	REFUSED	-2

NELS:88, ECLS-K, SEELS

A4b. What is the main language [YOUTH] usually speaks at home? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

ENGLISH	1
SPANISH	2
ALBANIAN	3
CAMBODIAN	4
CHINESE	5
CROATIAN	6
FARSI	7
FRENCH	8
GERMAN	9
GREEK	10
HEBREW	11
HMONG	12
ITALIAN	13
JAPANESE	14
KOREAN	15
LAOTIAN	16
PORTUGUESE	17
TAGALOG (FILIPINO LANGUAGE)	18
RUSSIAN	19
VIETNAMESE	20
SIGN LANGUAGE/ASL/MANUAL COMMUNICATION	21
YOUTH DOES NOT SPEAK A LANGUAGE	22
ARABIC	23
BULGARIAN	24
CHECHOSLOVAKIAN	25
CREOLE	26
CROATIAN	27
DUTCH	28
FARSI	29
FINNISH	30
HUNGARIAN	31
PERSIAN	32
POLISH	33
PUNJABI	34
SWAHILI	35
SAMOAN	36
THAI	37
TURKISH	38
ROMANIAN	39
URDU	30
OTHER (SPECIFY)	31
DON'T KNOW	-1
REFUSED	-2

NELS:88, SEELS

A5a. In the past year has [YOUTH] lived with you all of the time? [EXCLUDING CAMPS, AND VACATIONS]

GO TO CHECKPOINT BEFORE A5e	YES	1
GO TO A5b	NO	2
CONDOLENCE SCRIPT	YOUTH IS DECEASED	3
GO TO A5b	DON'T KNOW	-1
	REFUSED	-2

NELS:88, SEELS

A5b. How much of the time has [he/she] lived with you? Has it been ... READ CATEGORIES. CODE ONE.

	More than half time,	1
	Half of the time,	2
	Less than half time, or	3
	None of the time.	4
DON'T READ	ONLY DURING SCHOOL VACATIONS	5
	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

A5c. Where (IF A5b NE 4 ADD: else) has [he/she] lived in the past year? DO NOT READ CATEGORIES. CODE ALL THAT APPLY. PROBE FOR: WHAT TYPE OF PLACE IS THAT?

WITH [HIS/HER] OTHER PARENT	1
WITH [HIS/HER] PARENTS	2
WITH ANOTHER RELATIVE/ ADULT FAMILY MEMBER OTHER THAN SPOUSE OR PARENT	3
IN FOSTER CARE	4
WITH NON FAMILY LEGAL GUARDIAN	5
IN A RESIDENTIAL OR BOARDING SCHOOL OTHER THAN A COLLEGE	6
IN A GROUP HOME, OTHER ASSISTED LIVING CENTER, SUPERVISED APARTMENT	7
IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES	8
IN A MENTAL HEALTH FACILITY	9
IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER	10
ON [HIS/HER] OWN	11
WITH A SPOUSE OR ROOMATE	12
IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING	13
IN MILITARY HOUSING	14
TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR	15
OTHER, SPECIFY _____	16
DON'T KNOW	-1
REFUSED	-2

SEELS

A5d. Where does YOUTH live now? DO NOT READ CATEGORIES. CODE ALL THAT APPLY. PROBE FOR: WHAT TYPE OF PLACE IS THAT?

WITH [HIS/HER] OTHER PARENT	1
WITH [HIS/HER] PARENTS	2
WITH ANOTHER RELATIVE	3
IN FOSTER CARE	4
WITH NON FAMILY LEGAL GUARDIAN	5
IN A RESIDENTIAL OR BOARDING SCHOOL OTHER THAN A COLLEGE	6
IN A GROUP HOME, OTHER ASSISTED LIVING CENTER OR SUPERVISED APARTMENT	7
IN A HOSPITAL, MEDICAL FACILITY, CONVA-LESCENT HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES	8
IN A MENTAL HEALTH FACILITY	9
IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER	10
ON [HIS/HER] OWN	11
WITH A SPOUSE OR ROOMATE	12
IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING	13
IN MILITARY HOUSING	14
OTHER, SPECIFY _____	15
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF YOUTH LIVES WITH ANOTHER RELATIVE OR NON FAMILY LEGAL GUARDIAN (A5c=3 OR 5) ASK A5e. IF YOUTH LIVES IN FOSTER CARE (A5c=4) GO TO A5f. ELSE GO TO CHECKPOINT BEFORE A5g.

A5e. Is YOUTH living in a foster care arrangement?

GO TO SECTION B	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

A5f. How long has [he/she] been in this foster care arrangement? ENTER NUMBER AND/OR CODE.

GO TO SECTION B	NUMBER OF	YEARS	1
		MONTHS	2
		WEEKS	3
		DON'T KNOW	-1
		REFUSED	-2

CHECKPOINT: IF YOUTH LIVES WITH PARENT, A5a=1 OR A5d=1-5 ASK A5g, ELSE GO TO SECTION B.

A5g. How long has YOUTH lived in this community? ENTER NUMBER AND/OR CODE.

NUMBER OF	YEARS	1
	MONTHS	2
	WEEKS	3
	DON'T KNOW	-1
	REFUSED	-2

B. DISABILITY CHARACTERISTICS

NLTS, SEELS

B1a. [YOUTH] is included in this study because [his/her] school or school district indicated at the beginning of the 2000 school year that [he/she] may have received special education services and had an IEP (INDIVIDUAL EDUCATION PLAN). With what physical, sensory, learning or other disabilities or problems has [YOUTH] been diagnosed? DO NOT READ CATEGORIES. (ALWAYS PROBE: Does [he/she] have any other disabilities or learning problems? That could include a speech problem.) CODE **ALL** THAT APPLY IN COLUMN A.

CHECKPOINT: IF B1a NE 00 (NO DISABILITY) OR 02 (ADD) ASK B1a1 ELSE GO TO B1b.

SEELS

B1a1. Has [YOUTH] been diagnosed with attention deficit disorder or attention deficit/hyperactivity disorder? These are sometimes called ADD and ADHD.

CIRCLE B1a=2, THEN GO TO B1b	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF B1a = 00 (NO DISABILITY) GO TO B1c. ELSE GO TO B1b.

SEELS

B1b. (IF MORE THAN ONE DISABILITY IN B1a) Which of the disabilities or problems you told me about is [YOUTH's] main problem or disability? CODE **ONE** RESPONSE IN COLUMN B.

		A	B
GO TO B1c	HAS NO PROBLEM/DISABILITY/NOT GETTING SPECIAL SERVICES	00	
	ASTHMA,)	01	01
	ATTENTION DEFICIT DISORDER/ ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD) (ADHD)	02	02
	AUTISM	03	03
	(BLINDNESS) COMPLETE BLINDNESS	04	04
	CEREBRAL PALSY	05	05
	DEAFNESS	06	06
	DEAFNESS AND BLINDNESS	07	07
	DOWN SYNDROME	08	08
	DYSLEXIA	09	09
	EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, HAVING EMOTIONAL PROBLEMS, SED)	10	10
	HARD OF HEARING/HEARING IMPAIRMENT	11	11
	HEALTH IMPAIRMENT (SPECIFY DISEASE) _____	12	12
	LEARNING DISABILITY (LD)	13	13
	MENTAL RETARDATION (EMR, TMR, SMR, MR);	14	14
	PHYSICAL OR ORTHOPEDIC IMPAIRMENT	15	15
	SPEECH IMPAIRMENT/COMMUNICATION IMPAIRMENT	16	16
	SPINA BIFIDA	17	17
	TRAUMATIC BRAIN INJURY (TBI)	18	18
	VISUAL IMPAIRMENT/PARTIAL SIGHT	19	19
	DEVELOPMENTAL DELAY	20	20
	OTHER (SPECIFY) _____	98	98

CHECKPOINT: CONSISTENCY CHECK WITH DISABILITY ON FILE. IF PARENT SAYS [YOUTH] DOES NOT HAVE ANY PROBLEMS OR DISABILITIES (B1a=00), ASK B1c. ELSE GO TO CHECKPOINT BEFORE B1e.

SEELS

B1c. Records from the school or school district indicate that at the beginning of the school year [YOUTH] had received special help for [DISABILITY/IES ON FILE]. Is [any of] that still correct?

IF 1 DISABILITY ON FILE, GO BACK AND CODE IN B1a. IF MORE THAN 1 DISABILITY, ASK: Which of those are correct? AND THEN CODE IN B1a. IF MORE THAN 1 DISABILITY IN B1a, ASK B1b, THEN GO TO B2a.	YES	1
GO TO B1d	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B1d. Did [YOUTH] ever have [this/any of these] learning [problem/s] or [disability/ies]?

GO TO B2a	YES	1
GO TO CHECKPOINT BEFORE B3a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: CONSISTENCY CHECK WITH DISABILITY CATEGORY ON FILE. IF DISABILITY FILE INDICATES [YOUTH] HAS VISUAL IMPAIRMENT AND THIS CATEGORY HAS NOT BEEN MENTIONED BY THE PARENT (B1a NE 04, 07 OR 19), GO TO B1e. ELSE GO TO CHECKPOINT BEFORE B1f.

SEELS

B1e. Records from the school or school district indicate that [YOUTH] has a visual impairment. Is that correct? CODE RESPONSE. ALSO CODE CORRECT RESPONSE IN B1a.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: CONSISTENCY CHECK WITH DISABILITY CATEGORY ON FILE. IF DISABILITY FILE INDICATES [YOUTH] HAS HEARING IMPAIRMENT AND THIS CATEGORY HAS NOT BEEN MENTIONED BY THE PARENT (B1a NE 06 OR 07, OR 11), GO TO B1f. ELSE GO TO B2a.

SEELS

B1f. Records from the school or school district indicate that [YOUTH] has a hearing impairment. Is that correct? CODE RESPONSE. ALSO CODE CORRECT RESPONSE IN B1a

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NLTS, NEILS, SEELS

B2a. Thinking about the first or earliest disability, about how old was [YOUTH] when [he/she] started having [this difficulty/these difficulties] or [condition/s]? (ENTER NUMBER FOR AGE OR GRADE LEVEL AND/OR CODE, AS APPROPRIATE.)

	UNDER 1 YEAR	0
_____	YEARS OF AGE	1
AGE OR		
_____	GRADE LEVEL	2
GRADE		
	DON'T KNOW	-1
	REFUSED	-2

B2b. Were you or someone in your family the ones who first thought that [YOUTH] had a disability or did a professional first suggest that? CIRCLE ONE CODE.

FAMILY MEMBER	1
PROFESSIONAL	2
OTHER	3
DON'T KNOW	-1
REFUSED	-2

NLTS, ECLS-K, SEELS

B2c. About how old was [he/she] when [he/she] started getting special services from a professional for this difficulty? ENTER NUMBER FOR AGE OR GRADE LEVEL AND/OR CODE, AS APPROPRIATE. IF MORE THAN ONE DISABILITY IN B1a AND IF PARENT ASKS WHICH DISABILITY, PARENT SHOULD ANSWER FOR FIRST/EARLIEST DISABILITY IN B1b.

	UNDER 1 YEAR	0
_____A GE OR	YEARS OF AGE	1
_____	GRADE LEVEL	2
GRADE		
GO TO CHECKPOINT BEFORE B3a	HAS NEVER RECEIVED SPECIAL SERVICES FROM A PROFESSIONAL	3
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF B2c=0 OR AGE IS 3 YEARS OR LESS OR DON'T KNOW, AND B2c NE 3 (NEVER RECEIVED SERVICES), ASK B2d, ELSE GO TO CHECKPOINT BEFORE B2e.

NEILS, SEELS

B2d. Did [YOUTH] receive early intervention services for children ages birth to 3 who have developmental delays or disabilities? Early intervention services include any special services or therapies to meet a child's special needs, when a child is younger than 3 years old.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B2a=0 OR AGE IS 5 YEARS OR LESS AND B2c NE 3 (NEVER RECEIVED SERVICES), ASK B2e, ELSE GO TO B3a.

SEELS

B2e. Did [he/she] have an IEP or receive special education services or therapies between the ages of 3 and 5?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

Now I want to ask about how well [YOUTH] does some things. I'm going to start with hearing.

CHECKPOINT: IF B1a=HEARING IMPAIRMENT (11), DEAFNESS (06), DEAFNESS/BLINDNESS (07), GO TO CHECKPOINT BEFORE B3b, ELSE ASK B3a.

NEILS, SEELS

B3a. Would you say [YOUTH]... READ CATEGORIES, CODE ONE. IF ASKED, THIS ASSESSMENT SHOULD BE MADE OF YOUTH'S HEARING WITHOUT ANY HEARING DEVICES LIKE A HEARING AID.

GO TO B4a	Hears normally, or	1
GO TO CHECKPOINT BEFORE B3b	Has a hearing problem?	2
DON'T READ, GO TO B4a.	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: ASK B3b OF ONLY THOSE WITH HEARING PROBLEMS (B1a=HEARING IMPAIRMENT (11), DEAFNESS (06), DEAFNESS/BLINDNESS (07) OR B3a=2 ELSE GO TO B4a.

NEILS, SEELS

B3b. Is [YOUTH'S] hearing loss ... READ CATEGORIES. CODE ONE.

DON'T READ	Mild,	1
	Moderate, or	2
	Severe to profound?	3
	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B3c. Has a hearing aid or other kind of hearing device been prescribed for him/her?

GO TO B3e	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B3d. How well does [YOUTH] hear with the hearing device? Would you say [he/she]...
 READ CATEGORIES. CODE ONE.

	Hears normally,	1
	Has a little trouble hearing,	2
	Has a lot of trouble hearing, or	3
	Doesn't hear at all?	4
DON'T READ	DOESN'T HAVE ONE	5
	WON'T WEAR IT	6
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B3e. Does [YOUTH] have a cochlear implant? IF ASKED, A COCHLEAR IMPLANT IS A
 SURGICALLY IMPLANTED ELECTRONIC DEVICE THAT CAN RESTORE PARTIAL
 HEARING TO PEOPLE WITH SOME HEARING IMPAIRMENTS.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

SEELS

B3f. How well does [he/she] communicate by any means? Would you say [he/she] ... READ
 CATEGORIES. CODE ONE.

	Has no trouble communicating	1
	Has a little trouble communicating,	2
	Has a lot of trouble communicating, or	3
GO TO B3j	Doesn't communicate at all?	4
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

NEILS, SEELS

B3g. [IF A4b=21 (SIGN LANGUAGE) ADD: You've already mentioned that YOUTH uses sign language at home. Now I'd like to ask about other ways that (he/she) may communicate.] Does [YOUTH] use... READ CATEGORIES. CODE ONE RESPONSE FOR EACH.

		YES	NO	DON'T KNOW	REFUSED
a.	[IF A4b=21 (SIGN LANGUAGE), CODE B3ga AS 1 AND DO NOT READ] Sign language or manual communication?	1	2	-1	-2
b.	Lip reading?	1	2	-1	-2
c.	Cued speech?	1	2	-1	-2
d.	Oral speech?	1	2	-1	-2
e.	A communication board or book?	1	2	-1	-2
f.	Anything else to help [him/her] communicate? SPECIFY	1	2	-1	-2

CHECKPOINT: IF B3gd=1 (ORAL SPEECH), ASK B3h, ELSE GO TO CHECKPOINT BEFORE B3i.

NEILS, SEELS

B3h. How clearly does [YOUTH] speak? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

Has no trouble speaking clearly,	1
Has a little trouble speaking	2
Has a lot of trouble speaking, or	3
Doesn't speak at all?	4
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B3h=3 OR 4 (TROUBLE SPEAKING) AND B3Gd=1 (ORAL SPEECH) AND B3Ga-c AND f=2, -1 OR -2 (USES ORAL SPEECH ONLY) GO TO B3j. ELSE GO TO B3i.

SEELS

B3i. How well does [he/she] carry on a conversation? Would you say [he/she] ... READ CATEGORIES. CODE ONE. [IF NEEDED: CARRYING ON A CONVERSATION BY ANY MEANS

	Has no trouble carrying on a conversation	1
	Has a little trouble carrying on a conversation,	2
	Has a lot of trouble carrying on a conversation, or	3
	Doesn't carry on a conversation at all?	4
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

SEELS

B3j. How well does [he/she] understand what people say to [him/her] [IF A4a=1 (LANGUAGE OTHER THAN ENGLISH REGULARLY SPOKEN), ADD: in [his/her] primary language]? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Has no trouble understanding what others say,	1
	Has a little trouble understanding,	2
	Has a lot of trouble understanding, or	3
	Doesn't understand at all?	4
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

CHECKPOINT: IF B3ga=1 (SIGN LANGUAGE) OR A4b=21, (SIGN LANGUAGE), ASK B3k. ELSE GO TO B4a.

NEILS, SEELS

B3k. Is the sign language that [YOUTH] is using or learning to use... READ CATEGORIES. CODE ONE.

American Sign Language,	1
Signed English, or	2
Some other sign language or manual communication system? (SPECIFY)	3

DON'T KNOW	-1
REFUSED	-2

NEILS, SEELS

B3l. Do any members of [YOUTH's] household use sign language or manual communication to communicate with [him/her]?

YES	1
NO	2
	-1
REFUSED	-2

VISION

NEILS, SEELS

B4a. Now I'm going to ask about [YOUTH's] vision. Does [YOUTH] have glasses or contacts?

GO TO B4b	YES	1
GO TO B4c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B4b. How well can [he/she] see with glasses or contacts? Would you say [he/she] ...
READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE B4d	Sees normally,	1
	Has a little trouble seeing, or	2
	Has a lot of trouble seeing?	3
DON'T READ; GO TO B4c	DOESN'T HAVE THEM/ LOST THEM	4
	WON'T WEAR THEM	5
DON'T READ; GO TO CHECKPOINT BEFORE B5a	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B4c. IF B4b=4 OR 5 ASK: How well can [he/she] see without glasses or contacts. ELSE ASK: How well can [he/she] see? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Sees normally,	1
	Has a little trouble seeing,	2
	Has a lot of trouble seeing, or	3
	Doesn't see at all?	4
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

CHECKPOINT: IF B1a=19 (PARTIALLY SIGHTED) OR 04 (BLINDNESS) OR 07 (DEAFNESS/BLINDNESS) OR B4b=3 OR B4c=3 (A LOT OF TROUBLE SEEING), ASK B4d. ELSE GO TO CHECKPOINT BEFORE B5a.

SEELS

B4d. Does [YOUTH] use ... READ CATEGORIES. CODE ONE FOR EACH ITEM.

		YES	NO	DON'T KNOW	REFUSED
a.	Braille	1	2	-1	-2
b.	Portable Braille note taker or writer	1	2	-1	-2
c.	Large print type	1	2	-1	-2
d.	Optical devices such as near vision magnification, telescopic devices, and bioptic lenses.	1	2	-1	-2
e.	Mobility devices, such as cane or electronic travel aids.	1	2	-1	-2
f.	Assistive technology, such as voice synthesizers or software to enlarge the size of the print on the computer screen.	1	2	-1	-2
g.	Any other devices to help him/her see or read? SPECIFY _____	1	2	-1	-2

CHECKPOINT: IF B1a=HEARING IMPAIRMENT (11), DEAFNESS (06), DEAFNESS/BLINDNESS (07), OR B3a=2 (HAS HEARING PROBLEM), GO TO B6a. [RESPONDENT ALREADY ANSWERED SIMILAR QUESTIONS IN B3 SECTION.] ELSE ASK B5a.

SEELS

B5a. My next questions are about [YOUTH's] ability to use language. How clearly does [he/she] speak? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

GO TO B5d	Has no trouble speaking clearly,	1
	Has a little trouble speaking clearly,	2
GO TO B5b	Has a lot of trouble speaking clearly, or	3
	Doesn't speak at all?	4
DON'T READ; GO TO B5c	DON'T KNOW	-1
	REFUSED	-2

SEELS

B5b. How well does YOUTH communicate by any means? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Has no trouble communicating,	1
	Has a little trouble communicating,	2
	Has a lot of trouble communicating, or	3
GO TO B5e	Doesn't communicate at all?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B5c. [IF A4b=21 (SIGN LANGUAGE) ADD: You've already mentioned that YOUTH uses sign language at home. Now I'd like to ask about other ways that [he/she] may communicate.] How does [he/she] communicate with you? Does [he/she] use ... READ CATEGORIES. CODE ALL THAT APPLY.

GO TO B5e	Words?	1
	Sounds that are not words?	2
	Gestures, including pointing?	3
	DO NOT READ IF A4b=21: Sign language or manual communication?	4
	A communication board or book?	5
	A computer?	6
	Anything else? SPECIFY: _____	7
DON'T READ	DON'T KNOW	-1
GO TO B5e	REFUSED	-2

SEELS

B5d. How well does [YOUTH] carry on a conversation? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

GO TO B6a	Has no trouble carrying on a conversation,	1
	Has a little trouble carrying on a conversation,	2
GO TO B5e	Has a lot of trouble carrying on a conversation, or	3
	Doesn't carry on a conversation at all?	4
DON'T READ	DON'T KNOW	-1
GO TO B5e	REFUSED	-2

SEELS

B5e. How well does [he/she] understand what people say to [him/her] [IF A4a=1 (LANGUAGE OTHER THAN ENGLISH REGULARLY SPOKEN), ADD: in [his/her] primary language]? Would you say [he/she] ... READ CATEGORIES. CODE ONE.

	Has no trouble understanding others,	1
	Has a little trouble understanding,	2
	Has a lot of trouble understanding, or	3
	Doesn't understand at all?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

PHYSICAL ABILITIES

NEILS, SEELS

B6a. Next, I want to ask about [YOUTH's] physical abilities. How well does [he/she] use [his/her] arms and hands for things like using a spoon or holding a pencil? Would you say [he/she] ... READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH ARM/HAND, CODE THE ARM/HAND THAT HAS THE MOST TROUBLE. THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN ARM. IF ASKED, WE MEAN WITHOUT ADAPTATIONS. IF YOUTH IS MISSING ONE OR BOTH ARMS OR HANDS CODE AS A 4.

	Uses both arms and hands normally,	1
	Has a little trouble using one or both,	2
	Has a lot of trouble using one or both, or	3
	Has no use at all of one or both arms or hands?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B6b. How well does [he/she] use [his/her] arms and hands for things like throwing, lifting, or carrying? Would you say [he/she] ... READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH ARM/HAND, CODE THE ARM/HAND THAT HAS THE MOST TROUBLE. THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN ARM. . IF ASKED, WE MEAN WITHOUT ADAPTIONS. IF YOUTH IS MISSING ONE OR BOTH ARMS OR HANDS CODE AS A 4.

	Uses both arms and hands normally,	1
	Has a little trouble using one or both,	2
	Has a lot of trouble using one or both, or	3
	Has no use at all of one or both of arms or hands?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B6c. How well does [YOUTH] use [his/her] legs and feet? Would you say [he/she] ... READ CATEGORIES. CODE ONE CATEGORY. IF RESPONDENT REPORTS DIFFERENTLY FOR EACH LEG/FOOT, CODE THE LEG/FOOT THAT HAS THE MOST TROUBLE. THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN LEG. . IF ASKED, WE MEAN WITHOUT ADAPTIONS. IF YOUTH IS MISSING ONE OR BOTH FEET OR LEGS CODE AS A 4.

GO TO B7a	Uses both legs and feet normally,	1
ASK B6d	Has a little trouble using one or both,	2
	Has a lot of trouble using one or both, or	3
	Has no use at all of one or both legs and feet?	4
DON'T READ; ASK B6d	DON'T KNOW	-1
	REFUSED	-2

NEILS, SEELS

B6d. Does [he/she] use any equipment to help [him/her] get around, such as crutches, a walker, or a wheelchair? CODE ONE.

GO TO B6e	YES	1
GO TO B7a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B6e. What is the equipment [he/she] uses? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

CRUTCHES	1
WALKER	2
LEG BRACES	3
WHEELCHAIR	4
CANE	5
OTHER SPECIFY _____	6
DON'T KNOW	-1
REFUSED	-2

HEALTH

NHIS, SEELS

B7a. Now, I have some questions about [YOUTH's] health. Would you say [his/her] general health is ... READ CATEGORIES. CODE ONE.

	Excellent,	1
	Very good,	2
	Good,	3
	Fair, or	4
	Poor?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF B1a=00 (PARENT SAYS NO DISABILITY), GO TO C1. ELSE ASK B7b.

NHIS, SEELS

B7b. Is [he/she] now taking any prescription medicine for a condition or problem related to [his/her] disability?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

SEELS

B7c. Is [he/she] taking any prescription medicine that controls [his/her] attention, behavior, or activity level, or changes [his/her] mood, such as Ritalin or an antidepressant?

GO TO B7d	YES	1
GO TO CHECKPOINT BEFORE B7f	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B7d. What is the name of the prescription medicine [YOUTH] is taking to control [his/her] behavior or change [his/her] mood? CODE ALL THAT APPLY.

GO TO CHECKPOINT BEFORE B7F	STIMULANT, UNSPECIFIED	1
	ADDERAL (AMPHETAMINES)	2
	CYLERT (PEMOLINE)	3
	DEXEDRINE (DEXTRO-AMPHETAMINE)	4
	RITALINE (METHYLPHENIDATE)	5
	ANTIDEPRESSANT/ANTIANXIETY, UNSPECIFIED	6
	ANAFRANIL (CLOMIPRAMINE)	7
	EFFEXOR (VENIAFAXINE)	8
	LUVOX (FLUVOXAMINE)	9
	PAXIL (PAROXETINE)	10
	PROZAC (FLUOXETINE)	11
	SERZONE (NEFAZODONE)	12
	SENEQUAN (DOXEPIN)	13
	TOFRANIL (IMIPRAMINE)	14
	WELLBUTRIN (BUPROPION)	15
	ZOLOFT (SERTRALINE)	16
	MOOD STABILIZER, UNSPECIFIED	17
	CIBALITH-S (LITHIUM CITRATE)	18
	DEPAKOTE (DIVALPROAX SODIUM)	19
	ESKALITH (LITHIUM CARBONATE)	20
	LAMICTAL (LAMOTRIGINE)	21
	LITHOBID (LITHIUM CARBONATE)	22
	NEURONTIN (GABAPERTIN)	23
	TEGRETOL (CARBAMAZEPINE)	24
	ANTIPSYCHOTIC, UNSPECIFIED	25
	CLOZARIL (CLOZAPINE)	26
	HALDOL (HALOPERIDOL)	27
	RISPERDAL (RISPERIDONE)	28
	SEROQUEL (QUETIAPINE)	29
	THIORIZDAZINE	30
	ZPREXA (OLANZAPINE)	31
	ORAP (PIMOZIDE)	32
GO TO B7e	DON'T KNOW	-1
	REFUSED	-2

SEELS

B7e. Was the medicine prescribed to control ... READ CATEGORIES. CODE ALL THAT APPLY.

Attention, behavior or activity level?	1
Emotions, such as depression or anxiety?	2
Mood?	3
Anything else?	4
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF B7a=1 (EXCELLENT HEALTH), GO TO C1. ELSE GO TO B7f.

SEELS

B7f. Does [YOUTH] use any kind of medical equipment or device, like an oxygen tank or a catheter? THIS DOES NOT INCLUDE MOBILITY DEVICES, LIKE A WHEELCHAIR, WALKER, CANE, ETC.

GO TO CHECKPOINT BEFORE B7h	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B7g. What is the equipment or device[s]? DO NOT READ CATEGORIES. CODE AND/OR WRITE ANSWER.

OXYGEN TANK	1
CATHETER	2
FEEDING TUBE	3
VENTILATOR	4
OTHER, SPECIFY _____	5
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF SAMPLE FILE DISABILITY IS MULTIPLE OR ORTHOPEDIC OR HEALTH IMPAIRMENT OR MENTAL RETARDATION OR IF PARENT IDENTIFIES THESE DISABILITIES (B1=12, 14, OR 15) AND B3c=2 (NO HEARING AID), AND B5c NE 05 OR 06 (NO COMMUNICATION BOARD OR COMPUTER), AND B6d=2 (NO MOBILITY DEVICE) AND B7f=2 (NO MEDICAL DEVICES), ASK B7h.
 IF B7b=1 (TAKES MEDICATION) AND B3c=2 (NO HEARING AID), AND B5c NE 05 OR 06 (NO COMMUNICATION BOARD OR COMPUTER), AND B6d=2 (NO MOBILITY DEVICE) AND B7f=2 (NO MEDICAL DEVICES), ASK B7h. ELSE GO TO C1.

SEELS

B7h. Does [YOUTH] use any equipment or devices because of [his/her] disability?

GO TO B7i	YES	1
GO TO C1	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

B7i. What equipment or devices? DO NOT READ CATEGORIES. CODE ONE AND/OR WRITE ANSWER.

PROTECTIVE HELMET	1
COMPUTER	2
CALCULATOR	3
OTHER, SPECIFY _____	4
DON'T KNOW	-1
REFUSED	-2

C. HEALTH INSURANCE

My next questions are about health insurance.

NEILS, NSAF, SEELS

C1. Is [YOUTH] now covered by private health insurance from an employer or union, or that your family buys directly?

GO TO CHECKPOINT BEFORE C4a	YES	1
GO TO C2	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NSAF, SEELS

C2. Is [he/she] covered by government-assisted or public health insurance, such as _____. (FILL IN STATE NAMES FOR MEDICAID AND OTHER LOW-INCOME INSURANCE PROGRAMS)?

GO TO CHECKPOINT BEFORE C4a	YES	1
GO TO C3	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NSAF, SEELS

C3. Is [he/she] covered by any other health insurance program?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF C1, C2, or C3=1 (YES), ASK C4a. ELSE, GO TO CHECKPOINT BEFORE C6.

NEILS, NSAF, SEELS

C4a. Is any of [YOUTH's] health insurance with an HMO (Health Maintenance Organization)? IF ASKED, AT AN HMO YOU MUST GENERALLY RECEIVE CARE FROM HMO DOCTORS; OTHERWISE THE EXPENSE IS NOT COVERED UNLESS YOU WERE REFERRED BY THE HMO.

GO TO C5	YES	1
GO TO C4b	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NSAF, SEELS

C4b. Is any of [his/her] coverage managed care?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

C5. Does the insurance cover any of the costs of: ... READ CATEGORIES. CODE ONE RESPONSE FOR EACH. [IF ASKED, INCLUDES PARATIAL COVERAGE]

		YES	NO	DON'T KNOW	REFUSED
a.	Dental care?	1	2	-1	-2
b.	Vision care?	1	2	-1	-2
c.	Medicines or prescriptions?	1	2	-1	-2

CHECKPOINT: IF B1b= 13 (LD) AND/OR 16 (SPEECH) ONLY AND B7a=1 OR 2 (EXCELLENT OR VERY GOOD HEALTH) GO TO C7a. IF B1a=00 (PARENT SAYS NO DISABILITY) GO TO D1a. ELSE ASK C6.

NEILS, SEELS

C6. Have you ever had to change insurance plans or buy extra insurance for [YOUTH] because of [his/her] special needs?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NEILS, SEELS

C7a. Have you ever tried to get your insurance or health plan to pay for something for [YOUTH] because of [his/her] disability, but they wouldn't pay? THIS DOES NOT INCLUDE DEDUCTIBLES THAT ARE A REGULAR FEATURE OF AN INSURANCE POLICY OR PLAN.

GO TO D1a	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

C7b. What wouldn't your insurance pay for? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

	DIAGNOSTIC PROCEDURES OR TESTS OR EVALUATIONS	1
	MEDICATION	2
	MENTAL HEALTH SERVICES	3
	SPECIALISTS	4
	SPECIAL EQUIPMENT/DEVICES/ MEDICAL EQUIPMENT	5
	SURGERY	6
	EDUCATION/EDUCATIONAL THERAPY	7
	OTHER THERAPY SERVICES, E.G., OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY	8
	ALTERNATIVE THERAPIES; E.G., ACUPUNCTURE, MASSAGE THERAPY, BIOFEEDBACK	9
	OTHER, SPECIFY:	10
DON'T READ	DON'T KNOW	-1
DON'T READ	REFUSED	-2

D. SCHOOL EXPERIENCES

My next questions are about [YOUTH'S] school experiences this school year, that is, the 2000-2001 school year.

ENROLLED IN ELEMENTARY, MIDDLE, JUNIOR, OR SENIOR HIGH SCHOOL

D1a. Has [YOUTH] been enrolled in an elementary, middle, junior or senior high school this school year?

GO TO D1b	YES	1
GO TO D2a	NO	2
GO TO D2a	DON'T KNOW	-1
	REFUSED	-2

D1b. Which of the following best describes the school [he/she] has attended this school year? READ CATEGORIES. CODE ONE. IF MORE THAN ONE: My questions are about the school [he/she] went to most recently. IF ATTENDING TWO SCHOOLS CONCURRENTLY CHOOSE SCHOOL THAT YOUTH SPENDS MORE TIME AT. [IF RESPONDENT VOLUNTEERS INFORMATION ABOUT COMMUNITY BASED OR LIFE SKILLS EDUCATION/TRAINING, SAY: WE WILL GET TO THAT SHORTLY.]

GO TO D1c	A regular school that serves a wide variety of students,	1
	A school that serves only students with disabilities,	2
	A magnet school that specializes in a particular subject area or theme,	3
	A vocational/technical (voc-tech) school),	4
	A charter school,	5
	An alternative school, or	6
	Another kind of school? SPECIFY: _____	7
DO NOT READ. IF YES TO ONE OF THESE CATEGORIES CODE D2a AS YES (1) AND CODE APPROPRIATE SETTING IN D2b THEN GO TO D2C	HOME INSTRUCTION BY A PROFESSIONAL	8
	HOME SCHOOLING BY A PARENT	9
	MEDICAL FACILITY CONVALESCENT HOSPITAL OR INSTITUTION FOR PEOPLE WITH DISABILITIES	10
	MENTAL HEALTH FACILITY	11
	CORRECTIONAL OR JUVENILE JUSTICE FACILITY	12
DO NOT READ GO TO D1C	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1c. Was this the first school year [he/she] attended this school?

GO TO D1d	YES	1
GO TO D1j	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1d. Why did [YOUTH] go to a new school this year? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

ASK D1e	CHANGING GRADE LEVELS REQUIRED THAT S/HE CHANGE SCHOOLS, E.G. FROM ELEMENTARY TO MIDDLE SCHOOL.	1
GO TO D1j	THE FAMILY MOVED	2
	YOUTH CHANGED HOUSEHOLDS OR LIVING ARRANGEMENTS	3
	FAMILY CHOSE A DIFFERENT SCHOOL ARRANGED FOR [YOUTH] THAT THEY THOUGHT WOULD BE BETTER FOR [HIM/HER]	4
	SCHOOL SYSTEM ASSIGNED [YOUTH] TO A DIFFERENT SCHOOL BECAUSE OF PROGRAM AT THE NEW SCHOOL	5
	HOSPITALIZED	6
	INCARCERATED	7
	OTHER, SPECIFY: _____	8
	DON'T KNOW	-1
REFUSED	-2	

SEELS

D1e. Before school started, did the school do anything to help [YOUTH] get ready for this move, like taking [him/her] to visit the new school? NOTE IF ASKED, THIS CAN BE ANYTHING DONE BY THE SENDING OR RECEIVING SCHOOL.

GO TO D1f	YES	1
GO TO D1g	NO	2
GO TO D1h	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1f. Do you think that what the school did to get [him/her] ready for the move was ...
 READ CATEGORIES. CIRCLE ONE.

GO TO D1h	More than [he/she] needed	1
	Less than [he/she] needed	2
	About right?	3
	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1g. Do you think the move would have been easier for [him/her] if the school had done something to help [him/her] get ready?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

SEELS

D1h. Before school started, did you or another family member do anything on your own about this school change, such as going to talk with teachers, or taking [YOUTH] to visit [his/her] new classroom?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

SEELS

D1i. How do you think the transition to this new school has gone for [him/her]? Overall, would you say it's been ... READ CATEGORIES. CODE ONE.

Very easy,	1
Somewhat easy,	2
Somewhat hard, or	3
Very hard?	4
DON'T KNOW	-1
REFUSED	-2

SEELS

D1j. Is [he/she] in a middle school or junior or senior high school now?

GO TO D1o	YES	1
GO TO D1k	NO	2
GO TO D2a	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

D1k. Is [he/she] not in school now because [he/she] ... READ CATEGORIES. IF RESPONDENT SAYS YES TO 1, 2 OR 3 DO NOT CONTINUE TO READ 4-8. CODE ALL THAT APPLY.

GO TO D1o	Is on school vacation	1
GO TO D1n	Graduated	2
GO TO D1l	Took a test and received a diploma or a certificate without taking all of [his/her] high school classes	3
GO TO D1m	Dropped out or just stopped going	4
GO TO D1o	Was suspended (TEMPORARY)	5
	Was expelled (PERMANENT)	6
	Was older than the school age limit, or	7
DO NOT READ GO TO D1o	Some other reason. SPECIFY _____	8
	DON'T KNOW	-1
	REFUSED	-2

D1l. Was it a diploma or a certificate?

GO TO D1o	DIPLOMA	1
	CERTIFICATE	2
	DON'T KNOW	-1
	REFUSED	-2

D1m. What were [his/her] reasons for leaving? CIRCLE ALL THAT APPLY

ACADEMIC DIFFICULTY; POOR GRADES, NOT DOING WELL	1
PROBLEMS WITH BEHAVIOR	2
DISLIKE OF SCHOOL EXPERIENCE, SCHOOL TOO DANGEROUS	3
ECONOMIC REASONS	4
EMPLOYMENT, SEEK OR ACCEPT JOB	5
ENTERED CRIMINAL JUSTICE SYSTEM	6
FAILED REQUIRED TEST/FAILED GRADUATION EXAM	7
LACK OF APPROPRIATE CURRICULUM	8
LACK OF CHILDCARE	9
LACK OF TRANSPORTATION	10
LANGUAGE DIFFICULTY	11
MARRIAGE	12
MILITARY, JOINED ARMED FORCES	13
NEEDED AT HOME	14
PARENT/GUARDIAN INFLUENCE	15
POOR RELATIONSHIPS WITH FELLOW STUDENTS	16
POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF	17
PREGNANCY	18
RELIGION	19
SUBSTANCE ABUSE	20
FRIENDS WERE DROPPING OUT	21
MOVED	22
ILLNESS/DISABILITY	23
OTHER (SPECIFY)	24
DON'T KNOW	-1
REFUSED	-2

NLTS

D1n. Some schools offer a program for students where they take a 13th year for additional high school credits after they graduate. Did YOUTH attend that type of program?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

SEELS

D1o. IF D1j =1: What grade is [YOUTH] in this year? IF D1j NE1: What grade was [YOUTH] in this year? DO NOT READ CATEGORIES, CODE ONE. PROBE FOR UNGRADED, IF PARENT UNSURE.

UNGRADED CLASS	0
FIRST GRADE	1
SECOND GRADE	2
THIRD GRADE	3
FOURTH GRADE	4
FIFTH GRADE	5
SIXTH GRADE	6
SEVENTH GRADE	7
EIGHTH GRADE	8
NINTH GRADE	9
TENTH GRADE	10
ELEVENTH GRADE	11
TWELFTH GRADE	12
THIRTEENTH GRADE	13
MULTI-GRADE, SPECIFY: _____	99
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF [D1j=1 (INSCHOOL NOW) OR D1j NE 1 AND D1k=1] AND D1o=12 OR 13 OR IF D1j=1 AND YOUTH IS IN UNGRADED CLASS (D1o=0) AND YOUTH IS OLDER THAN 18, ASK D1o1. ELSE GO TO D1p.

D1o1. Do you expect that [he/she] will graduate or finish school this year?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

SSS, SEELS

D1p. IF D1j NE1 ASK: Was; ELSE ASK: Is the school located in the neighborhood where you live?

GO TO D1r	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1q. IF D1j NE 1 ASK: Did; ELSE ASK: Does YOUTH live at the school? IF ASKED, WE MEAN AT LEAST DURING THE WEEKDAYS.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

D1r. IF D1j NE1 ASK: What was the full name of the school YOUTH was enrolled in this (D1k=1 past) year? ELSE: What is the full name of [YOUTH's] school]? IF [YOUTH] HAS BEEN ENROLLED IN MORE THAN ONE SCHOOL THIS SCHOOL YEAR, WE WANT MOST RECENT OR CURRENT ENROLLMENT. PROBE FOR FULL NAME OF SCHOOL.

NAME OF SCHOOL: _____
OR

DON'T KNOW -1
REFUSED -2

D1s. Where is that located? (IF STREET ADDRESS UNAVAILABLE, GET CITY/STATE; DO NOT PROBE FOR FULL STREET ADDRESS.)

LOCATION: _____
STREET ADDRESS

CITY/STATE

DON'T KNOW -1
REFUSED -2

CHECKPOINT: IF D1k=2 (GRADUATED) OR 3 (TEST) GO TO CHECKPOINT BEFORE D4a. ELSE ASK D1t.

SEELS

D1t. Do you expect that [YOUTH] will be enrolled in school or receiving instruction in the fall? [IF ASKED, that is the 2001-2002 school year]

GO TO CHECKPOINT BEFORE D1u	YES	1
GO TO CHECKPOINT BEFORE D4a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF D1k=6 (PERMANENTLY EXPELLED) GO TO D1v. ELSE ASK D1u.

SEELS

D1u. Do you think [he/she] will be going to the same school or receiving instruction in the same place in the fall as [he/she] [IF D1j=1, is now] [IF D1j NE 1, has this past school year]?

GO TO CHECKPOINT BEFORE D4a	Yes	1
	No	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

D1v. What is the full name of the school you think [YOUTH] will be attending next year ?
PROBE FOR FULL NAME OF SCHOOL.

NAME OF SCHOOL: _____

SEELS

D1w. Where is that located?

LOCATION: _____
STREET ADDRESS CITY/STATE

CHECKPOINT: IF D1a NE1 ASK D2a. IF D1j NE 1 (NOT IN SCHOOL NOW) AND D1k NE 1 (NOT SUMMER) OR 2 OR 3 (GRADUATED OR TOOK A TEST) OR 7 (AGED OUT) ASK D2a. ELSE GO TO CHECKPOINT BEFORE D3a.

ENROLLED IN SECONDARY INSTITUTION

D2a. Has [he/she] received any elementary, middle, junior or senior high school level instruction in any [IF D1a=1 ADD: other] setting during this school year? For example, that could include instruction in a hospital, correctional facility, or a home school.

GO TO D2b	YES	1
GO TO CHECKPOINT BEFORE D3a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D2b. Which of the following best describes the setting where [YOUTH] received this instruction? Was it ... READ CATEGORIES. CODE ONE. IF MORE THAN 1 SETTING, CODE MOST RECENT SETTING.

	Homebound instruction by a professional	1
	Home schooling by a parent [CAN INCLUDE ANY NONPROFESSIONAL, E.G., GRANDPARENT, FRIEND, OLDER SIBLING]	2
	A hospital or hospital school	3
	A medical facility, convalescent hospital or institution for people with disabilities	4
	A mental health facility	5
	A correctional facility or a juvenile justice facility	6
	Or another kind of place? SPECIFY: _____	7
DO NOT READ	DON'T KNOW	-1
	REFUSED	-2

D2c. Is [he/she] receiving this instruction now?

GO TO D2g	YES	1
GO TO D2d	NO	2
GO TO D2g	DON'T KNOW	-1
	REFUSED	-2

D2d. Is [he/she] not in school now because [he/she] ... READ CATEGORIES, IF RESPONDENT SAYS YES TO 1, 2 OR 3 DO NOT CONTINUE TO READ 4-8. CODE ALL THAT APPLY.

GO TO D2g	Is on school vacation	1
	Graduated	2
GO TO D2e	Took a test and received a diploma or a certificate without taking all of [his/her] high school classes	3
GO TO D2f	Dropped out or just stopped going	4
GO TO D2g	Was suspended (TEMPORARY)	5
	Was expelled (PERMANENT)	6
	Was older than the school age limit, or	7
DO NOT READ GO TO D2g	Some other reason? SPECIFY	8
	DON'T KNOW	-1
	REFUSED	-2

D2e. Was it a diploma or a certificate?

GO TO D2g	DIPLOMA	1
	CERTIFICATE	2
	DON'T KNOW	-1
	REFUSED	-2

D2f. What were [his/her] reasons for leaving? CIRCLE ALL THAT APPLY

ACADEMIC DIFFICULTY; POOR GRADES, NOT DOING WELL	1
PROBLEMS WITH BEHAVIOR	2
DISLIKE OF SCHOOL EXPERIENCE, SCHOOL TOO DANGEROUS	3
ECONOMIC REASONS	4
EMPLOYMENT, SEEK OR ACCEPT JOB	5
ENTERED CRIMINAL JUSTICE SYSTEM	6
FAILED REQUIRED TEST/FAILED GRADUATION EXAM	7
LACK OF APPROPRIATE CURRICULUM	8
LACK OF CHILDCARE	9
LACK OF TRANSPORTATION	10
LANGUAGE DIFFICULTY	11
MARRIAGE	12
MILITARY, JOINED ARMED FORCES	13
NEEDED AT HOME	14
PARENT/GUARDIAN INFLUENCE	15
POOR RELATIONSHIPS WITH FELLOW STUDENTS	16
POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF	17
PREGNANCY	18
RELIGION	19
SUBSTANCE ABUSE	20
FRIENDS WERE DROPPING OUT	21
MOVED	22
ILLNESS/DISABILITY	23
OTHER (SPECIFY)	24
DON'T KNOW	-1
REFUSED	-2

D2g. IF D2c =1: What grade is [YOUTH] in this year? IF D2c NE1: What grade was [YOUTH] in this past year? DO NOT READ CATEGORIES, CODE ONE. PROBE FOR UNGRADED, IF PARENT UNSURE.

UNGRADED CLASS	0
FIRST GRADE	1
SECOND GRADE	2
THIRD GRADE	3
FOURTH GRADE	4
FIFTH GRADE	5
SIXTH GRADE	6
SEVENTH GRADE	7
EIGHTH GRADE	8
NINTH GRADE	9
TENTH GRADE	10
ELEVENTH GRADE	11
TWELFTH GRADE	12
THIRTEENTH GRADE	13
MULTI-GRADE, SPECIFY:_____	9
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF D2c=1 (IN SCHOOL NOW) AND D2g=12 OR 13 OR IF D2c=1 AND D2g=0 (UNGRADED) AND YOUTH IS OLDER THAN 18, ASK D2g1. ELSE GO TO D2h.

D2g1. Do you expect that [he/she] will graduate or finish school this year?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF D2b=2 (HOME SCHOOLED) GO TO D2j. ELSE ASK D2h.

D2h. IF D2b=3,4,5,6, OR 7 (GETS SCHOOLING IN INSTITUTION) ASK: What is the full name of the place [YOUTH] received schooling this year? [IF D2b=1 (HOMEBOUND INSTRUCTION) ASK: What is the full name of the school or district providing the home bound instruction?

IF [YOUTH] HAS BEEN ENROLLED IN MORE THAN ONE SCHOOL THIS SCHOOL YEAR, WE WANT MOST RECENT OR CURRENT ENROLLMENT. PROBE FOR FULL NAME OF SCHOOL.

NAME OF SCHOOL: _____

DON'T KNOW -1
REFUSED -2

D3a. In the past school year has YOUTH taken any courses or tests to earn a high school diploma?

GO TO D3b	YES	1
GO TO CHECKPOINT BEFORE D4a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D3b. Has YOUTH gotten a diploma or degree from this coursework or test?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

POSTSECONDARY

CHECKPOINT: IF NOT IN SCHOOL IN PAST YEAR (D1a AND D2a NE 1) ASK D4a. IF NOT IN SCHOOL NOW (D1j NE 1 AND D2c NE 1) AND IT IS NOT SUMMER VACATION (D1k NE 1 OR D2d NE 1) ASK D4a. ELSE GO TO CHECKPOINT BEFORE D5a.

D4a. This school year did [YOUTH] take any courses from a two year or community college?

GO TO D4b	YES	1
GO TO D4c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D4b. Is [he/she] going to a two year or community college now?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

D4c. This school year did [YOUTH] take any courses from a vocational, business or technical school?

GO TO D4d	YES	1
GO TO D4f	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D4d. Is [he/she] going to a vocational, business or technical school now?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

D4e. Was that vocational, business or technical school primarily for high school age students or students who have left high school?

PRIMARILY HIGH SCHOOL AGE STUDENTS	1
PRIMARILY STUDENTS WHO HAVE LEFT HIGH SCHOOL	2
DON'T KNOW	-1
REFUSED	-2

D4f. This school year did [YOUTH] take any courses from a four-year college?

GO TO D4g	YES	1
GO TO CHECKPOINT BEFORE D5a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D4g. Is [he/she] going to a four year college now?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

HISTORY ITEMS FOR STUDENTS WHO RECEIVED NO SCHOOLING THIS YEAR

CHECKPOINT: IF D1a AND D2a AND D4a AND D4c AND D4f NE 1 (NO SCHOOLING IN THE LAST YEAR), ASK D5a. IF D1a AND D2a NE 1 AND D5a OR D5c OR D5f=1 (NO SECONDARY SCHOOLING THIS YEAR, BUT ATTENDED POST SECONDARY) GO TO D5b. ELSE GO TO CHECKPOINT BEFORE D6a.

Seels

D5a. When did [he/she] last attend school or receive instruction in school subjects? RESPONSE MAY BE THE MONTH AND YEAR [YOUTH] LEFT SCHOOL OR HOW LONG AGO [HE/SHE] LEFT SCHOOL. [NOTE: THIS CAN INCLUDE HOME OR HOSPITAL SCHOOLING.]

NUMBER OF	DAYS AGO	1	OR	_____ MONTH	6
	WEEKS AGO	2		AND	
	MONTHS AGO	3		_____ YEAR	
	YEARS AGO	4			
	NEVER IN SCHOOL	5			
				DON'T KNOW	-1
				REFUSED	-2

D5b. Is YOUTH not receiving any elementary, middle, junior, or senior high school level instruction this year because [he/she] ... READ CATEGORIES, IF RESPONDENT SAYS YES TO 1 OR 2 DO NOT CONTINUE TO READ 3-6. CODE ALL THAT APPLY.

GO TO CHECKPOINT BEFORE D5e	Graduated	1
GO TO D5c	Took a test and received a diploma or a certificate without taking all of [his/her] school classes	2
GO TO D5d	Dropped out or just stopped going	3
GO TO CHECKPOINT BEFORE D5e	Was suspended (TEMPORARY)	4
	Was expelled (PERMANENT), or	5
	Some other reason	6
	DON'T KNOW	-1
	REFUSED	-2

D5c. Was it a diploma or a certificate?

GO TO CHECKPOINT BEFORE D5e	Diploma	1
	Certificate	2
	DON'T KNOW	-1
	REFUSED	-2

D5d. What were [his/her] reasons for leaving school? CIRCLE ALL THAT APPLY

ACADEMIC DIFFICULTY; POOR GRADES, NOT DOING WELL	1
PROBLEMS WITH BEHAVIOR	2
DISLIKE OF SCHOOL EXPERIENCE, SCHOOL TOO DANGEROUS	3
ECONOMIC REASONS	4
EMPLOYMENT, SEEK OR ACCEPT JOB	5
ENTERED CRIMINAL JUSTICE SYSTEM	6
FAILED REQUIRED TEST/FAILED GRADUATION EXAM	7
LACK OF APPROPRIATE CURRICULUM	8
LACK OF CHILDCARE	9
LACK OF TRANSPORTATION	10
LANGUAGE DIFFICULTY	11
MARRIAGE	12
MILITARY, JOINED ARMED FORCES	13
NEEDED AT HOME	14
PARENT/GUARDIAN INFLUENCE	15
POOR RELATIONSHIPS WITH FELLOW STUDENTS	16
POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF	17
PREGNANCY	18
RELIGION	19
SUBSTANCE ABUSE	20
FRIENDS WERE DROPPING OUT	21
MOVED	22
ILLNESS/DISABILITY	23
OTHER (SPECIFY)	24
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF D5b=1 (GRADUATED) OR 2 (TEST) GO TO D5h. ELSE GO TO D5e.

D5e. Do you expect that [YOUTH] will be enrolled in middle, junior or senior high school in the fall? [IF ASKED, that is the 2001-2002 school year]

GO TO D5f	Yes	1
GO TO CHECKPOINT BEFORE D6a	No	2
	DON'T KNOW	-1
	REFUSED	-2

D5f. What is the full name of the school you think [YOUTH] will be attending next year?
 PROBE FOR FULL NAME OF SCHOOL.

NAME OF SCHOOL: _____

OR [YOUTH] WILL BE SCHOOLED AT HOME/HOME/BOUND INSTRUCTION 1
 GO TO CHECKPOINT BEFORE D6a.

NELS:88, SEELS

D5k. What grade was [he/she] held back? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

PRE-KINDERGARTEN	1
KINDERGARTEN	2
FIRST GRADE	3
SECOND GRADE	4
THIRD GRADE	5
FOURTH GRADE	6
FIFTH GRADE	7
SIXTH GRADE	8
SEVENTH GRADE	9
EIGHTH GRADE	10
NINTH GRADE	11
TENTH GRADE	12
ELEVENTH GRADE	13
TWELFTH GRADE	14
THIRTEENTH GRADE	15
DON'T KNOW	-1
REFUSED	-2

SSS, NHES96

D5l. Has [he/she] ever been suspended or expelled from school? IF ASKED, WOULD NOT INCLUDE IN-SCHOOL SUSPENSION.

ASK D5m	YES	1
	NO	2
GO TO D5n	DON'T KNOW	-1
	REFUSED	-2

NSAF, NHES96, SEELS

D5m. Was that suspended or expelled or both? DO NOT READ CATEGORIES. CODE ONE.

SUSPENDED	1
EXPELLED	2
BOTH	3
DON'T KNOW	-1
REFUSED	-2

D5n. During the past 2 years did YOUTH attend summer school? [IF YES TO EITHER SUMMER CODE AS A YES.]

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF YOUTH IS NOT IN SCHOOL NOW AND DOES NOT PLAN TO RETURN TO SCHOOL IN THE FALL (D1j NE 1 AND D2c NE 1 AND D4b NE 1 AND D4d NE 1 AND D4g NE 1 AND D5e NE1) ASK D6a ELSE GO TO CHECKPOINT BEFORE D7a.

NLTS

D6a What are [YOUTH's] plans for the fall? CODE ALL THAT APPLY. IF RESPONDENT SAYS "Go to school," PROBE: Does YOUTH plan to go to a 2-year, junior, or community college; a 4-year college or university, a vocational or business school, a GED program, or another kind of school or program? CODE APPROPRIATE CATEGORY.

HAS NO PLANS/JUST HANG OUT/WATCH TV	00
LOOK FOR WORK/GET A JOB	01
CONTINUE WORKING	02
GO TO A 2-YEAR, JUNIOR, OR COMMUNITY COLLEGE	03
GO TO A 4-YEAR COLLEGE OR UNIVERSITY	04
GO TO A VOCATIONAL OR BUSINESS SCHOOL OR JOB TRAINING PROGRAM	05
GED PROGRAM	06
GO TO ANOTHER SCHOOL (UNSPECIFIED)	07
GO TO AN ADULT DAY PROGRAM	08
GO TO AN ADULT RESIDENTIAL PROGRAM	09
TRAVEL	10
DO VOLUNTEER WORK	11
GET MARRIED	12
HAVE A BABY	13
MOVE	14
GET OWN APARTMENT/HOUSING ARRANGEMENT	15
JOIN THE MILITARY	16
OTHER (SPECIFY)	17
DON'T KNOW	-1
REFUSED	-2

SCHOOL INFORMATION FOR THOSE IN SECONDARY SCHOOL NOW OR PAST YEAR

CHECKPOINT: IF D1a OR D2a=1 (IN SCHOOL IN PAST YEAR) ASK B7a. ELSE GO TO SECTION F.

D7a. During the past 2 years did YOUTH attend summer school? [IF YES TO EITHER SUMMER CODE AS A YES.]

YES	1
NO	2
IN YEAR ROUND SCHOOL	3
DON'T KNOW	-1
REFUSED	-2

NELS:88, SEELS

D7b. Has [he/she] ever skipped a grade in school?

GO TO D7c	YES	1
	NO	2
GO TO D7d	DON'T KNOW	-1
	REFUSED	-2

NELS:88, SEELS

D7c. What grade did [he/she] skip? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

KINDERGARTEN	1
FIRST GRADE	2
SECOND GRADE	3
THIRD GRADE	4
FOURTH GRADE	5
FIFTH GRADE	6
SIXTH GRADE	7
SEVENTH GRADE	8
EIGHTH GRADE	9
NINTH GRADE	10
TENTH GRADE	11
ELEVENTH GRADE	12
TWELFTH GRADE	13
DON'T KNOW	-1
REFUSED	-2

NELS:88, SEELS

D7d. Since [he/she] entered kindergarten has [he/she] ever been held back a grade in school?

ASK D7e	YES	1
GO TO D7f	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NELS:88, SEELS

D7e. What grade was [he/she] held back? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

PRE-KINDERGARTEN	1
KINDERGARTEN	2
FIRST GRADE	3
SECOND GRADE	4
THIRD GRADE	5
FOURTH GRADE	6
FIFTH GRADE	7
SIXTH GRADE	8
SEVENTH GRADE	9
EIGHTH GRADE	10
NINTH GRADE	11
TENTH GRADE	12
ELEVENTH GRADE	13
TWELFTH GRADE	14
DON'T KNOW	-1
REFUSED	-2

SEELS

D7f. How many schools has YOUTH attended since [he/she] entered elementary school? RECORD NUMBER OF SCHOOLS ATTENDED. WE MEAN SINCE KINDERGARTEN IF ASKED, THAT WOULD INCLUDE MOVING FROM SCHOOL TO HOME SCHOOL OR MOVING FROM HOME SCHOOL TO SCHOOL OR CHANGE IN INSTITUTIONAL SCHOOLING SETTING, E.G. FROM NEIGHBORHOOD SCHOOL TO HOSPITAL SCHOOL.

_____	SCHOOLS ATTENDED	1
NUMBER OF	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF D7f NUMBER IS GREATER THAN 1 ASK D7g. ELSE GO TO D7h.

SEELS

D7g. [IF D7f=2 ASK: Was that change in schools because] [IF D7f>2 ASK: How many of those changes in schools were because] of a promotion to the next grade, for example from elementary to middle school? IF ONLY ONE SCHOOL AND THE ANSWER IS NO, CODE ZERO; IF YES CODE 1.

NUMBER OF CHANGES	1
ALL	2
DON'T KNOW	-1
REFUSED	-2

SSS, NHES96, SEELS

D7h. Has [he/she] ever been suspended or expelled from school? IF ASKED, WOULD NOT INCLUDE IN-SCHOOL SUSPENSION.

ASK D7i	YES	1
GO TO D8a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NSAF, NHES96, SEELS

D7i. Was that suspended or expelled or both? DO NOT READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE D7j	SUSPENDED	1
	EXPELLED	2
	BOTH	3
GO TO D8a	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF D7i=1 (SUSPENDED) GO TO D7j. IF D7i=2 (EXPELLED) GO TO D7k. IF D7i=3 (BOTH) GO TO D7j.

NSAF, NHES96, SEELS

D7j. Did [he/she] get suspended during this school year?

IF D7i=3 (BOTH SUSPENDED AND EXPELLED), GO TO D7k, ELSE GO TO D8a	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NHES96, SEELS

D7k. Did [he/she] get expelled during this school year?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

SEELS

D8a. Our records show that [YOUTH] received special education services and had an IEP at the beginning of the 2000-2001 school year. IF D1j or D2c =1 ASK: Does [he/she] still receive special education services and have an IEP? IF D1j AND D2c NE 1, NOT IN SCHOOL NOW, Did she/he receive special education services and have an IEP this year? [IF NEEDED: that is the 2000-2001 school year?]

GO TO D8c	YES	1
GO TO CHECKPOINT 1 BEFORE D8b	NO	2
	NEVER WAS IN SPECIAL EDUCATION.	3
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT 1: IF D8a=3 (NEVER WAS IN SPECIAL ED) GO TO D8g. IF B1d=2 (PARENT SAYS NEVER DISABILITY) GO TO D9a, ELSE GO TO CHECKPOINT 2.

CHECKPOINT 2: I IF D8a=2 (NOT IN SPECIAL ED AT THE END OF THE SCHOOL YEAR) ASK D8b. ELSE GO TO D8c.

SEELS

D8b. Why is [he/she] no longer receiving special education services? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

NO LONGER NEEDS SPECIAL EDUCATION/SPECIAL SERVICES	1
MET IEP GOALS	2
YOUTH WAS DECLASSIFIED, SCHOOL SAYS NO LONGER NEEDS SERVICES	3
NO LONGER ELIGIBLE, DOESN'T QUALIFY	4
SCHOOL DOESN'T HAVE THE PROGRAMS [YOUTH] NEEDS	5
PARENT DOESN'T WANT [YOUTH] IN SPECIAL EDUCATION	6
STUDENT DID NOT WANT TO BE IN SPECIAL EDUCATION	7
STUDENT CHANGED SCHOOLS, DID NOT REQUEST SPECIAL SERVICES, [YOUTH] NOT IDENTIFIED AS NEEDING SPECIAL SERVICES	8
STUDENT NOW HAS A 504 PLAN	9
DOESN'T THINK STUDENT EVER WAS IN SPECIAL EDUCATION	10
YOUTH HOME SCHOOLED BY PARENT	11
DON'T KNOW	-1
REFUSED	-2

D8c. Has your family ever been through mediation because of a conflict with the school about YOUTH's special education program?

GO TO D8d	YES	1
GO TO D8e	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D8d. What was the outcome of the mediation? Did you ... READ CATEGORIES.

GO TO D8e	Receive the services you asked for,	1
	Not receive the services you asked for,	2
	Partially receive what you asked for,	3
GO TO D8f	Have a hearing, or	4
GO TO D8e	Something else? (SPECIFY) _____	5
	DON'T KNOW	-1
	REFUSED	-2

D8e. Has your family ever been through a hearing because of a conflict with the school about YOUTH's special education program?

GO TO D8f	YES	1
GO TO CHECKPOINT BEFORE D8g	NO	2
	DON'T KNOW	-1
	REFUSED	-2

D8f. What was the outcome of the hearing? Did you ... READ CATEGORIES.

Receive the services you asked for,	1
Not receive the services you asked for,	2
Partially receive what you asked for,	3
Go for mediation, or	4
Something else? (SPECIFY) _____	5
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF D8a=1 (GETTING SPECIAL ED SERVICES NOW) GO TO D8h. IF D8b= 9 (STUDENT HAS A 504 PLAN) GO TO B8h. ELSE ASK D8g.

SEELS

D8g. Does [YOUTH] now have a written accommodations plan for any special needs, as described under Section 504 of the Vocational Rehabilitation Act, usually called a 504 plan?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT 1: IF D8a=3 (NEVER WAS IN SPECIAL ED) GO TO D9a. ELSE ASK D8h.

SEELS

D8h. When did [YOUTH] first begin receiving special education services in school? CODE AND ENTER AGE OR GRADE IF APPROPRIATE. IF ASKED, OR IF RESPONDENTS ANSWERS "LESS THAN 5 YEARS OR PRE KINDERGARTEN," WE MEAN SINCE STARTING KINDERGARTEN. SCHOOL CAN MEAN ANY SETTING WHERE YOUTH RECEIVES SCHOOLING OR INSTRUCTION IN SCHOOL SUBJECTS FROM A PROFESSIONAL.

_____A GE OR	YEARS OF AGE	1
_____A GRADE	GRADE LEVEL	2
	NEVER RECEIVED SPECIAL EDUCATION SERVICES.	3
	DON'T KNOW	-1
	REFUSED	-2

D8i. Were you the one who first asked for special services for [YOUTH] in school, or did school staff first suggest that [he/she] might need services?

PARENT ASKED	1
SCHOOL STAFF RECOMMENDED	2
SOMEONE ELSE RECOMMENDED	3
DON'T KNOW	-1
REFUSED	-2

SEELS

D9a. Now I would like to ask you about [YOUTH's] grades during this school year. [IF D1] OR D2c NE 1: Did] [IF D1] OR D2c=1: Does] [he/she] get grades?

ASK D9b	YES	1
GO TO D9c	NO	2
	FOR SOME SUBJECTS	3
	DON'T KNOW	-1
	REFUSED	-2

NHES96 (response change), SEELS

D9b. Overall, across all subjects, has [he/she] mostly gotten... READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE D10	A's,	1
	A's and B's,	2
	B's,	3
	B's and C's,	4
	C's,	5
	C's and D's,	6
	D's,	7
	D's and F's,	8
	F's, or	9
GO TO D9c	[YOUTH's] school does not give these grades?	10
DON'T READ. GO TO CHECKPOINT BEFORE D10	IF RESPONSE DOES NOT FIT CATEGORIES, E.G., A's AND F's, SPECIFY RESPONSE	11
DON'T READ, GO TO D9c	DON'T KNOW	-1
DON'T READ, GO TO CHECKPOINT TO D10	REFUSED	-2

NHES96, SEELS

D9c. Overall would you describe [his/her] work at school as... READ CATEGORIES. CODE ONE.

DON'T READ	Excellent	1
	Above average,	2
	Average,	3
	Below average, or	4
	Failing?	5
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF D2b=1 OR 2 (HOME SCHOOLED) GO TO D12. ELSE GO TO D10.

SEELS

D10. How well would you say [YOUTH] has gotten along with other students at school this school year? Would you say...? READ CATEGORIES. CODE ONE.

	Very well	1
	Pretty well	2
	Not very well, or	3
	Not at all well?	4
DON'T READ	MIXED, SOME WELL, SOME NOT	5
	DOES NOT INTERACT WITH OTHER STUDENTS	6
	DON'T KNOW	-1
	REFUSED	-2

SEELS

D11. How well would you say [he/she] has gotten along with teachers this school year? Would you say...? READ CATEGORIES. CODE ONE.

	Very well,	1
	Pretty well,	2
	Not very well, or	3
	Not at all well?	4
DON'T READ	MIXED, SOME WELL, SOME NOT	5
	DOES NOT INTERACT WITH TEACHERS	6
	DON'T KNOW	-1
	REFUSED	-2

NHES 96, all; NELS, a and b.; SSS a-e, SEELS

D12. Think about [YOUTH'S] experiences at [his/her] school since the beginning of this school year. Would you say you strongly agree, agree, disagree, or strongly disagree with each of the following statements? READ STATEMENTS. CODE ONE RESPONSE FOR EACH.

		Strongly Agree	Agree	Dis-agree	Strongly Dis-agree	DK	Ref
a.	School is challenging for [YOUTH].	1	2	3	4	-1	-2
b.	[He/she] enjoys school.	1	2	3	4	-1	-2
c.	There is an adult at the school who knows YOUTH well and cares about [him/her].	1	2	3	4	-1	-2
d.	The school is good at meeting [his/her] individual needs.	1	2	3	4	-1	-2
e.	[YOUTH] is getting the support and services from the school that [he/she] needs to do well in school	1	2	3	4	-1	-2
CHECKPOINT: IF D2b=1 OR 2 (HOME SCHOOLED) GO TO D14. ELSE GO TO D13.							

SSS, SEELS

D13. Has [YOUTH] had any of the following things happened during this school year? READ EACH. CODE ONE RESPONSE FOR EACH ITEM.

		Yes	No	NA	DK	Ref
a.	Has [YOUTH] had things stolen from [his/her] locker, desk, or other places at school?	1	2	3	-1	-2
b.	Has [he/she] been bullied or picked on by other students or made to do things like give them money, either at school or on the way to or from school?	1	2	3	-1	-2
c.	Has [he/she] bullied or picked on other students?	1	2	3	-1	-2
d.	Has [he/she] been teased or called names at school?	1	2	3	-1	-2
E .	Has [he/she] been physically attacked or in fights at school or on the way to or from school?	1	2	3	-1	-2

SSS, a-b; NELS c-d, SEELS

D14. Thinking about this school year, would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with ... READ CATEGORIES. CODE ONE RESPONSE FOR EACH ITEM.

		Very Satisfied	Satisfied	Some what Dissatisfied	Very Dissatisfied	DK	Ref
a.	[YOUTH'S] school	1	2	3	4	-1	-2
b.	[His/her] teachers	1	2	3	4	-1	-2
c.	IF YOUTH IS CURRENTLY IN SPECIAL EDUCATION (D8a=1) READ ITEM, ELSE GO TO D17d. [His/her] special education services	1	2	3	4	-1	-2
d.	[IF D14c IS ASKED: Other] [IF D14c IS NOT ASKED: The] education [he/she] has received	1	2	3	4	-1	-2
e.	How well school keeps you informed about [YOUTH's] behavior and academic performance	1	2	3	4	-1	-2

END OF PART A FOR PRINTER PURPOSES

SECTION E. FAMILY INTERACTION / INVOLVEMENT

CHECKPOINT: IF D2a=1 (SCHOOLED IN ANOTHER SETTING), GO TO E1d. ELSE GO TO E1a (AND CONTINUE WITH b-d).

SSS; NHES 96, SEELS

E1. Since the beginning of this school year have you or another adult in the household done each of the following at [YOUTH's] school? READ FIRST ITEM. CODE IN COLUMN A.

IF YES, ASK: About how many times has that happened? Would you say 1-2 times, 3-4 times, 5-6 times, or more than that? CODE IN COLUMN B.

IF NO, READ NEXT ITEM. IF ASKED, CAN INCLUDE VISITS TO THE SCHOOL FOR OTHER CHILDREN IN THE FAMILY AS WELL.

		A				B					
		Y	N	DK	R	1-2 times	3-4 times	5-6 times	More than that	DK	R
a.	Attend a general school meeting, for example, back to school night or a meeting of a parent-teacher organization?	1	2	-1	-2	3	4	5	6	-1	-2
b.	Attend a school or class event, such as a play, sports event, or science fair? This can include visits to the school for other children in the family who are at this school.	1	2	-1	-2	3	4	5	6	-1	-2
c.	Volunteer at the school, for example, chaperoning a class field trip, or serving on a committee?	1	2	-1	-2	3	4	5	6	-1	-2
d.	Gone to a parent/teacher conference with YOUTH's teacher, other than an Individual Education Plan or IEP meeting.	1	2	-1	-2	3	4	5	6	-1	-2

CHECKPOINT: IF STUDENT IS CURRENTLY IN SPECIAL EDUCATION PROGRAM (D8a=1) GO TO E2a. IF B1a=00 (PARENT SAYS NO DISABILITY) GO TO CHECKPOINT BEFORE E7. ELSE GO TO E6a.

SEELS

E2a. During this or last school year, did you or another adult in your household go to a meeting about an Individualized Education Plan, or IEP, for [his/her] special education program or services? ...

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

E2b. During this or last school year, did YOUTH go to a meeting about an Individualized Education Plan, or IEP, for [his/her] special education program or services? ...

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

E2c. Have you or another adult in your household met with teachers to set goals for what YOUTH will do after high school and make a plan for how [he/she] will achieve them? Sometimes this is called a transition plan? ...

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

E2d. Has YOUTH met with teachers to set goals for what [he/she] will do after high school and make a plan for how [he/she] will achieve them?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF PARENT HAS NOT ATTENDED ANY IEP OR TRANSITION PLAN MEETINGS E2a NE 1 AND E2c NE 1 GO TO CHECKPOINT BEFORE E4a. ELSE GO TO E3a.

SEELS

E3a. Did the school mostly come up with the goals on [his/her] IEP [IF E2c=1 ADD: and transition plan] or was it mostly you and/or YOUTH who came up with the goals?
CAN READ CATEGORIES, CODE ONE RESPONSE.

	MOSTLY SCHOOL,	1
	MOSTLY RESPONDENT AND/OR YOUTH [INCLUDE ANOTHER ADULT IN HOUSEHOLD HERE],	2
	A COMBINATION OF ALL OF YOU TOGETHER?	3
DON'T READ	OTHER, SPECIFY	4
	DON'T KNOW ABOUT ANY GOALS	5
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF YOUTH AND RESPONDENT BOTH ATTENDED IEP OR TRANSITION MEETINGS (IF E2a AND E2b=1 AND/OR E2c AND E2d=1), ASK E3b. IF YOUTH DID NOT ATTEND EITHER MEETING, BUT PARENT DID (IF E2a=1 OR E2c=1 AND E2b AND E2d NE 1) GO TO E4a. ELSE GO TO CHECKPOINT BEFORE E4a.

E3b. Which of the following best describes YOUTH's role in [his/her] IEP [IF E2b=1 ADD IEP, IF E2d=1 ADD and transition planning]. READ CATEGORIES AND CODE 1.

[He/she] was present in discussions but participated very little or not at all.	1
[He/she] provided some input.	2
[He/she] took a leadership role, helping set the direction of the discussions, goals and plans?	3
DON'T KNOW ABOUT ANY GOALS	5
DON'T KNOW	-1
REFUSED	-2

SEELS

E3c. How do you feel about your family's involvement in the decisions about [YOUTH'S] IEP [IF E2c=1 ADD: and transition plan]? Do you feel you ... READ CATEGORIES. CODE ONE RESPONSE.

	Wanted to be more involved,	1
	Were involved about the right amount, or	2
	Wanted to be less involved?	3
DON'T READ	NO OPINION	4
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF E2a AND E2b=NE 1 (PARENT AND YOUTH HAVE NOT ATTENDED IEP MEETING) GO TO E4a. ELSE GO TO CHECKPOINT BEFORE E4b.

SEELS

E4a. Has there been an IEP meeting about YOUTH's special education program or services this or last year?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF PARENT AND YOUTH HAVE NOT ATTENDED TRANSITION MEETINGS (E2c AND E2d NE 1) ASK E4b. ELSE ASK E4c.

E4b. Has the school done any planning for what YOUTH will do after high school? READ CATEGORIES, CODE ONE.

GO TO E4c	YES	1
GO TO CHECKPOINT BEFORE E4d	NO	2
	DON'T KNOW	-1
	REFUSED	-2

E4c. How useful has this [IF E2c OR E2d=1, ADD: Transition] planning been in helping YOUTH prepare for life after high school? Would you say it has been ... READ CATEGORIES. CODE ONE.

DON'T READ	Very useful	1
	Somewhat useful	2
	Not very useful, or	3
	Not at all useful?	4
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF PARENT OR YOUTH ATTENDED ANY MEETINGS (E2a, OR E2b, OR E2c, OR E2d=1, OR E4a OR E4b=1) ASK E4d. ELSE GO TO E5.

E4d. To what extent to you agree or disagree with the statement: YOUTH's IEP [IF E2c OR E2d OR E4b=1, ADD: and transition plan] goals are challenging and appropriate? Would you say ... READ CATEGORIES. CODE ONE.

DON'T READ	Strongly agree	1
	Agree	2
	Disagree, or	3
	Strongly disagree?	4
	DON'T KNOW	-1
	REFUSED	-2

SEELS

E5. Do you or another household member belong to any support groups for children with disabilities or their families? READ CATEGORIES. CODE ONE.

	YES	1
	NO	2
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

SEELS

E6a. Have you, or has anyone in your family, ever participated in any [IF E5=1 other] parent meetings, programs, or trainings for families of students with disabilities?

GO TO E6b	YES	1
	NO	2
GO TO E7	DON'T KNOW	-1
	REFUSED	-2

SEELS

E6b. Were any of the meetings, programs, or trainings sponsored by a parent training and information center, such as the... INPUT LIST OF STATE NAMES FOR PARENT CENTERS.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

SEELS

E6c. How helpful was the information or training you received? Would you say it was ... READ CATEGORIES. CODE ONE.

	Very helpful,	1
	Pretty helpful,	2
	Not very helpful, or	3
	Not at all helpful?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF A5b=4 (CHILD DOESN'T LIVE WITH RESPONDENT AT ALL) OR D1q=1 OR D2b=3 THROUGH 7 (ATTENDS RESIDENTIAL SCHOOL OR OTHER INSTITUTIONAL SCHOOL), GO TO SECTION F. ELSE GO TO E7.

NELS, SEELS

E7. Adults differ in how much they talk to their children about school. During this school year how often [IF D1j OR D2c NE 1: did] [ELSE: do] you or another adult in the household talk with [YOUTH] about [his/her] experiences in school? Would you say ... READ CATEGORIES. CODE ONE.

	Not at all,	1
	Rarely,	2
	Occasionally, or	3
	Regularly?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NHES96; NELS, SEELS

E8. During this school year, how often [D1j OR D2c NE 1: did, ELSE: have] you or another adult in the household [help/helped] [YOUTH] with [his/her] homework? Would you say ... READ CATEGORIES. CODE ONE.

	Never,	1
	Less than once a week,	2
	1 to 2 times a week,	3
	3 to 4 times a week, or	4
	5 or more times a week?	5
DON'T READ	NOT APPLICABLE; CHILD DOESN'T GET HOMEWORK	6
	DON'T KNOW	-1
	REFUSED	-2

F. AFTER-SCHOOL AND EXTRACURRICULAR ACTIVITIES

CHECKPOINT 1:

THROUGHOUT SECTION F. IF YOUTH WAS NOT IN SCHOOL THIS YEAR (D1a OR D2a NE 1) DO NOT READ BRACKETED WORDS "SCHOOL" "OR "OUTSIDE OF SCHOOL."

CHECKPOINT 2:

IF YOUTH DOES NOT LIVE WITH RESPONDENT AT ALL, OR LIVES AT RESIDENTIAL SCHOOL OR FACILITY (A5b=4 OR D1q=1 OR D2b=3, 4, 5, 6, or 7) GO TO F1b. ELSE GO TO F1a.

NELS, similar NSAF97, SEELS

F1a. Do you have a computer at home?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NELS 88, SEELS (4)

F1b. Does [YOUTH] know how to use a computer for:

READ EACH ITEM TO CODE RESPONSE IN COLUMN A. FOR EACH YES IN F1b1-3, ALSO READ F1c IMMEDIATELY FOR THAT COMPUTER USE AND CODE RESPONSE IN COLUMN B. CODE NA FOR ITEM 1 IF YOUTH DOESN'T GET HOMEWORK. IF NOT IN SCHOOL (D1a, D2a, D4a, D4c, OR D4f NE 1) DO NOT READ F1c1.

F1c. Does [he/she] use a computer for:

		A ABLE TO USE COMPUTER FOR:					B. DOES USE COMPUTER FOR:			
		Y	N	DK	R	NA	Y	N	DK	R
1.	Homework and school assignments	1	2	-1	-2	0	1	2	-1	-2
2.	Playing games	1	2	-1	-2	0	1	2	-1	-2
3.	The internet	1	2	-1	-2	0	1	2	-1	-2
4.	Email	1	2	-1	-2	0				
5.	Taking part in chat rooms	1	2	-1	-2	0				

CHECKPOINT: IF F1b4 (ABLE TO USE EMAIL) OR 5 (ABLE TO TAKE PART IN CHAT ROOMS)=1 ASK F1d. ELSE ASK F2.

NHES96

F1d. How frequently does [YOUTH] interact with others using e-mail or taking part in chat rooms? Would you say... READ CATEGORIES. CIRCLE ONE CODE.

Several times a day	1
Once a day	2
Several times a week	3
Once a week, or	4
Less often	5
DON'T KNOW	-1
REFUSED	-2

SEELS

F2. During the past 12 months has [YOUTH] taken lessons or classes [outside of school] in things like art, music, dance, a foreign language, religion, or computer skills?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF D1a OR D2a NE 1, GO TO F4. IF D2b=1 OR 2 (HOME SCHOOLED OR HOMEBOUND), GO TO F4. ELSE GO TO F3.

NHES96, SEELS

F3. During the past 12 months has [he/she] [participated/participate] in any school activity outside of class, such as a sports teams, band or chorus, a school club, or student government?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NHES93, SIMILAR NELS88 AND NHES96, SEELS

F4. During the past 12 months has [he/she] participated in any [out-of-school] group activity], such as scouting, church or temple youth group, or nonschool team sports like soccer or softball?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF F3 OR F4=1 (YES), ASK F5. ELSE GO TO F7.

NLTS and NELS (NELS asks "ever"), NSAF, SEELS

F5. What kinds of groups has [YOUTH] belonged to this year? DO NOT READ. CODE ALL THAT APPLY.

SCOUTING (E.G., CUB SCOUTS/BROWNIES, BOY/GIRL SCOUTS, CAMPFIRE/BLUEBIRDS)	1
RELIGIOUS GROUP, RELIGIOUS YOUTH GROUP	2
YMCA, YWCA, JCC CLUB/ACTIVITIES, BOYS-GIRLS CLUBS	3
SPORTS TEAM (E.G., LITTLE LEAGUE, AYSO SOCCER, OTHER SPORTS TEAM)	4
SPECIAL OLYMPICS	5
4-H CLUB	6
SPECIAL INTEREST CLUB (E.G., CHESS CLUB, COMPUTER CLUB, ENVIRONMENT CLUB)	7
PERFORMING GROUP (CHOIR, BAND, THEATER GROUP, DANCE TROUPE)	8
STUDENT GOVERNMENT	9
SCHOOL SUBJECT MATTER CLUB (E.G., SCIENCE, LANGUAGE, JOURNALISM, YEARBOOK, SCHOOL PAPER)	10
VOLUNTEER SERVICE GROUP (E.G., CANDYSTRIPERS)	11
DISABILITY-ORIENTED SUPPORT, ADVOCACY OR SOCIAL GROUP (E.G., ADHD)	12
CULTURAL AFFINITY GROUP (E.G., ASIAN STUDENTS CLUB, HISPANIC CLUB)	13
HOMEWORK CLUB	14
LEADERSHIP, YOUTH DEVELOPMENT CLUB	15
VOCATIONAL CLUBS (E.G., FUTURE HOMEMAKERS, DECA)	16
AFTER-SCHOOL CARE CENTER	17
OTHER SPECIFY: _____	18
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT 1 : IF RESPONDENT SAYS YOUTH DOES NOT HAVE A DISABILITY (B1a=00) OR IF ONLY DISABILITY IS LD OR SPEECH (B1b=13 AND/OR 16 ONLY) GO TO F7. ELSE GO TO CHECKPOINT 2.

CHECKPOINT 2: IF ONLY GROUP LISTED IN F5 IS STUDENT GOVERNMENT (F5=ONLY 9) GO TO F7. IF F5 NE 5 OR 12 (SPECIAL OLYMPICS OR DISABILITY ORIENTED GROUP) GO TO CHECKPOINT 3. ELSE GO TO F7.

CHECKPOINT 3: IF ONLY ONE TYPE OF GROUP IN F5 GO TO F6a. IF MORE THAN ONE TYPE OF GROUP CIRCLED GO TO F6b.

F6a. Does this group include only youth with disabilities?

GO TO F7	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

F6b. How many of these are groups that include only youth with disabilities? Would you say:
READ CATEGORIES. CIRCLE ONE.

DO NOT READ	None	1
	Some	2
	All	3
	DON'T KNOW	-1
	REFUSED	-2

SEELS

F7. During the past 12 months has [YOUTH] done any volunteer or community service activities? This could include community service that is part of a school class or other group activity.

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

CHECKPOINT: IF A5a =1(YOUTH LIVES WITH PARENT ALL OF THE TIME) OR A5d=1, 2, 3, 4, or 5 (NOW LIVES WITH PARENTS/RELATIVES/FOSTER CARE) ASK F8. ELSE GO TO F13.

NLTS, SEELS

F8. During the past 12 months about how many days a week did [YOUTH] usually get together with friends [outside of school and] outside of organized activities or groups? OK TO READ CATEGORIES IF NEEDED. CODE ONE.

Never,	0
Sometimes, but not every week,	1
1 day a week,	2
2 or 3 days a week,	3
4 or 5 days a week, or	4
6 or 7 days a week?	5
DON'T KNOW	-1
REFUSED	-2

SEELS

- F9. During the past 12 months has [he/she] been invited by other students to social activities like over to their home or to a party?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

SEELS

- F10. During the past 12 months how often have [his/her] friends called [YOUTH] on the phone? Would you say ...READ CATEGORIES. CODE ONE.

Never,	1
Rarely/less than once a month,	2
A few times a month, but not every week,	3
About once a week, or	4
Several days a week?	5
DON'T KNOW	-1
REFUSED	-2

NLTS

F11. During the past few weeks, how has [YOUTH] spent most of [his/her] time when [he/she] wasn't working or going to school? CODE ALL

VISITING WITH FAMILY MEMBERS	1
VISITING WITH FRIENDS	2
DOING HOMEWORK	3
READING FOR PLEASURE	4
GOING OUT ON DATES	5
JUST DRIVING AROUND (WITH FRIENDS OR ALONE)	6
TALKING WITH FRIENDS ON THE TELEPHONE	7
USING THE COMPUTER FOR GAMES	8
USING THE COMPUTER FOR EMAIL, INTERNET OR CHAT ROOMS	9
THINKING OR DAYDREAMING	10
WATCHING TELEVISION OR VIDEOS	11
LISTENING TO MUSIC	12
PLAYING SPORTS	13
SHOPPING/HANGING OUT AT THE MALL	14
HANGING OUT SOMEWHERE ELSE/DOING NOTHING	15
OTHER, SPECIFY _____	16
DON'T KNOW	-1
REFUSED	-2

AHW1

F12. About how many hours a week does YOUTH usually watch TV or videos?

DOESN'T WATCH TV	0
NUMBER: _____	2
DON'T KNOW	-1
REFUSED	-2

NLTS, SEELS

F13. Does [YOUTH] get an allowance or have other money that [he/she] can decide how to spend? IF ASKED, THIS COULD INCLUDE MONEY EARNED FROM A JOB. CODE ONE.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NLTS

F14. Does [he/she] have a:

		Y	N	DK	R
a.	Savings account	1	2	-1	-2
b.	Checking account where [he/she] writes checks	1	2	-1	-2
c.	[ONLY ASK IF YOUTH IS 16 YEARS OR OLDER. ELSE GO TO SECTION G]. Credit cards or charge accounts in [his/her] name?	1	2	-1	-2

G. BEHAVIORS

CHECKPOINT: IF F8=0 (NEVER SEES FRIENDS) AND F9=2 (NOT GONE TO SOCIAL ACTIVITY) AND F10a=1 (NEVER CALLED BY FRIENDS), DO NOT ASK G1b AND G1d.

My next questions are about YOUTH's activities and actions.

SSQ, ECLSK, NEILS

G1. I am going to read you a list of behaviors and I want you to tell me how often YOUTH acts this way. How often does CHILD ... READ EACH ITEM AND THEN ASK "Would you say Never, Sometimes, or Very Often?" CIRCLE THE APPROPRIATE CODE FOR EACH ITEM.

		Never	Some times	Very Often	DK	Ref
a. SSQ, ECLSK, SEELS	Join group activities without being told to.	0	1	2	-1	-2
b. SSQ, ECLSK, SEELS	Make friends easily.	0	1	2	-1	-2
c. SSQ, SEELS	End disagreements with you calmly.	0	1	2	-1	-2
d. SSQ, SEELS	Seem self-confident in social situations such as parties or group outings.	0	1	2	-1	-2
e. SSQ, SEELS	Avoid situations that are likely to result in trouble.	0	1	2	-1	-2
f. SSQ, SEELS	DO NOT ASK IF B4l=4 OR B6d=4 (DOESN'T CARRY ON CONVERSATIONS): Start conversations rather than waiting for others to start. [IF NEEDED: can include sign language, and other means of communication.]	0	1	2	-1	-2
g. SSQ, SEELS	Receive criticism well.	0	1	2	-1	-2
h.	Behave at home in a way that causes problems for the family.	0	1	2	-1	-2
i. SSQ, ECLSK, SEELS	Control temper when arguing with peers [IF NEEDED: with peers other than siblings].	0	1	2	-1	-2
j. NEILS, SEELS	Keep working at something until [he/she] is finished, even if it takes a long time.	0	1	2	-1	-2
k. SSQ, SEELS	DO NOT ASK IF B4h=4 OR B6a=4 (DOESN'T SPEAK AT ALL) Speak in an appropriate tone at home [IF NEEDED: what family considers appropriate for that child].	0	1	2	-1	-2

SEELS

G2. People have a variety of strengths and interests. How good would you say YOUTH is at...READ FIRST ITEM. Would you say very good, pretty good, not very good, or not at all good? CODE ONE RESPONSE. READ REMAINING ITEMS, CODING ONE RESPONSE FOR EACH ITEM.

		Very good	Pretty good	Not very good	Not at all good	DK	Ref
a.	Being well organized	4	3	2	1	-1	-2
b.	A performing art, like music, theater, or dance	4	3	2	1	-1	-2
c.	A creative art, like drawing or writing poetry	4	3	2	1	-1	-2
d.	Being sensitive to other people's feelings	4	3	2	1	-1	-2
e.	Mechanical skills, like building or fixing things	4	3	2	1	-1	-2
f.	Using a computer	4	3	2	1	-1	-2
g.	A physical or athletic activity	4	3	2	1	-1	-2
h.	Having a sense of humor	4	3	2	1	-1	-2

CHECKPOINT: IF B1a=LEARNING DISABILITY (13), HEARING IMPAIRMENT (11), SPEECH IMPAIRMENT (16), OR EMOTIONAL DISTURBANCE (10) ONLY OR B1a=00 (PARENT SAYS NO DISABILITY), GO TO G4. ELSE ASK G3.

NLTS, SEELS

G3. How well does [YOUTH] ... READ EACH ITEM ... on [his/her] own, without help? Would you say [he/she] does it very well, pretty well, not very well, or not at all well? CODE ONE RESPONSE FOR EACH.

		Very Well	Pretty Well	Not Very Well	Not At All Well	DK	Ref
a.	Dress [himself/herself] completely.	4	3	2	1	-1	-2
b.	Feed [himself/herself] completely	4	3	2	1	-1	-2

NLTS, SEELS

G4. How well does [YOUTH] do each of the following things on [his/her] own, without help?
 READ STATEMENTS. CODE ONE RESPONSE FOR EACH. Would you say [he/she] does it very well, pretty well, not very well, not at all well?

		Very Well	Pretty Well	Not Very Well	Not At All Well	Child not allowed	DK	Ref
a.	Tell time on a clock with hands.	4	3	2	1		-1	-2
b.	Read and understand common signs, like Stop, Men, Women, or Danger.	4	3	2	1		-1	-2
c.	Count change.	4	3	2	1		-1	-2
d.	Look up telephone numbers in the phone book and use the phone.	4	3	2	1	5	-1	-2
e.	Get places outside the home, like to school, to a nearby store or park, or to a neighbor's house.	4	3	2	1	5	-1	-2

NLTS, SEELS

G5. When the following chores need doing, about how often, on [his/her] own, does [he/she] ... READ STATEMENTS. CODE ONE RESPONSE FOR EACH.
 Would you say always, usually, sometimes, or never?

		Always	Usually	Sometimes	Never	DK	Ref
a.	Fix [his/her] own breakfast or lunch	4	3	2	1	-1	-2
b.	Do laundry	4	3	2	1	-1	-2
c.	Straighten up [his/her] own room or living area	4	3	2	1	-1	-2
d.	Buy a few things at the store [he/she] needs	4	3	2	1	-1	-2

CHECKPOINT: IF AGE <15 YEARS GO TO G7. ELSE ASK G6.

G6. Does [YOUTH] have a driver's license or learners permit?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NLTS, SEELS

G7. My next questions are about involvement with the police or courts. Has [YOUTH] ever been arrested? CODE ONE.

GO TO G8	YES	1
GO TO G10	NO	2
	DON'T KNOW	-1
	REFUSED	-2

G8. Has [he/she] ever been in jail over night? CODE ONE.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

G9. Has [he/she] ever been on probation or parole? CODE ONE.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

G10. Has YOUTH ever been stopped and questioned by the police [IF G6=1 HAS DRIVERS LICENSE OR PERMIT) ADD: except for a traffic violation]? CODE ONE.

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

H. SERVICES

My next questions are about services YOUTH might be receiving.

CHECKPOINT: IF B3a=1 (HEARS NORMALLY) DO NOT ASK H1A-b (AUDIOLOGY SERVICES).

IF DISABILITY ON SAMPLE FILE OR B1a DOES NOT HAVE ORTHOPEDIC IMPAIRMENT, OTHER HEALTH IMPAIRMENT, MULTIPLE IMPAIRMENTS OR VISUAL IMPAIRMENT (B1b NE 4, 5, 7, 12, 15, 17, 18, OR 19), AND B4b OR B4c=1 (SEES NORMALLY) AND B6a=1 AND B6b=1 (USES HANDS NORMALLY) AND B6c=1 (USES LEGS AND FEET NORMALLY), DO NOT ASK H1a-g (ORIENTATION AND MOBILITY SERVICES).

IF DISABILITY ITEM IS JUST LD OR SPEECH (B1b=13 OR 16 ONLY) AND IF B7a=1 OR 2 OR 3 (HEALTH IS EXCELLENT, VERY GOOD, OR GOOD), DO NOT ASK H1A-o (RESPITE CARE) OR H1A-i (NURSING CARE). ELSE ASK ALL ITEMS IN H1A- a THROUGH q.

NHIS, NLTS, SEELS

H1A. During past 12 months has [YOUTH] received any of the following services?

READ EACH ITEM TO CODE RESPONSE IN COLUMN A.

FOR EACH YES, ALSO READ H1b IMMEDIATELY FOR THAT SERVICE AND CODE RESPONSE IN COLUMN B.

H1B. Was any of that from or through [his/her] school or district?

	<i>Service</i>	A RECEIVED SERVICE IN PAST 12 MONTHS				B. FROM OR THROUGH SCHOOL OR DISTRICT			
		Y	N	DK	R	Y	N	DK	R
a.	Speech or language therapy, or communication services	1	2	-1	-2	1	2	-1	-2
b.	Audiology services for hearing problems	1	2	-1	-2	1	2	-1	-2
c.	Psychological or mental health services or counseling	1	2	-1	-2	1	2	-1	-2
d.	Physical therapy	1	2	-1	-2	1	2	-1	-2
e.	Social work services	1	2	-1	-2	1	2	-1	-2
f.	Occupational therapy or life skills therapy or training	1	2	-1	-2	1	2	-1	-2
g.	Orientation and mobility services	1	2	-1	-2	1	2	-1	-2
h.	Medical services for diagnosis or evaluation related to [his/her] disability	1	2	-1	-2	1	2	-1	-2
i.	Personal assistant/or an in-the-home or in-the-classroom aide	1	2	-1	-2	1	2	-1	-2
j.	Tutor	1	2	-1	-2	1	2	-1	-2
k.	Reader or interpreter, including sign language	1	2	-1	-2	1	2	-1	-2
l.	Nursing care	1	2	-1	-2	1	2	-1	-2
m.	Assistive technology services or devices, such as help getting, or using any kind of equipment that helps people with a disability, for example a calculator or reading machine.	1	2	-1	-2	1	2	-1	-2
n.	Transportation (DO NOT READ IF B1a=2 [NO DISABILITY], ELSE ADD: because of [his/her] disability)	1	2	-1	-2	1	2	-1	-2
o.	Respite care	1	2	-1	-2	1	2	-1	-2
p.	Career counseling, help in finding a job, training in job skills or vocational education	1	2	-1	-2	1	2	-1	-2
q.	Other services (DO NOT READ IF B1a=00 [NO DISABILITY], ELSE ADD: because of [his/her] disability)	1	2	-1	-2	1	2	-1	-2

CHECKPOINT: IF THERE ARE ANY YESSES IN RECEIVING SERVICES (H1Aa-q=1 IN ANY CATEGORY ASK H2a, ELSE GO TO H4.

H2a. Does YOUTH have a case manager or someone who coordinates the services he receives?

GO TO H2b	YES	1
GO TO H3	NO	2
	DON'T KNOW	-1
	REFUSED	-2

H2b. Is that ... READ CATEGORIES AND CODE AS MANY AS APPLY.

GO TO SECTION G	Someone at the school?	1
	A professional outside of school	2
	You or another family member, or	3
	Someone else SPECIFY	4
	DON'T KNOW	-1
	REFUSED	-2

H3. Overall do you think YOUTH is getting enough services?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

H4. Overall, how much effort did it take for you or your family to get the services for YOUTH during the last 12 months? Would you say: READ CATEGORGIES. CODE ONE.

A great deal of effort	1
Some effort	2
A little effort, or	3
Almost no effort	4
DON'T KNOW	-1
REFUSED	-2

H5. Where does your family usually learn about services that might be appropriate for YOUTH? CODE AS MANY AS APPLY.

SCHOOL	1
PROFESSIONAL CONSULTANT	2
PHYSICIAN	3
OTHER PARENTS/PARENT GROUP	4
FAMILY MEMBERS	5
WEB, COMPUTER	6
NEWSLETTERS, MAGAZINES	7
TRAININGS, WORKSHOPS, CONFERENCES	8
OTHER, SPECIFY	9
DON'T KNOW	-1
REFUSED	-2

H6a. Is YOUTH on the waiting list for any services?

GO TO H6b	YES	1
GO TO H7	NO	2
	DON'T KNOW	-1
	REFUSED	-2

H6b. Which services is [he/she] on a waiting list for? DO NOT READ CATEGORIES. CODE ALL THAT APPLY

<i>Service</i>	
SPEECH OR LANGUAGE THERAPY	01
AUDIOLOGY SERVICES FOR HEARING PROBLEMS	02
PSYCHOLOGICAL OR MENTAL HEALTH SERVICES OR COUNSELING	03
PHYSICAL THERAPY	04
SOCIAL WORK SERVICES	05
OCCUPATIONAL THERAPY OR LIFE SKILLS THERAPY	06
ORIENTATION AND MOBILITY SERVICES	07
MEDICAL SERVICES FOR DIAGNOSIS OR EVALUATION	08
PERSONAL ASSISTANT/OR AN IN-THE-HOME OR IN-THE-CLASSROOM AIDE	09
TUTOR	10
READER OR INTERPRETER, INCLUDING SIGN LANGUAGE	11
NURSING CARE	12
ASSISTIVE TECHNOLOGY SERVICES OR DEVICES, SUCH AS HELP SELECTING, GETTING, OR USING ANY KIND OF EQUIPMENT THAT HELPS PEOPLE WORK AROUND OR COMPENSATE FOR THEIR DISABILITY. THIS CAN RANGE FROM LOW-TECH ITEMS LIKE CALCULATORS AND TAPE RECORDERS TO HIGH-TECH ITEMS LIKE VOICE-ACTIVATED SOFTWARE AND READING MACHINES.	13
TRANSPORTATION (DO NOT READ IF B1A=2 [NO DISABILITY], ELSE ADD: BECAUSE OF [HIS/HER] DISABILITY)	14
RESPIRE CARE	15
SERVICE COORDINATION OR CASE MANAGEMENT	16
OTHER SERVICES (DO NOT READ IF BIC=2 [NO DISABILITY], ELSE ADD: BECAUSE OF [HIS/HER] DISABILITY SPECIFY	17
DON'T KNOW	-1
REFUSED	-2

H7. Have any of the following been a problem in getting or dealing with services? IF NECESSARY ADD: "Thinking across all services."

READ EACH ITEM. CODE RESPONSE IN COLUMN A.

		A. Received Service			
		Y	N	DK	R
a.	Cost of services	1	2	-1	-2
b.	Where services are provided	1	2	-1	-2
c.	Services not being available	1	2	-1	-2
d.	Poor service quality	1	2	-1	-2
e.	Scheduling conflicts	1	2	-1	-2
f.	Language problems	1	2	-1	-2
g.	Lack of time for services	1	2	-1	-2
h.	Transportation	1	2	-1	-2
i.	YOUTH not being eligible for the service	1	2	-1	-2
j.	READ IF YOUTH HAS PHYSICAL IMPAIRMENT (SAMPLE FILE OR B1b=04, 15, OR 17): physical accessibility of services	1	2	-1	-2
k.	Getting information about services	1	2	-1	-2
l.	Anything else? SPECIFY	1	2	-1	-2

I. EMPLOYMENT OUTCOMES

CHECKPOINT: IF YOUTH HAS NOT BEEN IN SECONDARY SCHOOL IN PAST 12 MONTHS (D1a AND D2a NE 1), GO TO I7.

IF D2b= 1, 2, OR 3 (HOSPITAL, HOME SCHOOL, HOMEBOUND INSTRUCTION), GO TO I2a.

IF YOUTH IS IN SCHOOL (D1a=1 OR D2a=1) AND YOUTH IS IN 9TH GRADE OR ABOVE (D1o OR D2g=9-13), ASK I1a. IF YOUTH IS IN LESS THAN 9TH GRADE, GO TO I2a.

IF YOUTH IS IN AN UNGRADED CLASS (D1o OR D2g=0) AND IS 14 YEARS OLD OR OLDER, ASK I1a

ELSE GO TO I2a.

Now, I would like to ask a few questions about [YOUTH'S] work experience.

Similar NLTS, SEELS

I1a. During the past 12 months, did [YOUTH] participate in any school sponsored work activities, like a work study job, internships or a school-based business? [NOTE: BY SCHOOL WE MEAN ANY SETTING WHERE YOUTH RECEIVES INSTRUCTION.]

	YES	1
	NO	2
GO TO I2a	DON'T KNOW	-1
	REFUSED	-2

I1b. Did he get school credit for this?

	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

I1c. Has [YOUTH] been paid for this work? CODE ONE.

	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

11d. What has [he/she] done on [his/her] school sponsored job? (IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place (NAME) did this work? DO NOT READ CATEGORIES. CODE ONE. IF MORE THAN ONE SCHOOL RELATED JOB CODE MOST RECENT JOB, IF MORE THAN ONE CURRENT SCHOOL RELATED JOB, CODE JOB WHERE YOUTH SPENDS THE MOST TIME.

ASSEMBLY WORK, SORTING, STUFFING	1
ANIMAL CARE – E.G., DOG WALKING, VETERINARY HELPER	2
CAMP COUNSELOR	3
CASHIER – AT GROCERY, FAST FOOD PLACE, ETC.	4
CHILD CARE, INCLUDING BABYSITTING, MOTHER’S HELPER	5
CLEANING – E.G., JANITOR, MAID	6
CLERICAL – E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST (INCLUDES: WORKING IN SCHOOL OFFICE)	7
COMPUTER SUPPORT – E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT	8
DELIVERY – E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS	9
FARM LABORER – ANIMALS AND FIELDS	10
FINANCIAL SERVICES- BANKTELLER	11
FOOD SERVICE – BUSBOY, WAITER, BAKER, COOK	12
GARDENING AND GROUNDS MAINTENANCE – LAWN MOWING, GROUNDSKEEPING, HORTICULTURE	13
GAS STATION ATTENDANT	14
HEALTH CARE – PERSONAL CARE ATTENDANT, NURSE’S AIDE	15
MARKETING ADVERTISING	16
MECHANIC (AUTO REPAIR)	17
RETAIL SALES	18
SKILLED LABOR APPRENTICE – PLUMBER, CARPENTER, ELECTRICIAN	19
SORTING, STUFFING	21
SPORTS RELATED – CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, TEACHING A SPORT	22
STOCK CLERKS – GROCERY STORE, DRUG STORE	23
USHER – MOVIE THEATER	24
OTHER, SPECIFY _____	25
DON’T KNOW	-1
REFUSED	-2

IN-SCHOOL YOUTH, ANY JOB OTHER THAN SCHOOL SPONSORED WORK ACTIVITY

CHECKPOINT: IF YOUTH HAS A SCHOOL SPONSORED JOB (I1a=1), SAY: My next questions are about paid work other than school sponsored work activities.

NLTS, SEELS

I2a. At any time during the past 12 months, did YOUTH do any work for pay, other than work around the house [IF I1a=1: or a school sponsored job]? That could include being a babysitter or working for a neighbor. CODE ONE.

GO TO I6a	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

I2b. Did [he/she] do this work only during the summer, during the school year, or both? IF ASKED, SCHOOL YEAR IS FROM SEPTEMBER TO MAY. CODE ONE RESPONSE.

GO TO I2c	ONLY DURING THE SUMMER	1
GO TO I2d	ONLY DURING THE SCHOOL YEAR	2
GO TO I2c	BOTH	3
GO TO I13	DON'T KNOW	-1
	REFUSED	-2

SEELS

I2c. About how many hours a week has [he/she] usually worked during the summer? IF MORE THAN ONE JOB, COMBINE ALL JOBS. IF INTERVIEWING DURING THE SUMMER AND IF ASKED: IF YOUTH IS WORKING THIS SUMMER AND WORKED LAST SUMMER, CODE THIS SUMMER. IF WORKED LESS THAN 1 HOUR PER WEEK, CODE AS 1 HOUR. ENTER NUMBER AND/OR CODE.

IF I2b=1 GO TO I3a IF I2b=3 GO TO I2d	NUMBER OF	HOURS PER WEEK	1
		HOURS PER MONTH	2
		DON'T KNOW	-1
		REFUSED	-2

SEELS

I2d. About how many hours a week has [he/she] usually worked during the school year? IF MORE THAN ONE JOB, COMBINE ALL JOBS. IF CHILD IS NO LONGER IN SCHOOL, WE MEAN DURING SEPTEMBER TO MAY. IF YOUTH WORKED DIFFERENT HOURS IN 2 SCHOOL YEARS CODE MOST RECENT SCHOOL YEAR. IF WORKED LESS THAN 1 HOUR PER WEEK CODE 1 HOUR. ENTER NUMBER AND/OR CODE

NUMBER OF	HOURS PER WEEK	1
	HOURS PER MONTH	2
	DON'T KNOW	-1
	REFUSED	-2

IN-SCHOOL YOUTH, HAS CURRENT JOB OTHER THAN SCHOOL-SPONSORED WORK ACTIVITY

NLTS, SEELS

I3a. Does YOUTH have a paid job now, other than work around the house [IF I1a=1: or a school-sponsored job]?

GO TO I3b	YES	1
GO TO I4a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

I3b. How many different paid jobs does [he/she] have now?

NUMBER OF JOBS	
DON'T KNOW	-1
REFUSED	-2

SEELS

I3c. [IF 13b>1: Thinking about all the jobs [he/she] has now] [IF I1a=1 ADD: not counting [his/her] school sponsored job], about how many hours a week does [he/she] usually work?

GO TO CHECKPOINT BEFORE 13e	_____	
	NUMBER OF HOURS A WEEK	
GO TO I3d	DON'T KNOW	-1
	REFUSED	-2

SEELS

I3d. Taking all [his/her] jobs together, [IF I1a=1, not counting [his/her] school sponsored job] does YOUTH usually work full time or part time? IF ASKED, FULL TIME IS 35 HOURS OR MORE PER WEEK.

FULL TIME	1
PART TIME	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF I I3b > 1, SAY: Please think of the job where YOUTH spends the most time.

13e. What kind work does YOUTH do at this job? DO NOT READ CATEGORIES. IF MORE THAN ONE JOB, CODE JOB WHERE YOUTH SPENDS THE MOST TIME. RECORD ONLY ONE CODE. IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place YOUTH has done this work? What kinds of things has [he/she] done there?

ASSEMBLY WORK, SORTING, STUFFING	1
ANIMAL CARE – E.G., DOG WALKING, VETERINARY HELPER	2
CAMP COUNSELOR	3
CASHIER – AT GROCERY, FAST FOOD PLACE, ETC.	4
CHILD CARE, INCLUDING BABYSITTING, MOTHER’S HELPER	5
CLEANING – E.G., JANITOR, MAID	6
CLERICAL – E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST (INCLUDES: WORKING IN SCHOOL OFFICE)	7
COMPUTER SUPPORT – E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT	8
DELIVERY – E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS	9
FARM LABORER – ANIMALS AND FIELDS	10
FINANCIAL SERVICES- BANKTELLER	11
FOOD SERVICE – BUSBOY, WAITER, BAKER, COOK	12
GARDENING AND GROUNDS MAINTENANCE – LAWN MOWING, GROUNDSKEEPING, HORTICULTURE	13
GAS STATION ATTENDANT	14
HEALTH CARE – PERSONAL CARE ATTENDANT, NURSE’S AIDE	15
MARKETING ADVERTISING	16
MECHANIC (AUTO REPAIR)	17
RETAIL SALES	18
SKILLED LABOR APPRENTICE – PLUMBER, CARPENTER, ELECTRICIAN	19
SORTING, STUFFING	21
SPORTS RELATED – CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, TEACHING A SPORT	22
STOCK CLERKS – GROCERY STORE, DRUG STORE	23
USHER – MOVIE THEATER	24
OTHER, SPECIFY _____	25
DON’T KNOW	-1
REFUSED	-2

NLTS, SEELS

13f. About how much is [he/she] paid for this job? PROBE: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER AND/OR CODE ONE.

\$ _____ PAY PER:	HOUR	1
	WEEK	2
	MONTH	3
	YEAR	4
	MINIMUM WAGE	0
	DON'T KNOW	-1
	REFUSED	-2

13g. How does [he/she] usually get to this job? CODE ONE RESPONSE. IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.

GO TO I5	WALKS OR RIDES A BIKE	1
	DRIVES HIM/HERSELF	2
	GETS RIDE FROM FAMILY MEMBER	3
	GETS RIDE FROM FRIEND/COWORKER	4
	CARPools	5
	TAKES PUBLIC TRANSPORTATION, E.G., BUS, TRAIN, SUBWAY, TAXI	6
	SERVICE AGENCY PROVIDES TRANSPORTATION	7
	USES DIAL-A-VAN SERVICE	8
	OTHER. SPECIFY: _____	9
	DON'T KNOW	-1
	REFUSED	-2

MOST RECENT JOB OF IN-SCHOOL YOUTH NOT WORKING NOW (I2a=1 AND I3a NE1)

NLTS, SEELS

I4a. Please think of the last job YOUTH had—the one [he/she] had most recently [IF I1=1, other than [his/her] work study job]. What kind work did [he/she] do at this job? DO NOT READ CATEGORIES. RECORD ONLY ONE CODE. IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place [he/she] has done this work? What kinds of things has [he/she] done there? IF YOUTH HAD MORE THAN ONE JOB AT THE SAME TIME OF [HIS/HER] MOST RECENT JOB, SAY: Please tell me about the job where [he/she] spent the most time.

ASSEMBLY WORK, SORTING, STUFFING	1
ANIMAL CARE – E.G., DOG WALKING, VETERINARY HELPER	2
CAMP COUNSELOR	3
CASHIER – AT GROCERY, FAST FOOD PLACE, ETC.	4
CHILD CARE, INCLUDING BABYSITTING, MOTHER'S HELPER	5
CLEANING – E.G., JANITOR, MAID	6
CLERICAL – E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST (INCLUDES: WORKING IN SCHOOL OFFICE)	7
COMPUTER SUPPORT – E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT	8
DELIVERY – E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS	9
FARM LABORER – ANIMALS AND FIELDS	10
FINANCIAL SERVICES- BANKTELLER	11
FOOD SERVICE – BUSBOY, WAITER, BAKER, COOK	12
GARDENING AND GROUNDS MAINTENANCE – LAWN MOWING, GROUNDSKEEPING, HORTICULTURE	13
GAS STATION ATTENDANT	14
HEALTH CARE – PERSONAL CARE ATTENDANT, NURSE'S AIDE	15
MARKETING ADVERTISING	16
MECHANIC (AUTO REPAIR)	17
RETAIL SALES	18
SKILLED LABOR APPRENTICE – PLUMBER, CARPENTER, ELECTRICIAN	19
SORTING, STUFFING	21
SPORTS RELATED – CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, TEACHING A SPORT	22
STOCK CLERKS – GROCERY STORE, DRUG STORE	23
USHER – MOVIE THEATER	24
OTHER, SPECIFY _____	25
DON'T KNOW	-1
REFUSED	-2

NLTS, SEELS

14b. About how much was YOUTH paid for that job? PROBE: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER AND/OR CODE ONE.

\$ _____ PAY PER:	HOUR	1
	WEEK	2
	MONTH	3
	YEAR	4
	MINIMUM WAGE	0
	DON'T KNOW	-1
	REFUSED	-2

14c. How did [he/she] usually get to that job? CODE ONE RESPONSE. IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.

WALKED OR RODE A BIKE	1
DROVE HIM/HERSELF	2
GOT RIDE FROM FAMILY MEMBER	3
GOT RIDE FROM FRIEND/COWORKER	4
CARPOOLED	5
TOOK PUBLIC TRANSPORTATION, E.G., BUS, TRAIN, SUBWAY, TAXI	6
SERVICE AGENCY PROVIDED TRANSPORTATION	7
USED DIAL-A-VAN SERVICE	8
OTHER. SPECIFY: _____	9
DON'T KNOW	-1
REFUSED	-2

SEELS

15. Has YOUTH ever been fired from a job?

GO TO SECTION J	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

IF NO JOB IN PAST 12 MONTHS:

16a. Has YOUTH ever worked for pay, other than work around the house?

GO TO I6b	YES	1
GO TO SECTION J	NO	2
	DON'T KNOW	-1
	REFUSED	-2

16b. Has YOUTH ever been fired from a job?

GO TO SECTION J	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NOTE: ONLY THOSE NOT IN SECONDARY SCHOOL SHOULD GET TO THIS SECTION

NLTS

17. Does YOUTH have a paid job **now**, other than work around the house?

GO TO I19	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

18. How many different paid jobs does [he/she] have now?

NUMBER	
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF I8=1 GO TO I10. ELSE ASK I9a.

19a. Thinking about all the jobs YOUTH has, about how many hours a week does [he/she] usually work?

GO I10	_____	
	HOURS	
GO TO I9b	DON'T KNOW	-1
	REFUSED	-2

19b. Taking all [his/her] jobs together, does [he/she] usually work full time or part time? IF ASKED, FULL TIME IS 35 HOURS OR MORE PER WEEK.

FULL TIME	1
PART TIME	2
DON'T KNOW	-1
REFUSED	-2

110. [IF I8>1, SAY: My next questions are about the job where YOUTH spends the most time.]
 What kind of work does [he/she] do in this job? DO NOT READ CATEGORIES. IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place [he/she] does this work? What kinds of things does [he/she] do there?

ASSEMBLY WORK, SORTING, STUFFING	1
ANIMAL CARE – E.G., DOG WALKING, VETERINARY HELPER	2
CAMP COUNSELOR	3
CASHIER – AT GROCERY, FAST FOOD PLACE, ETC.	4
CHILD CARE, INCLUDING BABYSITTING, MOTHER’S HELPER	5
CLEANING – E.G., JANITOR, MAID	6
CLERICAL – E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST (INCLUDES: WORKING IN SCHOOL OFFICE)	7
COMPUTER SUPPORT – E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT	8
DELIVERY – E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS	9
FARM LABORER – ANIMALS AND FIELDS	10
FINANCIAL SERVICES- BANKTELLER	11
FOOD SERVICE – BUSBOY, WAITER, BAKER, COOK	12
GARDENING AND GROUNDS MAINTENANCE – LAWN MOWING, GROUNDSKEEPING, HORTICULTURE	13
GAS STATION ATTENDANT	14
HEALTH CARE – PERSONAL CARE ATTENDANT, NURSE’S AIDE	15
MARKETING ADVERTISING	16
MECHANIC (AUTO REPAIR)	17
RETAIL SALES	18
SKILLED LABOR APPRENTICE – PLUMBER, CARPENTER, ELECTRICIAN	19
SORTING, STUFFING	21
SPORTS RELATED – CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, TEACHING A SPORT	22
STOCK CLERKS – GROCERY STORE, DRUG STORE	23
USHER – MOVIE THEATER	24
OTHER, SPECIFY _____	25
DON’T KNOW	-1
REFUSED	-2

- 111a. About how many hours a week does YOUTH usually work at this job?

GO TO CHECKPOINT BEFORE I11c	_____ HOURS	
GO TO I11b	DON’T KNOW	-1
	REFUSED	-2

I11b. Does [he/she] usually work full time or part time? IF ASKED, FULL TIME IS 35 HOURS OR MORE PER WEEK.

FULL TIME	1
PART TIME	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF I11a <35 OR I11b NE 1, GO TO I11c. ELSE, GO TO I12.

NLTS

I11c. Is [he/she] working part time because [he/she] wants to, or would [he/she] rather work full time?

WANT TO WORK PART TIME	1
RATHER WORK FULL TIME	2
DON'T KNOW	-1
REFUSED	-2

NLTS

I12. About how long has YOUTH had this job?

_____ NUMBER OF	DAYS	1
	WEEKS	2
	MONTHS	3
	YEARS	4
	DON'T KNOW	-1
	REFUSED	-2

NLTS

I13. About how much is [he/she] paid at this job? PROBE IF IN DOUBT: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER AND/OR CODE ONE.

\$ _____ PAY PER:	HOUR	1
	WEEK	2
	MONTH	3
	YEAR	4
	MINIMUM WAGE	0
	DON'T KNOW	-1
	REFUSED	-2

114. As part of this job, does [he/she] get... READ LIST. CODE ONE CATEGORY PER ITEM.

		YES	NO	REF	DK
a.	Paid vacation or sick leave	1	2	-1	-2
b.	Health insurance	1	2	-1	-2
c.	Retirement benefits, like a 401K	1	2	-1	-2

NLTS

115. Did YOUTH find this job [him/herself], or did [he/she] have help, like from a family member, a friend, or an employment agency?

FOUND HIM/HERSELF	1
HAD HELP	2
DON'T KNOW	-1
REFUSED	-2

NLTS

116. How does [he/she] usually get to this job? CODE ONE RESPONSE. IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.

WALKS OR RIDES A BIKE	1
DRIVES HIM/HERSELF	2
GETS RIDE FROM FAMILY MEMBER	3
GETS RIDE FROM FRIEND/COWORKER	4
CARPOOLS	5
TAKES PUBLIC TRANSPORTATION, E.G., BUS, TRAIN, SUBWAY, TAXI	6
SERVICE AGENCY PROVIDES TRANSPORTATION	7
USES DIAL-A-VAN SERVICE	8
OTHER. SPECIFY: _____	9
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF PARENT SAYS NO DISABILITY (B1a=00) GO TO I 18. ELSE ASK I17.

NLTS

117. Do you think YOUTH's employer is aware of [his/her] disability?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

118. Has YOUTH ever been fired from a job?

GO TO SECTION J	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NOTE: SKIPS HERE FROM I7 – THOSE WHO ARE NOT WORKING NOW AND NOT IN OUT OF SECONDARY SCHOOL - EVER

NLTS

119. Has [YOUTH] ever worked for pay (other than work around the house)?

GO TO I20	YES	1
GO TO I21	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NLTS

120. Has YOUTH ever been fired?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NLTS

121. Is (YOUTH) looking for a paid job (outside the home)? (CIRCLE ONE CODE)

ASK I22	YES	1
GO TO I24	NO	2
GO TO SECTION J	DON'T KNOW	-1
	REFUSED	-2

NLTS

122. About how long has (YOUTH) been looking for work? (RESPONSE MAY BE THE MONTH AND YEAR YOUTH STARTED LOOKING OR HOW LONG [HE/SHE] HAS BEEN LOOKING. ENTER APPROPRIATE RESPONSE.)

number of	Days	1	OR	Month	5	
	Weeks	2				Year
	Months	3		number	DON'T KNOW	
	Years	4			REFUSED	-2

NLTS

123. What has (YOUTH) done in the past month to find a job? (CIRCLE ALL THAT APPLY)

GO TO SECTION J	CHECKED WITH A STATE OR PRIVATE EMPLOYMENT AGENCY	01
	CHECKED WITH A MILITARY RECRUITER	02
	CHECKED WITH AN EMPLOYER DIRECTLY	03
	CHECKED WITH FAMILY MEMBERS	04
	CHECKED WITH FRIENDS OR ACQUAINTANCES	05
	PLACED OR ANSWERED ADS	06
	LOOKED IN THE NEWSPAPER	07
	USED A SCHOOL EMPLOYMENT SERVICE	08
	APPLIED FOR JOBS	09
	OTHER (SPECIFY)	97
	NOTHING	00
	DON'T KNOW	-1
	REFUSED	-2

NLTS

124. Why has (YOUTH) decided not to look for work? (CIRCLE ALL THAT APPLY.)

YOUTH DIDN'T WANT TO LOOK/IT WAS TOO HARD TO LOOK	01
IS A HOMEMAKER/RAISING A FAMILY/WORKING IN THE HOME	02
GOING TO SCHOOL/IN A TRAINING PROGRAM	03
DOESN'T WANT TO WORK/DOESN'T NEED JOB OR MONEY	04
DOESN'T KNOW HOW TO FIND A JOB	05
AVAILABLE JOBS FOR YOUTH AREN'T WORTH HAVING/DON'T INTEREST HIM	06
TRIED TO GET A JOB AND COULDN'T/NO ONE WILL HIRE YOUTH	07
AREN'T ANY JOBS AVAILABLE	08
PARENTS DON'T WANT YOUTH TO WORK	09
JOBS TOO HARD TO GET TO/TRANSPORTATION PROBLEMS	10
WOULD LOSE SSI/DISABILITY/UNEMPLOYMENT/OTHER BENEFITS	11
YOUTH HAS A JOB THAT HASN'T STARTED YET/IS WAITING TO HEAR ABOUT A JOB/PROGRAM FOR WHICH [HE/SHE] HAS APPLIED	12
OTHER (SPECIFY)	97
DON'T KNOW	-1
REFUSED	-2

J. PARENT EXPECTATIONS

My next questions are about your future expectations for [YOUTH].

CHECKPOINT: IF D1k=2 OR D2d=2 OR 3 (GRADUATED FROM HIGH SCHOOL OR TOOK A TEST FOR DIPLOMA OR CERTIFICATE) GO TO CHECKPOINT BEFORE J2. ELSE ASK J1.

NLTS, NHES 93 similar, SEELS

- J1. How likely do you think it is that [YOUTH] will get a regular high school diploma? Do you think [he/she] ... READ CATEGORIES. CODE ONE.
IF ASKED, A REGULAR HIGH SCHOOL DIPLOMA INCLUDES A GED BUT DOES NOT INCLUDE A CERTIFICATE OF COMPLETION OR A SPECIAL DIPLOMA FOR STUDENTS IN SPECIAL EDUCATION.

	Definitely will,	1
	Probably will,	2
GO TO CHECKPOINT BEFORE J5	Probably won't, or	3
	Definitely won't?	4
DON'T READ, GO TO CHECKPOINT BEFORE J2	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF D4a OR D4c OR D4f=1(TAKEN POST SECONDARY CLASSES) GO TO J3. ELSE ASK J2.

NHES 96, SEELS

- J2. How likely do you think it is that [he/she] will attend school after high school? Do you think [he/she] ... READ CATEGORIES. CODE ONE. IF ASKED, CAN INCLUDE TECHNICAL OR TRADE SCHOOL.

	Definitely will,	1
	Probably will,	2
GO TO CHECKPOINT BEFORE J6	Probably won't, or	3
	Definitely won't?	4
DON'T READ, GO TO CHECKPOINT BEFORE J6	DON'T KNOW	-1
	REFUSED	-2

J3. How likely do you think it is that [he/she] will complete a technical or trade school program? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

J4. How likely do you think it is that [he/she] will graduate from a 2-year or community college? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NLTS, NHES 96, NHES 93, SEELS

J5. How likely do you think it is that [he/she] will graduate from a 4-year college? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF B1a=04 OR 07 OR 19 (VISUAL IMPAIRMENT) OR IF G6=1 (HAS DRIVERS LICENSE) GO TO J7. ELSE ASK J6.

SEELS

J6. How likely do you think it is that [YOUTH] will get a driver's license? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
DON'T READ	CHILD ALREADY HAS DRIVER'S LICENSE	5
	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

J7. How likely do you think it is that [he/she] eventually will live away from home on [his/her] own **without** supervision? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

GO TO CHECKPOINT BEFORE J9	Definitely will,	1
GO TO J8	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
DON'T READ GO TO J8	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

J8. How likely do you think it is that [he/she] eventually will live away from home on [his/her] own **with** supervision? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF I1a AND I1c AND I2a NE 1, OR I6a NE 1, OR I7 OR I19 NE 1 ASK J9. ELSE ASK J10.

NLTS, SEELS

J9. How likely do you think it is that [YOUTH] eventually will get a paid job? Do you think [he/she] ... READ CATEGORIES. CODE ONE. IF ASKED: MEANS ANY PAID JOB, DOES NOT NEED TO MAKE ENOUGH TO SUPPORT SELF. CAN INCLUDE SHELTERED OR SUPPORTED EMPLOYMENT.

GO TO J10	Definitely will,	1
	Probably will,	2
GO TO SECTION K	Probably won't, or	3
	Definitely won't?	4
DON'T READ GO TO SECTION K	DON'T KNOW	-1
	REFUSED	-2

J10. How likely do you think it is that [YOUTH] will earn enough to support [him/her]self without financial help from [his/her] family or government benefit programs? Do you think [he/she] ... READ CATEGORIES. CODE ONE.

	Definitely will,	1
	Probably will,	2
	Probably won't, or	3
	Definitely won't?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

K. HOUSEHOLD CHARACTERISTICS

CHECKPOINT: IF RESPONDENT IS [YOUTH'S] PARENT OR GUARDIAN (S11a=1, 2, 3, 4, 5, OR 6, OR S12a=1, 2, 3, 4, 5, OR 6, OR S11c OR S12c=1), GO TO K1.

IF RESPONDENT IS NOT THE PARENT (S11a NE 1, 2, 3, 4, 5, OR 6 AND S12a NE 1, 2, 3, 4, 5, OR 6) AND CHILD LIVES WITH RESPONDENT AT LEAST SOME OF THE TIME (A5a=1 LIVED WITH RESPONDENT ALL OF THE TIME OR (A5b NE 4) LIVES WITH RESPONDENT SOME OF THE TIME), GO TO K1.

IF RESPONDENT IS NOT THE PARENT (S11a NE 1, 2, 3, 4, 5, OR 6, AND S12a NE 1, 2, 3, 4, 5, OR 6) AND CHILD LIVES WITH RESPONDENT NONE OF THE TIME (A5b=4), GO TO K3a.

NHES93 similar, NLTS, SEELS

K1. Now I have some questions about your household. How many people live in your household? RECORD NUMBER AND/OR CODE.

_____	1
NUMBER OF HOUSEHOLD MEMBERS	
DON'T KNOW	-1
REFUSED	-2

NHES93 similar, NLTS, SEELS

K2a. How many children are there in the household, not including [YOUTH]? CAN INCLUDE YOUTH'S CHILDREN. RECORD NUMBER AND/OR CODE.

IF NUMBER=0 GO TO K3a, ELSE GO TO K2b	_____	1
	NUMBER OF CHILDREN	
	DON'T KNOW	-1
	REFUSED	-2

NHIS, NLTS, SEELS

K2b. [IF K2a>1: Do any of these children] [IF K2a=1: Does this child] have a disability, developmental delay, or other special need?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NLTS

K3a. [IF K1 WAS NOT ASKED ADD: Now I have some questions about your household.]
Has [YOUTH] ever [IF FEMALE: had] [IF MALE: fathered] any children?

GO TO K3b	YES	1
	NO	2
GO TO K4a	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF K3a=1 (HAS CHILDREN) AND AGE IS 16 YEARS OR OLDER, ASK K3b. ELSE GO TO K4a.

NLTS

K3b. Is [YOUTH] ... READ CATEGORIES. CODE ALL THAT APPLY.

	Engaged;	1
	Single, never married;	2
	Married or	3
	In a marriage-like relationship?	4
DO NOT READ	DIVORCED OR SEPARATED	5
	WIDOWED	6
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF RESPONDENT IS NOT THE PARENT (S11a AND S12a NE 1, 2, 3, 4, 5, OR 6) AND IF YOUTH DOES NOT LIVE WITH RESPONDENT AT ANY TIME (A5b=4) GO TO CHECKPOINT BEFORE K5a. ELSE ASK K4a

NHES93 similar, NLTS, SEELS

K4a. How many adults are there in the household, including you? RECORD NUMBER AND/OR CODE.

_____	1
NUMBER OF ADULTS	
DON'T KNOW	-1
REFUSED	-2

NHIS, NLTS, SEELS

K4b. [IF K4a=1 Do you have] [IF K4a>1 Do any of these adults have] a disability, developmental delay, or other special need?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF THE RESPONDENT IS NOT THE MOTHER OR LEGAL GUARDIAN (S11a NE 1-6) OR THE FATHER (S12a NE 1-6), ASK K5a, OTHERWISE GO TO CHECKPOINT BEFORE K6a.

NSAF, SEELS

K5a. Does [YOUTH'S] mother or father or legal guardian live in this household?

GO TO K5b	YES	1
GO TO CHECKPOINT BEFORE K6a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

K5b. Is that [YOUTH'S] mother, father, or legal guardian? CODE ONE.

MOTHER	1
FATHER	2
BOTH MOTHER AND FATHER	3
LEGAL GUARDIAN	4
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF RESPONDENT IS PARENT OR LEGAL GUARDIAN (S11a OR S12a=1, 2, 3, 4, 5, OR 6 OR S11c OR S12c=1) ASK K6a ABOUT RESPONDENT. IF PARENT OR LEGAL GUARDIAN LIVES IN HOUSEHOLD (K5a=1), THE FOLLOWING QUESTIONS ARE ABOUT HIM OR HER. IF BOTH MOTHER AND FATHER LIVE IN HOUSEHOLD (K5b=1 AND 2), ASK ABOUT MOTHER, IF ONLY MOTHER OR FATHER (K5b=1 OR 2), ASK ABOUT THAT PARENT. IF LEGAL GUARDIAN (K5b=3) ASK ABOUT GUARDIAN. WORDING IN BRACKETS TO BE USED IF K5a=1 (RESPONDENT IS NOT PARENT OR LEGAL GUARDIAN, BUT PARENT OR GUARDIAN LIVES IN THE HOUSEHOLD). IF K5a IS ASKED, AND IS NE 1 (NO PARENT OR GUARDIAN IN HOUSEHOLD), ASK ABOUT RESPONDENT.

NEILS, SEELS

K6a. Do you now have a partner or spouse living with you? [IF K5b= 1: Does [YOUTH'S] mother have a partner or spouse living in the household?] [IF K5b NE 1 AND K5b=2: Does [YOUTH'S] father have a partner or spouse living in the household?] [If K5b=3: Does [YOUTH'S] legal guardian have a partner or spouse living in the household?]

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NELS, SEELS

K6b. Are you ... [Is he/she ...] READ CATEGORIES. CODE ONE.

	Married,	1
	In a marriage-like relationship,	2
	Divorced,	3
	Separated,	4
	Widowed, or	5
	Single, never married?	6
DON'T READ	OTHER (SPECIFY) _____	7
	DON'T KNOW	-1
	REFUSED	-2

CHECKPOINT: IF K6a=1 (SPOUSE OR PARTNER LIVING WITH FAMILY), GO TO K7. ELSE GO TO K8.

NHES96, SEELS

K7. What is your [IF K6b=1: spouse's] [ELSE: partner's] relationship to [YOUTH]? DO NOT READ CATEGORIES. CODE ONE RESPONSE. IF JUST SAYS "MOTHER" OR "FATHER," PROBE FOR BIOLOGICAL, ADOPTIVE, STEP, FOSTER.

BIOLOGICAL MOTHER	1
BIOLOGICAL FATHER	2
ADOPTIVE MOTHER	3
ADOPTIVE FATHER	4
STEPMOTHER	5
STEP FATHER	6
FOSTER MOTHER	7
FOSTER FATHER	8
LEGAL GUARDIAN	9
SISTER/STEPSISTER	10
BROTHER/STEPBROTHER	11
AUNT	12
UNCLE	13
GRANDMOTHER	14
GRANDFATHER	15
UNRELATED	16
OTHER (SPECIFY) _____	17
DON'T KNOW	-1
REFUSED	-2

NELS, NSAF, NHES96, SEELS

K8. What is the highest year or grade you [YOUTH'S] [mother/father/legal guardian] finished in school? DO NOT READ CATEGORIES. CODE ONE.

8TH GRADE OR LESS	1
9TH GRADE OR ABOVE, NOT A HIGH SCHOOL GRADUATE	2
HIGH SCHOOL GRADUATE OR GED	3
POST HIGH SCHOOL EDUCATION, NO DEGREE	4
2-YEAR COLLEGE DEGREE/AA DEGREE	5
4-YEAR COLLEGE DEGREE/BA, BS DEGREE	6
SOME POST BA, BS WORK, NO DEGREE	7
MASTER'S DEGREE, E.G., MSW, MA, MFA, MPH, MBA	8
PHD, MD, JD, LLB, OR OTHER PROFESSIONAL GRADUATE DEGREE	9
OTHER (SPECIFY) _____	10
DON'T KNOW	-1
REFUSED	-2

NSAF, SEELS

K9a. Do you have a paid job now? [Does [YOUTH'S] [mother/father/legal guardian] have a paid job now?]

ASK K9b GO TO CHECKPOINT BEFORE K10	YES	1
	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NSAF, NHES96, SEELS

K9b. In an average week, about how many hours do you [does [YOUTH'S] [mother/father/legal guardian] work for pay. RECORD HOURS AND/OR CODE. IF RESPONDENT SAYS "HOURS VARY" OR HAS A HARD TIME DECIDING ON NUMBER OF HOURS, CODE AS DON'T KNOW AND GO TO K10c.

GO TO CHECKPOINT BEFORE K10	_____	1
	HOURS WORKED FOR PAY/WEEK	
ASK K9c	DON'T KNOW	-1
GO TO CHECKPOINT BEFORE K10	REFUSED	-2

NSAF, NHES96, SEELS

K9c. Would you say you usually work [he/she usually works] ... READ CATEGORIES. CODE ONE.

Less than 20 hours a week,	1
20 to 35 hours a week, or	2
More than 35 hours a week?	3
DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF K6a NE 1 (NO PARTNERS), GO TO K12a. IF K6a=1 (PARTNER), GO TO K10. IF K6b=1 (MARRIED), ITEMS WILL READ "SPOUSE," OTHERWISE, READ "PARTNER."

NEILS, NSAF, NHIS, SEELS

K10. What is the highest year or grade your [his/her] [spouse/partner] finished in school? DO NOT READ CATEGORIES. CODE ONE.

8TH GRADE OR LESS	1
9TH GRADE OR ABOVE, NOT A HIGH SCHOOL GRADUATE	2
HIGH SCHOOL GRADUATE OR GED	3
POST HIGH SCHOOL EDUCATION, NO DEGREE	4
VOC TECH DEGREE OR CERTIFICATE	5
2-YEAR COLLEGE DEGREE/AA DEGREE	6
4-YEAR COLLEGE DEGREE/BA, BS DEGREE	7
SOME POST BA, BS WORK, NO DEGREE	8
MASTER'S DEGREE, E.G., MSW, MA, MFA, MPH, MBA	9
PHD, MD, JD, LLB, OR OTHER PROFESSIONAL GRADUATE DEGREE	10
OTHER (SPECIFY) _____	11
DON'T KNOW	-1
REFUSED	-2

NSAF, SEELS

K11a. Does your [his/her] [spouse/partner] have a paid job now?

ASK K11b	YES	1
	NO	2
GO TO K12a	DON'T KNOW	-1
	REFUSED	-2

NSAF, SEELS

K11b. In an average week, about how many hours does your [his/her] [spouse/partner] work for pay? RECORD HOURS AND/OR CODE. IF RESPONDENT SAYS "HOURS VARY" OR HAS A HARD TIME DECIDING ON NUMBER OF HOURS, CODE AS DON'T KNOW AND GO TO K11c.

GO TO K14a	_____ HOURS WORKED FOR PAY/WEEK	1
ASK K3c	DON'T KNOW	-1
GO TO K14a	REFUSED	-2

NSAF, SEELS

K11c. Would you say your [his/her] [spouse/partner] usually works... READ CATEGORIES. CODE ONE.

Less than 20 hours a week,	1
20 to 35 hours a week, or	2
More than 35 hours a week?	3
DON'T KNOW	-1
REFUSED	-2

NEILS, NSAF, SEELS

K12a. My next questions are about government benefits you or others in your household may have received. Did you or anyone in the household receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program anytime in the past 2 years?

GO TO K12b	YES	1
GO TO K13	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, ECLSK similar, SEELS

K12b. Do you or anyone in the household **now** receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

K13a. Did you, or anyone in the household, receive food stamps in the past 2 years?

GO TO K13b	YES	1
GO TO K14a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

NEILS, similar NSAF, SEELS

K13b. Do you, or anyone in the household, receive food stamps now?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

NEILS, similar NSAF, SSA, SEELS

K14a. Did the household get money for [YOUTH] from the Supplemental Security Income or SSI program in the past 2 years?

GO TO K14b	YES	1
GO TO K15a	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

K14b. Does the household now receive money for [YOUTH] from the Supplemental Security Income or SSI program?

GO TO K15a	YES	1
GO TO K14c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SSA similar, SEELS

K14c. Did the household stop getting money from SSI for [YOUTH] because ...
READ CATEGORIES. CODE ONE.

DON'T READ	Your household income was too high, or	1
	[YOUTH] no longer qualified?	2
	BOTH; INCOME TOO HIGH AND CHILD NO LONGER ELIGIBLE	3
	DON'T KNOW	-1
	REFUSED	-2

NEILS, NHIS similar, NLTS, SEELS

K15a. In studies like these, households are sometimes grouped according to income. Please tell me which group best describes the total income of all persons in your household in the last tax year, including salaries or other earnings, money from public assistance, retirement, and so on, for all household members, before taxes. Was your household income in the past year ...

GO TO K15b	\$25,000 or less, or	1
GO TO K15c	More than \$25,000?	2
DON'T READ, GO TO K16	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

K15b. Was it ... READ CATEGORIES. CODE ONE CATEGORY.

GO TO K16	\$5,000 or less,	1
	\$5,001 to \$10,000,	3
	\$10,001 to \$15,000,	3
	\$15,001 to \$20,000, or	4
	\$20,001 to \$25,000?	5
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

K15c. Was it ... READ CATEGORIES. CODE ONE CATEGORY.

GO TO K15d	\$50,000 or less, or	1
GO TO K15e	More than \$50,000?	2
DON'T READ, GO TO K16	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

K15d. Was it... READ CATEGORIES. CODE ONE CATEGORY.

GO TO K16	\$25,001 to \$30,000,	1
	\$30,001 to \$35,000,	2
	\$35,001 to \$40,000,	3
	\$40,001 to \$45,000, or	4
	\$45,001 to \$50,000?	5
DON'T READ GO TO K16	DON'T KNOW	-1
	REFUSED	-2

NLTS, SEELS

K15e. Was it ... READ CATEGORIES. CODE ONE CATEGORY.

	\$50,001 to \$60,000,	1
	\$60,001 to \$70,000,	2
	\$70,001 to \$80,000,	3
	\$80,001 to \$90,000,	4
	\$90,001 to \$100,000, or	5
	Over \$100,000?	6
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

VR

K16. My next question is about household transportation. How difficult is it for YOUTH to get where [he/she] needs to go? Would you say READ CATEGORIES. CODE ONE.

	Very difficult,	1
	Somewhat difficult,	2
	Somewhat easy, or	3
	Very easy?	4
DON'T READ	DON'T KNOW	-1
	REFUSED	-2

SEELS

K17. Has there been any time during the last 12 months that you didn't have phone service at home for more than a few days, other than because of bad weather or moving?

YES	1
NO	2
DON'T KNOW	-1
REFUSED	-2

L. CLOSING

SEELS

- L1. We'll be eager to talk with you again in two years to see how you and [YOUTH] are doing then. We want to make sure we don't lose track of you. Do you have an e-mail address?

GO TO L2a	YES	1
GO TO CHECKPOINT BEFORE L2b	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

- L2a. What is your e-mail address? ENTER E-MAIL ADDRESS OR CODE.

_____ EMAIL ADDRESS

DON'T KNOW	-1
REFUSED	-2

CHECKPOINT: IF ADDRESS IS IN FILE, GO TO L2b. IF NO ADDRESS IN FILE, GO TO L2c.

SEELS

- L2b. I have your mailing address as [READ ADDRESS FROM FILE]. Is that correct?

GO TO L3	YES	1
GO TO L2c	NO	2
	DON'T KNOW	-1
	REFUSED	-2

SEELS

- L2c. IF NO ADDRESS IN FILE OR IF ADDRESS IS NOT CORRECT: What is your street address?

Address: _____

DON'T KNOW	-1
REFUSED	-2

SEELS

- L3. Could you please tell me the name of someone who is likely to know where you are if you move? RECORD NAME OR INDICATE REFUSAL: What is their address? RECORD ADDRESS. What is their phone number? RECORD PHONE NUMBER. What is their e-mail address? RECORD E-MAIL ADDRESS.

GO TO END	REFUSED	-2
-----------	---------	----

Name: _____

Address: _____

DON'T KNOW	-1
------------	----

Phone: _____

DON'T KNOW	-1
NOT APPLICABLE, NO PHONE	0

E-MAIL: _____

DON'T KNOW	-1
NOT APPLICABLE, NO E-MAIL	0

SEELS

L4. What is this person's relationship to [YOUTH]?

MOTHER	1
ADOPTIVE MOTHER	2
STEPMOTHER	3
FOSTER MOTHER	4
LEGAL GUARDIAN	5
SISTER/STEPSISTER	6
AUNT	7
GRANDMOTHER	8
FATHER	9
ADOPTIVE FATHER	10
STEPFATHER	11
FOSTER FATHER	12
LEGAL GUARDIAN	13
BROTHER/STEPBROTHER	14
UNCLE	15
GRANDFATHER	16
COUSIN	17
FAMILY FRIEND/NEIGHBOR	18
OTHER (SPECIFY) _____	19

CHECKPOINT: IF RESPONDENT IS FOSTER PARENT (S11a OR S12a=5), ASK L5a. ELSE GO TO L5c.

SEELS

L5a. Is there someone else who would know where [YOUTH] has moved if [he/she] is no longer in your foster care? PROBE FOR SOCIAL WORKER ASSIGNED TO CHILD.

	YES	1
GO TO L5c	NO	2
GO TO L5c	DON'T KNOW	-1
GO TO L5c	REFUSED	-2

SEELS

L5b. What is their name and address? RECORD NAME AND ADDRESS. What is their phone number? RECORD PHONE NUMBER. What is their e-mail address? RECORD E-MAIL ADDRESS.

GO TO END	REFUSED	-2
-----------	---------	----

Name: _____

Address: _____

DON'T KNOW	-1
------------	----

Phone: _____

DON'T KNOW	-1
NOT APPLICABLE, NO PHONE	0

E-MAIL: _____

DON'T KNOW	-1
NOT APPLICABLE, NO E-MAIL	0

GO TO L8

SEELS

L5c. Is there someone else who also would know where you are if you move?

	YES	1
GO TO END	NO	2
GO TO END	DON'T KNOW	-1
GO TO END	REFUSED	-2

SEELS

- L6. What is their name and address? RECORD NAME AND ADDRESS. What is their phone number? RECORD PHONE NUMBER. What is their email address? RECORD E-MAIL ADDRESS.

GO TO END	REFUSED	-2
-----------	---------	----

Name: _____

Address: _____

DON'T KNOW	-1
------------	----

Phone: _____

DON'T KNOW	-1
NOT APPLICABLE, NO PHONE	0

E-MAIL: _____

DON'T KNOW	-1
NOT APPLICABLE, NO E-MAIL	0

SEELS

- L7. What is this person's relationship to [YOUTH]? CODE ONE.

MOTHER	1
ADOPTIVE MOTHER	2
STEPMOTHER	3
FOSTER MOTHER	4
LEGAL GUARDIAN	5
SISTER/STEP SISTER	6
AUNT	7
GRANDMOTHER	8
FATHER	9
ADOPTIVE FATHER	10
STEPFATHER	11
FOSTER FATHER	12
LEGAL GUARDIAN	13
BROTHER/STEP BROTHER	14
UNCLE	15
GRANDFATHER	16
COUSIN	17
FAMILY FRIEND/NEIGHBOR	18
OTHER (SPECIFY) _____	19

L8. Thank you for all the time you've spent answering these questions; it is extremely helpful. Having the chance to talk with families and others about the experiences of children is an important part of this significant study. [IF D1a OR D2a=1 ADD: We also hope to learn more about students' school programs by sending a questionnaire to (IF D1a=1 ADD: teachers and principals) (IF D2a=1 ADD: those providing schooling) and by assessing students' learning and social skills. We need your permission to contact (D1j=1: YOUTH'S SCHOOL), (D2c=1: the place where YOUTH receives schooling), (D1a=1 AND D1j NE 1 OR D2a=1 AND D2e NE 1: YOUTH's former school). In the next week or so we will be sending ou a letter that will explain these other parts of the study. Included with the letter is a consent form. Please be sure and return the form when you get it.]

CHECKPOINT: IF PARENT OR GUARDIAN (S11a=1, 2, 3, OR 6, OR S12a=1, 2, 3, OR 6), OR LEGAL GUARDIAN (S11c OR S12c=1, -7, OR -8) GO TO L10, ELSE GO TO L9.

L9. Who is YOUTH's legal guardian, that is a person who can sign for [him/her] permission to participate in studies like this? What is their name and address? RECORD NAME AND ADDRESS. What is their phone number? RECORD PHONE NUMBER. What is their email address? RECORD E-MAIL ADDRESS.

GO TO END	REFUSED	-2
-----------	---------	----

Name: _____

Address: _____

DON'T KNOW	-1
------------	----

Phone: _____

DON'T KNOW	-1
NOT APPLICABLE, NO PHONE	0

E-MAIL: _____

DON'T KNOW	-1
NOT APPLICABLE, NO E-MAIL	0

L10.

GO TO END	CONTINUE	1
GO TO L11	RESPONDENT HAS QUESTIONS	1
GO TO L12	RESPONDENT REFUSES	-2

- L11. I think most of your questions should be answered by the letter that will be mailed to you soon. If after you read the letter you still have any questions or concerns, there is an 800 phone number listed in the letter that you can call, and the people who are conducting the study will be happy to talk with you; or if you'd rather, I can give you that phone number now. [That toll free number is 1-800-xxx-xxxx.]
- L12. Why don't I send you the letter since it provides much more information about the study. If after you read the letter you still don't want YOUTH to take part, then don't return the consent form. If you have any questions or concerns there is an 800 phone number listed in the letter that you can call, and the people who are conducting the study will be happy to talk with you; or if you'd rather, I can give you that phone number now. [That toll free number is 1-800-xxx-xxxx.]

GO TO END	CONTINUE	1
	RESPONDENT REFUSES	-2

END Thank you for your time and your part in this important study.