

# Chicago Longitudinal Study



IN COLLABORATION WITH THE CHICAGO PUBLIC SCHOOLS

## Adult Survey

**Fall 2002**

This is a survey about your educational and family experiences growing up and your plans for the future. This research project began when you attended a Chicago kindergarten in 1985-86. The goal of the project is to better understand the effects of the programs you attended in preschool or kindergarten. Over the years, you may have answered questions that helped us learn more about the role of family and school experiences in your life.

Now, we are interested in your experiences at age 22/23. As always, all of your answers will be kept confidential. They will not be shared with anyone else. You will be paid \$30 for completing the survey. Information you provide will help improve schools nationwide. Thank you for your help.

For questions, please call 1-866-872-4270 or 1-800-874-1990.

Please return completed questionnaire to:

Chicago Longitudinal Study  
Waisman Center, University of Wisconsin-Madison  
1500 Highland Ave. Room 537  
Madison, WI 53705

## EDUCATION

The first group of questions relate to your experiences in school.

Looking back, how satisfied are you with your education during the following years (if applicable)?					
<i>(Circle one number for each item)</i>	Extremely Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Extremely Dissatisfied	Not Applicable
<b>1. Preschool</b>	1	2	4	5	6
<b>2. Kindergarten</b>	1	2	4	5	6
<b>3. 1<sup>st</sup> - 3<sup>rd</sup> Grade</b>	1	2	4	5	6
<b>4. 4<sup>th</sup> - 8<sup>th</sup> Grade</b>	1	2	4	5	6
<b>5. High School</b>	1	2	4	5	6
<b>6. Post High School Education</b>	1	2	4	5	6

Now let's review your educational experiences.

**7. Did you ever repeat a grade?**

1 Yes →

**7a. What grade(s)?** \_\_\_\_\_  
*If you can't remember: How many times did you repeat a grade?* \_\_\_\_\_

2 No

**8. Did you ever receive special education services?** (Examples: Learning Disability (LD), Speech & Language Impairment (SPL), Behavioral Disorder (BD))

1 Yes →

**8a. For how many years did you receive special education services?** \_\_\_\_\_

2 No

**9. Over your K - 12 education, how many different schools did you attend?** \_\_\_\_\_

**10. Overall, how valuable was your high school education in preparing you for life after high school?**

1	2	3	4
Extremely valuable	Somewhat valuable	Not very valuable	Not at all valuable

**11. How much studying did you do in high school?**

1	2	3
More than needed to just pass	Enough to just pass	Less than you needed to pass

**12. How important was your education to your parents or those who raised you?**

- |                     |                    |                    |                      |
|---------------------|--------------------|--------------------|----------------------|
| 1                   | 2                  | 3                  | 4                    |
| Extremely important | Somewhat important | Not very important | Not at all important |

**13. What did your parents or those who raised you expect you to do after high school? (Please circle one)**

- |   |  |   |  |
|---|--|---|--|
| 1 | Get a job                              | 4 | Go to community college/technical school |
| 2 | Sign up for military service           | 5 | Go to college                            |
| 3 | Get in some technical training program | 6 | Other (specify) _____                    |
|   |  |   | _____                                    |

**14. What kind of high school program did you attend? (Please circle one)**  
*(If you attended more than one type, indicate the one you **most recently** attended.)*

- |   |                             |   |                       |
|---|-----------------------------|---|-----------------------|
| 1 | General high school program | 4 | Alternative program   |
| 2 | College prep or academic    | 5 | Other (specify) _____ |
| 3 | Vocational school           |   | _____                 |

Next are some questions about school.

**15. Did you graduate from high school, get a GED (or equivalent), or neither?**

- 1 Graduated from High School —▶ *continue with question 16 below*
- 2 Got a GED (or equivalent) —▶ *skip to question 17 on next page*
- 3 Neither —▶ *skip to question 18 on next page*

**16. IF YOU GRADUATED FROM HIGH SCHOOL:**

**a. In what month and year did you graduate from high school?**

Month \_\_\_\_\_ Year \_\_\_\_\_

**b. What is the name of the high school that you graduated from?**

\_\_\_\_\_

**c. In what city and state did you graduate?**

City \_\_\_\_\_ State \_\_\_\_\_

—▶ *skip to question #19 on Page 4*

**17. IF YOU COMPLETED GED (OR EQUIVALENT):**

**a. From what school and city did you get your GED?**

School \_\_\_\_\_

City \_\_\_\_\_

**b. In what month and year did you get your GED?**

Month \_\_\_\_\_ Year \_\_\_\_\_

**c. Prior to getting your GED, how many grades of school did you finish? \_\_\_\_\_**

**d. Prior to getting your GED, what was the name of the school that you left?**

Name of School \_\_\_\_\_

**e. Prior to getting your GED, in what month and year did you last attend school?**

Month \_\_\_\_\_ Year \_\_\_\_\_

—————▶ *skip to question 18f on next page*

**18. IF YOU DID NOT COMPLETE HIGH SCHOOL OR GED:**

**a. How many grades of school did you finish? \_\_\_\_\_**

**b. In what month and year did you last attend school?**

Month \_\_\_\_\_ Year \_\_\_\_\_

**c. What is the name of the school that you last attended?**

Name of School \_\_\_\_\_

**d. On the whole, do you think that leaving school when you did was the right decision?**

1    Yes                                      2    No

**e. Who decided you should leave school? (Please circle one)**

1	You	4	The school
2	Your parents/guardian	5	Other (specify) _____
3	Your spouse/partner		_____

—————▶ *continue with question 18f on next page*

18f. What was your main reason for leaving school or not getting your high school diploma?

---

---

---

---

19. Are you currently working toward your GED, attending a vocational or technical school, attending a college, or not currently attending school? (Please circle one)

- |   |                      |   |  |                               |
|---|----------------------|---|--|-------------------------------|
| 1 | Working toward GED   | 2 | Attending Vocational or Technical School | } → skip to question 21 below |
| 4 | Not Attending School | 3 | Attending College/University             |                               |

↓  
continue with question 20

20. Since high school, have you ever attended a vocational or technical school, or a college?

- 1 Yes → skip to question 23 on next page
- 2 No → skip to question 24 on page 6

21. We have a few questions about the school that you are currently attending.

a. What is the name of the school that you are currently attending?

---

b. In which state is this school?

---

c. What type of school is it? (Please circle one)

- |   |                             |   |                       |
|---|-----------------------------|---|-----------------------|
| 1 | 4-year college              | 4 | Business/Trade school |
| 2 | 2-year college              | 5 | Other (specify) _____ |
| 3 | Vocational/Technical School |   | _____                 |

d. In what month and year did you begin attending this school?

Month \_\_\_\_\_ Year \_\_\_\_\_

e. How many semesters (including summer) have you completed at this school?

\_\_\_\_\_ semesters

f. Are you attending this school full-time or part-time?

- 1 Full time                      2 Part time

**g. What kind of degree are you working toward in your present school? (Please circle one)**

- |   |                     |   |                       |
|---|---------------------|---|-----------------------|
| 1 | Vocational or Trade | 4 | Graduate Degree       |
| 2 | Associate           | 5 | Other (specify) _____ |
| 3 | Bachelor's Degree   | 6 | Not pursuing degree   |

**h. What's your major/program of study?**

---

**22. Did you attend any other vocational or technical school or college prior to this school?**

- 1 Yes                                  2 No → skip to question 24 on next page

↓  
*continue with  
question 23 below*

**23. Now, please answer the following questions about the school you attended before your current school (if you're currently attending school), or about the school that you most recently attended (if you're not currently attending school).**

**a. Name of School:** \_\_\_\_\_

**b. School is located in State of** \_\_\_\_\_

**c. What type of school was it? (Please circle one)**

- |   |                             |   |                       |
|---|-----------------------------|---|-----------------------|
| 1 | 4-year college              | 4 | Business/Trade school |
| 2 | 2-year college              | 5 | Other (specify) _____ |
| 3 | Vocational/Technical School |   | _____                 |

**d. In what month and year did you begin attending this school?**

Begin date of attendance: Month \_\_\_\_\_ Year \_\_\_\_\_

**e. In what month and year did you stop attending this school?**

End date of attendance: Month \_\_\_\_\_ Year \_\_\_\_\_

**f. How many semesters (including summer) did you complete at this school? \_\_\_\_\_ semesters**

**g. Did you attend this school full-time or part-time?**

- 1 Full time                          2 Part time

**h. Did you complete the program?**

- 1 Yes                                  2 No



## EMPLOYMENT

---

The following questions ask about your work experiences.

28. What is your current employment status? (Please circle one)

- 1 Employed full time (35 hours per week or more)
- 2 Employed part time (less than 35 hours per week)
- 3 Homemaker
- 4 Not employed due to disability status
- 6 Not employed, not looking for work
- 5 Not employed, looking for work

→ go to question 29 below

→ skip to question 31 on next page

**28a. Why are you not finding work?**

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

→ skip to question 31 on next page

Next we would like to ask you about the last 3 jobs that you may have had. (Skip to 31 if not currently working)

29. Let's start with your current job.

(If you currently have more than 1 job, please answer about the job where you work **the most hours**)

a. What is the name of the company that you are currently working for?

\_\_\_\_\_

b. What is your current job title?

\_\_\_\_\_

c. When did you begin working there? Month \_\_\_\_\_ Year \_\_\_\_\_

If you can't remember dates:

How long have you been working there? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

d. How many hours per week do you usually work at this job? \_\_\_\_\_ hours

e. What is your hourly pay? \$ \_\_\_\_\_ per hour

f. Do you get health benefits from your employer? 1 Yes 2 No

g. In general, how satisfied are you with this job?

1                      2                      3                      4  
Extremely satisfied    Somewhat satisfied    Somewhat dissatisfied    Extremely dissatisfied

h. How important has your education been for this job?

1                      2                      3                      4  
Extremely important    Somewhat important    Not very important    Not at all important



For those who are currently working:

30. Did you have a job prior to your current job?

1 Yes



skip to question 31a

2 No —————▶ skip to question 34 on next page

For those who are NOT currently working:

31. Have you ever worked for pay?

1 Yes



continue with question 31a

2 No —————▶ skip to question 34 on next page

31a. What was the name of the company that you worked for?

\_\_\_\_\_

b. What was your job title? \_\_\_\_\_

c. When did you begin working there? Begin date: Month \_\_\_\_\_ Year \_\_\_\_\_

d. When did you stop working there? End date: Month \_\_\_\_\_ Year \_\_\_\_\_

*If can't remember dates:*

How long did you work there? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

f. How many hours per week, on average, did you work at this job? \_\_\_\_\_ hours

g. What was your hourly pay? \$ \_\_\_\_\_ per hour

h. Did you get health benefits from your employer? 1 Yes 2 No

i. In general, how satisfied were you with this job?

1 2 3 4  
Extremely satisfied Somewhat satisfied Somewhat dissatisfied Extremely dissatisfied

j. How important had your education been for this job?

1 2 3 4  
Extremely important Somewhat important Not very important Not at all important

k. Why did you leave this job? (Please circle one)

- 1 Left for a better job
- 2 Left for family responsibilities
- 3 Transportation problems
- 4 Quit because disliked work
- 5 Quit because disliked people
- 6 Fired
- 7 Some other reason (specify) \_\_\_\_\_

32. Did you have a job prior to this job?

1 Yes



continue with question 33

2 No —————▶ skip to question 34

33a. What was the name of the company that you worked for?

\_\_\_\_\_

b. What was your job title? \_\_\_\_\_

c. When did you begin working there? Begin date: Month \_\_\_\_\_ Year \_\_\_\_\_

d. When did you stop working there? End date: Month \_\_\_\_\_ Year \_\_\_\_\_

*If can't remember dates:*

How long did you work there? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

f. How many hours per week, on average, did you work at this job? \_\_\_\_\_ hours

g. What was your hourly pay? \$ \_\_\_\_\_ per hour

h. Did you get health benefits from your employer? 1 Yes 2 No

i. In general, how satisfied were you with this job?

1 2 3 4  
Extremely satisfied Somewhat satisfied Somewhat dissatisfied Extremely dissatisfied

j. How important had your education been for this job?

1 2 3 4  
Extremely important Somewhat important Not very important Not at all important

k. Why did you leave this job? (Please circle one)

1 Left for a better job 5 Quit because disliked people  
2 Left for family responsibilities 6 Fired  
3 Transportation problems 7 Some other reason (specify) \_\_\_\_\_  
4 Quit because disliked work \_\_\_\_\_

34. What kind of career do you expect or plan to have when you are 30 years old?

*(If you are not sure, please make your best guess)*

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

35. Do you think you will be better off or worse off financially than your parents or guardian?

1 Better off 2 Same 3 Worse off

## INCOME

Next are some questions about your sources of income. Please remember your responses will be kept strictly confidential.

**36. Which of the following income categories best describes the total income you earned from work during the last 12 months, before taxes? (Please circle one)**

(Work includes workfare jobs; DOES NOT include public assistance)

- |                       |                        |                        |
|-----------------------|------------------------|------------------------|
| 1 Less than \$5,000   | 6 \$15,000 - \$20,000  | 11 \$40,000 - \$50,000 |
| 2 \$5,000 - \$7,500   | 7 \$20,000 - \$25,000  | 12 \$50,000 - \$60,000 |
| 3 \$7,500 - \$10,000  | 8 \$25,000 - \$30,000  | 13 \$60,000 - \$75,000 |
| 4 \$10,000 - \$12,500 | 9 \$30,000 - \$35,000  | 14 \$75,000 or more    |
| 5 \$12,500 - \$15,000 | 10 \$35,000 - \$40,000 |                        |

d Don't Know: **What is your monthly income?** \_\_\_\_\_

r Refused

37. Listed below are some income sources other than work.	In the last 12 months, have you received income from... <i>(circle one)</i>		For how many months during the last 12 months did you receive it?	How much per month, on average, did you receive?
	Yes	No	Enter # of Months	Enter Amount
<b>a. TANF (Temporary Assistance to Needy Families)</b> (TANF is formerly known as AFDC)	1	2		\$
<b>b. WIC</b> (WIC is Supplemental Nutrition Program for Women, Infants, and Children)	1	2		\$
<b>c. Child Care Subsidies</b>	1	2		\$
<b>d. Child Support Payments</b>	1	2		\$
<b>e. Food Stamps</b>	1	2		\$
<b>f. Supplemental Security Income</b>	1	2		\$
<b>g. Social Security Disability Insurance</b>	1	2		\$
<b>h. Unemployment Compensation</b>	1	2		\$
<b>i. General Welfare Assistance</b>	1	2		\$
<b>j. Housing Assistance</b> (Examples: Rental assistance from a government agency, Section 8 certificate or voucher, etc.)	1	2		--

**38. In the last 12 months, did you receive income from any other sources (other than work)?**

1 Yes →

**38a. What was it?** \_\_\_\_\_

**38b. For how many months during the last 12 months did you receive it?**  
\_\_\_\_\_ month(s)

**38c. How much per month, on average, did you receive?** \$ \_\_\_\_\_ month

2 No

**39. Have you ever received emergency services for housing? (Examples: homeless shelter, domestic violence shelter)?**

1 Yes

2 No

## LIFE SATISFACTION, HEALTH, AND GENERAL WELL-BEING

40. How would you rate your overall life satisfaction since you left high school?

1	2	3	4	5
Excellent	Very Good	Good	Fair	Poor

The next set of questions relate to how you are feeling about your life in general.

Looking toward the future, what are the chances that you will....					
<i>(Please circle one number for each item)</i>	Excellent	Good	Fair	Poor	Not Applicable
41. graduate from college?	1	2	3	4	5
42. have a job that pays well?	1	2	3	4	--
43. have a job that you enjoy doing?	1	2	3	4	--
44. have a happy family life?	1	2	3	4	--
45. be able to own your own home?	1	2	3	4	--

Listed below are several life values that many people find important. Please rate each one on how important it is to you.				
<i>(Please circle one number for each item)</i>	Extremely Important	Somewhat Important	Not Very Important	Not At All Important
46. Raising a family	1	2	3	4
47. Being very well-off financially	1	2	3	4
48. Helping others who are in difficulty	1	2	3	4
49. Helping promote racial understanding	1	2	3	4
50. Becoming a community leader	1	2	3	4

Here are some things that young adults say about their life. How much do you agree or disagree with the following statements?				
<i>(Please circle one number for each item)</i>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
51. I have accomplished many worthwhile things this past year	1	2	4	5
52. I have little control over the things that happen to me	1	2	4	5
53. What happens in the future depends on me	1	2	4	5
54. I deal effectively with the problems that come in my life	1	2	4	5

The next questions deal with your health.

55. In general, how would you describe your health?

- |           |           |      |      |      |
|-----------|-----------|------|------|------|
| 1         | 2         | 3    | 4    | 5    |
| Excellent | Very Good | Good | Fair | Poor |

56. Do you have a regular doctor or place you go for health care for yourself?

1 Yes →

<b>56a. Where?</b>	
1 A doctor's office or HMO	4 Urgent care center or Walk-in clinic
2 Public health clinic	5 Emergency Room
3 Hospital clinic	6 Other (specify) _____
	_____

2 No

57. Are you covered by any kind of health insurance?

1 Yes →

<b>57a. What kind?</b>	
1 Student policy	4 Spouse/partner's employer's policy
2 Parent/guardian's policy	5 Medicaid
3 Employer's policy	6 Other (specify) _____
	_____

2 No

The next set of questions asks you about how you feel.

During the last month, have you felt...		If Yes: During the last month, how often have you felt this way? (Please circle one number for each item)					
(Please circle one number for each item)	Yes	No	Almost every day	A few times a week	About once a week	Two or	
						three times a month	About once a month
58. depressed	1	2	1	2	3	4	5
59. hopeless	1	2	1	2	3	4	5
60. lonely	1	2	1	2	3	4	5
61. life isn't worth living	1	2	1	2	3	4	5
62. very sad	1	2	1	2	3	4	5
63. anxious	1	2	1	2	3	4	5

Next are some questions about your experiences with various social services. Please remember that your responses will be kept strictly confidential.

64. Listed below are some types of social services.	Have you <u>ever</u> received this service? (circle one)		If Yes: For how long did you receive this service? (circle one)			If Yes: How old were you when you first received this service?
	Yes	No	Less than 3 months	3 – 6 months	More than 6 months	Enter Age
<b>a. Substance abuse services</b>	1	2	1	2	3	
<b>b. Domestic violence services</b>	1	2	1	2	3	
<b>c. Depression treatment</b>	1	2	1	2	3	
<b>d. Family counseling and support services</b>	1	2	1	2	3	
<b>e. Parent skills training</b>	1	2	1	2	3	
<b>f. DCFS services</b> (DCFS is Department of Child and Family Services)	1	2	1	2	3	
<b>g. Services for other mental health issues</b> (Please describe the services that you received) _____ _____ _____	1	2	1	2	3	

The next set of questions ask about your relations with your adult relatives; people like your parents, grandparents, aunts or uncles, or other adult relatives. Please indicate whether you agree or disagree with the following statements about you and your family.

(Please circle one number for each item)	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<b>65. When my family has to make important family decisions, I ask my relatives for advice.</b>	1	2	4	5
<b>66. My friends are more dependable in times of need than my relatives.</b>	1	2	4	5
<b>67. In my family, relatives often help one another</b>	1	2	4	5

68. What member(s) of your family do you feel closest to? (Please circle all that apply)

- |   |                |    |                       |
|---|----------------|----|-----------------------|
| 1 | Father         | 6  | Aunt or Uncle         |
| 2 | Mother         | 7  | Spouse                |
| 3 | Sibling(s)     | 8  | Own child(ren)        |
| 4 | Grandparent(s) | 9  | Other (specify) _____ |
| 5 | Cousin         | 10 | No one                |

<b>Now think about the friends that you spend time with. How many of them:</b>					
<i>(Please circle one number for each item)</i>	None	A Few	About half	Most of them	All of them
<b>69. Graduated from high school</b>	0	1	2	3	4
<b>70. Have attended college/vocational school</b>	0	1	2	3	4
<b>71. Have been arrested for something</b>	0	1	2	3	4
<b>72. Use drugs</b>	0	1	2	3	4
<b>73. Abuse alcohol</b>	0	1	2	3	4
<b>74. Are out of work/unemployed</b>	0	1	2	3	4

<b>During the last 12 months, have you participated in...</b>		<b>If Yes: Do you have a leadership role in these organizations/activities that you participated in?</b>	
<i>(Please circle one number for each item)</i>	Yes	No	
			Yes                      No
<b>75. Youth organizations</b> (e.g. YMCA, Boys & Girls Club)	1	2	1                      2
<b>76. Church or other religious activities</b> (not including worship services)	1	2	1                      2
<b>77. Any community centers or neighborhood clubs</b>	1	2	1                      2

<b>We are interested in major events that have occurred in your life. Please indicate if any of these events have occurred in your life:</b>			<b>If Yes: How old were you when this happened?</b> <i>(Circle All That Apply)</i>			
<i>(Please circle one number for each item)</i>	Yes	No	Age 0 - 5	Age 6 - 10	Age 10 - 15	Age 16 - Present
<b>78. Prolonged Absence of Parent</b>	1	2	1	1	1	1
<b>79. Serious Illness of Parent</b>	1	2	1	1	1	1
<b>80. Death of Parent</b>	1	2	1	1	1	1
<b>81. Divorce of Parents</b>	1	2	1	1	1	1
<b>82. Remarriage/Marriage of Parents</b>	1	2	1	1	1	1
<b>83. Frequent Family Conflict</b>	1	2	1	1	1	1
<b>84. Death of Brother or Sister</b>	1	2	1	1	1	1
<b>85. Problems in School</b>	1	2	1	1	1	1
<b>86. Death of a Close Friend or Relative</b>	1	2	1	1	1	1
<b>87. Personal Illness or Injury</b>	1	2	1	1	1	1
<b>88. Personal Chronic Health Problems</b>	1	2	1	1	1	1
<b>89. Family Financial Problems</b>	1	2	1	1	1	1
<b>90. Problem of Substance Abuse of Parent</b>	1	2	1	1	1	1
<b>91. Problem with Personal Substance Abuse (Drugs or Alcohol)</b>	1	2	1	1	1	1
<b>92. Witness to a Shooting or Stabbing</b>	1	2	1	1	1	1
<b>93. Being a Victim of a Violent Crime</b>	1	2	1	1	1	1
<b>94. Being a Victim of a Non-Violent Crime or a Property Crime</b>	1	2	1	1	1	1



The following questions relate to problems you may have encountered in the past, such as with the police or other authorities. Please remember your responses are kept strictly confidential.

95. How many times, if any, have you been arrested by the police?

0 Never



skip to question 103  
on next page

1 Once

2 Twice

3 Three times

4 Four times

5 Five times or more

continue with question 96 below

96. How old were you the first time this happened? \_\_\_\_\_ years old

98a. In what city and state did this first happen? City \_\_\_\_\_ State \_\_\_\_\_

If you have been arrested more than once:

97. How old were you the last time this happened? \_\_\_\_\_ years old

98b. In what city and state did this last happen? City \_\_\_\_\_ State \_\_\_\_\_

99. Have you ever been convicted of a misdemeanor?

1 Yes →

99a. What sentence did you receive?  
\_\_\_\_\_

99b. Was it for something that you did? 1 Yes 2 No

2 No

100. Have you ever been convicted of a felony?

1 Yes →

100a. What sentence did you receive?  
\_\_\_\_\_

100b. Was it for something that you did? 1 Yes 2 No

2 No

101. Have you ever been placed on probation?

1 Yes →

101a. For how long were you placed on probation?

\_\_\_\_\_ Month(s) \_\_\_\_\_ Year(s)

101b. Was it for something that you did? 1 Yes 2 No

2 No

**102. Have you ever served time in jail or prison?**

1 Yes →

<p><b>102a. For how long altogether did you serve time in jail or prison?</b>                  _____ Month(s)      _____ Year(s)</p> <p><b>102b. Was it for something that you did?</b>      1 Yes                      2 No</p>
--

2 No

**102c. Has anyone else in your family ever been arrested by the police?**

1 Yes →

<p><b>102d. Who?</b> _____</p> <p><b>102e. How old were you the <u>first</u> time this happened?</b> _____ years old</p>
--

2 No

**102f. Has anyone else in your family ever served time in jail or prison?**

1 Yes →

<p><b>102g. Who?</b> _____</p> <p><b>102h. How old were you the <u>first</u> time this happened?</b> _____ years old</p>
--

2 No

Have you <u>ever</u> :		If Yes: How often do you <u>currently</u> use it? (Please circle one)						
(Please circle one)	Yes	No	More than once a day	Almost everyday	A few times a week	A few times a month	Less than once a month	Never
<b>103. Smoked tobacco</b> (Cigarettes, cigars)	1	2	1	2	3	4	5	6
<b>104. Drank alcohol</b> (Beer, Wine, Liquor)	1	2	1	2	3	4	5	6
(Please circle one)	Yes	No	Almost everyday	A few times a week	A few times a month	Less than once a month	A few times a year	Never
<b>105. Smoked marijuana</b>	1	2	1	2	3	4	5	6
<b>106. Used drugs harder than marijuana</b>	1	2	1	2	3	4	5	6

Next, we would like to know some basic information about your family life.

107. What is your marital status? (Please circle one)

- |   |                       |   |                         |                          |
|---|-----------------------|---|-------------------------|--------------------------|
| 2 | Living with a Partner | 1 | Single or Never Married | } → skip to question 110 |
| 3 | Married               | 4 | Divorced or Separated   |                          |
|   | ↓                     | 5 | Widowed                 |                          |

continue with question 108

108. What is the highest grade or educational level completed by your spouse/partner? (Please circle one)

- |   |                                     |   |                                  |
|---|-------------------------------------|---|----------------------------------|
| 1 | Some High School                    | 5 | Finished College (4-year degree) |
| 2 | High School Graduation Only         | 6 | Master's Degree                  |
| 3 | Finished Vocational or Trade School | 7 | PhD, MD, or Equivalent           |
| 4 | 1 or 2 years of College             |   |                                  |

109. Is your spouse/partner currently employed?

- |   |     |   |  |
|---|-----|---|--|
| 1 | Yes | → | <b>109a. Is your spouse/partner currently employed full-time or part-time?</b> |
|   |     |   | 1 Full-time                      2 Part-time                                   |
| 2 | No  |   |  |

109p. If You Are Female: Are you expecting a child in the next few months?

- |   |     |   |  |
|---|-----|---|--|
| 1 | Yes | → | <b>109p2. What is the expected due date?</b> _____ |
| 2 | No  |   |  |

110. How many children, if any, do you have?

- |   |               |     |  |   |
|---|---------------|-----|--|---|
| 0 | None          | →   | skip to question #113 on next page   |   |
| 1 | One           | } → | <b>110a. What are their first names and dates of birth?</b><br>First name                      Date of Birth<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |   |
| 2 | Two           |     |  |   |
| 3 | Three or more |     |  |   |
|   |               |     |  | continue with question 111 on next page |

**111. How many of your children currently live with you?**

- 0 None
- 1 One
- 2 Two
- 3 Three or more

**111a. With whom do your children live?**

---

---

*skip to question 113 below*

*continue with question 112*

**112. Who cares for your children while you are away at work or school? (Please circle one)**

- 2 A Day Care Center or Preschool
- 1 Children's Other Parent
- 3 Children's Grandparents
- 4 Children's Siblings
- 5 Other Relatives
- 6 Friend, Neighbor or Babysitter
- 7 Someone else
- 8 I do not go to work or school

**112a. What is the name of the program? (Circle one)**

- 1 Child-Parent Center
- 2 Headstart
- 3 A program in public schools
- 4 Another program or child care agency

*skip to question 113 below*

*continue with question 113*

**113. What is the highest grade or educational level completed by your mother? (Please circle one)**

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| 1 Less Than High School               | 6 Associates Degree                |
| 2 Some High School                    | 7 1 or 2 years of College          |
| 3 High School Graduation Only         | 8 Finished College (4-year Degree) |
| 4 GED                                 | 9 Master's Degree                  |
| 5 Finished Vocational or Trade School | 10 PhD, MD, or Equivalent          |

**114. What is the highest grade or educational level completed by your father? (Please circle one)**

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| 1 Less Than High School               | 6 Associates Degree                |
| 2 Some High School                    | 7 1 or 2 years of College          |
| 3 High School Graduation Only         | 8 Finished College (4-year Degree) |
| 4 GED                                 | 9 Master's Degree                  |
| 5 Finished Vocational or Trade School | 10 PhD, MD, or Equivalent          |

**Now I have some questions about your past as well as current living arrangements.**

**115. When you were in preschool/preschool age, with whom did you live? (Circle All That Apply)**

- |   |                                  |   |                     |
|---|----------------------------------|---|---------------------|
| 1 | Your mother                      | 5 | Brothers or sisters |
| 2 | Your father                      | 6 | Foster care         |
| 3 | Grandparents                     | 7 | Group home          |
| 4 | Aunts, uncles or other relatives |   |                     |

**116. How many times did you move from kindergarten through age 18?**

Number of times moved \_\_\_\_\_

**117. Who do you live with currently? (Circle All That Apply)**

- |   |                               |    |  |
|---|-------------------------------|----|--|
| 1 | Live Alone                    | 8  | Aunts, Uncles or Other Relatives                 |
| 2 | Both Parents                  | 9  | Spouse   |
| 3 | Mother or Step-Mother         | 10 | Brothers, Sisters, Step-Brothers or Step-Sisters |
| 4 | Father or Step-Father         | 11 | Partner or Spouse Equivalent                     |
| 5 | Roommates of the Same Sex     | 12 | Children of Your Own                             |
| 6 | Grandparents                  | 13 | Other Children                                   |
| 7 | Roommates of the Opposite Sex | 14 | Other (specify) _____                            |

**118. What type of household dwelling are you currently living in? (Please circle one)**

- |   |           |   |                       |
|---|-----------|---|-----------------------|
| 1 | House     | 4 | Dormitory             |
| 2 | Duplex    | 6 | Other (specify) _____ |
| 3 | Apartment |   |                       |

**Finally, in closing,**

**119. What are you most satisfied with in your life right now? Why?**

---

---

---

---

**120. What are you most dissatisfied with in your life right now? Why?**

---

---

---

---

*Please continue with the next page* →

To make sure that we send the \$30 check to your correct address, please print your full name and mailing address below.

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip

(\_\_\_\_\_) \_\_\_\_\_

Phone Number

What relative who doesn't live with you always knows how to get in touch with you if we can't reach you because you've moved or changed your telephone number?

Name of Relative: \_\_\_\_\_

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip

(\_\_\_\_\_) \_\_\_\_\_

Phone Number

What friend would always know how to get in touch with you if we can't reach you because you've moved or changed your telephone number?

Friend's Name: \_\_\_\_\_

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip

(\_\_\_\_\_) \_\_\_\_\_

Phone Number

We may also access administrative records on your participation in post-secondary education, such as college attendance records, and your utilization of family social services and criminal justice system services in the future. Again, all information collected will be completely confidential and used only for research purposes.

Do we have your permission to do so?                      1    Yes    2    No

Thank you very much for taking the time to complete this survey!