

National Youth Survey [United States]: Wave VII, 1987

Data Collection Instrument

Delbert Elliott

University of Colorado. Institute of Behavioral Science

Second Version
November 2004

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Bibliographic Description

Study No.: 6542

Title: National Youth Survey [United States]: Wave VII, 1987

Principal Investigator(s): Delbert Elliott, University of Colorado. Institute of Behavioral Science

Series: National Youth Survey (NYS) Series

Funding Agency: United States Department of Health and Human Services. National Institute of Mental Health. Center for Studies of Crime and Delinquency/Antisocial and Violent Behavior, and United States Department of Justice. National Institute of Justice

Grant Number: MH41761, 82-IJ-CX-0011, and 83-IJ-CX-0063

Bibliographic Citation: Elliott, Delbert. NATIONAL YOUTH SURVEY [UNITED STATES]: WAVE VII, 1987 [Computer file]. 2nd version. Boulder, CO: Behavioral Research Institute [producer], 1995. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2004.

Scope of Study

Summary: Youth data for the seventh wave of the National Youth Survey are contained in this collection. This research project, designed to gain a better understanding of both conventional and deviant types of behavior by youths, involved collecting information from a representative sample of young people in the United States. The first wave of this survey was conducted in 1976, the second in 1977, the third in 1978, the fourth in 1979, the fifth in 1980, and the sixth in 1983. For this wave, young adults were interviewed in early 1987 about events and behavior occurring in calendar year 1986, when they were 20 to 29 years of age. Data are available on the demographic and socioeconomic status of respondents, parents and friends, neighborhood problems, education, employment, skills, aspirations, encouragement, normlessness, attitudes toward deviance, exposure to delinquent peers, self-reported depression, delinquency, drug and alcohol use, victimization, pregnancy, abortion, use of mental health and outpatient services, violence by respondent and acquaintances, use of controlled drugs, and sexual activity.

Subject Terms: aspirations, behavior problems, career goals, community involvement, delinquent behavior, depression, deviance, drugs, expectations, family conflict, family relations, health services utilization, life events, neighborhood conditions, parental attitudes, parents, peer influence, sexual behavior, social attitudes, social behavior, social isolation,

social values, socioeconomic status, spouse abuse, substance abuse, teenage pregnancies, victimization, young adults, youths

Geographic Coverage: United States

Time Period: 1986

Date of Collection: 1987

Universe: Youths in the United States.

Data Type: survey data

Data Collection Notes: (1) Variable names are preceded by the code "Y7" to indicate seventh-wave data. (2) Missing data are coded blank, and "Don't know" responses are coded blank unless otherwise indicated. (3) There are undocumented codes present in the data. (4) The data collection instrument and codebook are provided as Portable Document Format (PDF) files. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided on the Web site.

Methodology

Sample: National sample of the American youth population selected by area probability sampling.

Data Source: personal interviews

Access and Availability

Extent of Collection: 1 data file + machine-readable codebook (PDF) + SAS data definition statements + SPSS data definition statements + Stata data definition statements + data collection instrument (PDF)

Data Format: Logical Record Length with SAS, SPSS, and Stata data definition statements

Version History: Nov. 12, 2004 - The data were converted from card image format to logical record length (LRECL) format. Sixty variables related to the old card image format were dropped from the data file, including all variable names beginning with BLANK, BLNK, and CARD. The SPSS

and SAS data definition statements were also updated to reflect the LRECL data format. Stata data definition statements were added to the collection. Column location specifications in the codebook reflect the first version and are no longer consistent with the data file due to the format change. The new column locations are documented in the codebook under "UPDATED COLUMN LOCATIONS." The data collection instrument was converted from a codebook appendix to a separate document.

Mar. 07, 2002 - The SPSS data definition statements were changed to correct a syntax error.

File Specifications

<i>Part No.</i>	<i>Part Name</i>	<i>File Structure</i>	<i>Case Count</i>	<i>Variable Count</i>	<i>LRECL</i>	<i>Records Per Case</i>
1	Data file	rectangular	1,725	1,709	2,587	1

Publications

Elliott, D.S., D. Huizinga, and S. Menard. MULTIPLE PROBLEM YOUTH. New York, NY: Springer, 1989.

Elliott, D.S., D. Huizinga, and S. Ageton. EXPLAINING DELINQUENCY AND DRUG USE. Beverly Hills, CA: Sage Publications, 1985.

Elliott, D.S., D. Huizinga, and Morse. "Self-Reporting Violent Offending." JOURNAL OF INTERPERSONAL VIOLENCE 1, 1987.

Interviewer Name

Interviewer Number

Reviewer

INTERVIEW SCHEDULE
NATIONAL YOUTH SURVEY
1987

Institute of Behavioral Science
Campus Box 483
University of Colorado
Boulder, Colorado 80309

INTERVIEWER'S NAME AND ID NUMBER _____

DATE OF INTERVIEW _____

Hello, my name is _____ and I'm part of the research group which interviewed you in 1984 as part of the National Youth Survey. We want to interview you again to learn if your feelings, values and activities have changed since that time. The interview will take about an hour and a half and you will be paid \$20 for your participation. I'd like to set up a time for the interview with you now.

(DO NOT INCLUDE ANY NAMES OR IDENTIFYING INFORMATION ON THIS SCHEDULE. REFER TO RESPONDENT AS 'R'. IF YOU KNOW THE RESPONDENT, CONTACT IBS IMMEDIATELY FOR REASSIGNMENT.)

LOG OF CALLS

TIME	DATE	COMMENTS
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RESPONDENT RECEIPT FORM

I have received \$20 in payment for my completion of the Youth Interview Schedule in the National Youth Survey mini-study. With the exception of your signature, PLEASE PRINT the following information.

ADDRESS LABEL CHANGES:

Respondent Name

Respondent Signature

Address

City, State and Zip Code

____-____-____
Social Security Number

Date

(____)_____
Area Code Phone Number

Spouse or Partner's Full Name

Name, address and phone number of YOUR PARENTS, A RELATIVE (not living with you) and a CLOSE FRIEND.

FATHER OR STEPFATHER

Last Name:_____ First Name:_____ Initial:_____

Address:_____

City, State and Zip Code:_____

Phone Number:_____

MOTHER OR STEPMOTHER

Last Name:_____ First Name:_____ Initial:_____

Address: (If same as above-write SAME)_____

City, State and Zip Code:_____

Phone Number:_____

RELATIVE

Last Name: _____ First Name: _____ Initial: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____

CLOSE FRIEND

Last Name: _____ First Name: _____ Initial: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____

Signed copies of this form will be kept in locked files at the Behavioral Research Institute offices in Boulder, Colorado.

REFUSAL FORM

TIME: _____

DATE: _____

SEX, AGE, AND RACE: _____

ADDRESS

WHERE FOUND: _____

PHONE NUMBER(S): _____

COMMENTS:

University of Colorado
Institute of Behavioral Science
National Youth Survey
Campus Box 483
Boulder, Colorado 80309

INFORMED CONSENT FORM - National Youth Survey

DESCRIPTION OF THE RESEARCH

The Behavioral Research Institute (BRI) has moved to the University of Colorado Boulder, Colorado and is now a part of the Institute of Behavioral Science (IBS). We are continuing the National Study of American young people in which you have participated over the past 10 years. As you will recall, this research involves collecting information from a representative sample of typical young adults asking them about their attitudes, beliefs and perceptions, and their involvement in both conventional and deviant types of activities. The research is an investigation of the causes and consequences of involvement in particular types of behavior. The information obtained will improve our understanding of both conventional and deviant types of behavior and could result in more effective policies and services for young people.

PARTICIPATION REQUIREMENTS AND GUARANTEES

The research involves a personal interview. As in previous years, the interview will last approximately an hour and a half and you will be paid \$20. You are free to choose whether or not to complete this interview. Some of the questions in the interview may be considered personal or sensitive and might cause some personal discomfort. In that event you are free to skip any questions that are objectionable. To ease any discomfort or anxiety, we guarantee that all of your answers will be confidential and that no one will see your answers except the interviewer who interviews you and the National Youth Survey research staff at IBS. Your name will not appear anywhere on any completed interview form. Completed interview schedules will have only a number ID and no one except the research staff will ever be able to match your name with your answers. The ID/name code list will be kept in a locked file and destroyed when the study is concluded.

As in prior years, the interview will again include questions about your involvement in certain illegal activities. There is some risk that your answers to these questions could involve you in some legal action if they were not protected and kept confidential by the NYS staff. We guarantee you that the NYS staff will keep your answers confidential; that the NYS has a U.S. Government guarantee of immunity from court subpoena, i.e., an assurance that the NYS will not be required to give any information from any interview in this study to any local state or federal court; and that none of your answers to any question in this interview will be given to any person or agency without your personal written consent. Further, only group data will be presented in reports--no individual data will be

reported. You will be pleased to know that in the 10 years of the National Youth Survey we know of no instance in which the confidentiality of the information obtained has been violated.

You are welcome to look at copies of the questions to be asked of you in the 1987 NYS Interview Schedule. You may also examine the Certificate of Confidentiality from the Department of Health and Human Services, which allows the NYS to promise you that no information you give the NYS will be given to any other person or agency without your written consent.

There are no direct health benefits to you from participation in this research, although many respondents in past years have indicated they enjoyed being involved in the study and found the questions interesting. The NYS will continue to send newsletters to all participants to inform you of study findings and conclusions. The potential benefits from this study will be to future young people. A better understanding of the causes and consequences of particular behavior patterns should result in more effective social policies and better services to young people who become involved in antisocial or personally dysfunctional behavior.

The interviewer will be happy to answer any questions you might have about taking part in this study. Each person in the study will be given a copy of this form (the Consent Form). If you have any questions later on, you may call or write:

Dr. D. S. Elliott
Institute of Behavioral Science
University of Colorado
National Youth Survey
Campus Box 483
Boulder, Colorado 80309
(303) 492-1266

Questions concerning your rights as a respondent in this survey can be directed to the Human Research Committee at the Graduate School of the University of Colorado and upon request you may receive a copy of this Institution's General Assurance from the Human Research Committee Secretary, Graduate School, University of Colorado, Boulder, Colorado 80309.

CONSENT

I have read the above description of the National Survey of Youth and the participation requirements and guarantees. I understand the procedures to be followed and the guarantees of confidentiality for all information I provide. It is also my understanding that participation is voluntary and that I may choose not to participate in this study. It is also my understanding that if I participate I may refuse to answer any questions that I find objectionable or too personal and that I may withdraw from the study at any time. I have been given an opportunity to examine the interview schedule and the Certificate of Confidentiality from the Department of Health and Human Services (DHHS).

Respondent's Name: (Please Print) _____

Respondents Signature: _____

Date: _____

Signed copies of this form will be kept in locked files at the
Institute of Behavioral Science at the University of Colorado in
Boulder, Colorado.

This study is about the attitudes, beliefs, and behavior of young adults. In order for our study to be of value, you must answer questions honestly. Your answers will be kept confidential (secret), and no one outside our research staff will ever see them. All right, let's begin.

1. (CIRCLE THE SEX OF THE RESPONDENT)
- | | |
|------|--------|
| Male | Female |
| 1 | 2 |

2. (ASK THIS QUESTION ONLY IF YOU CANNOT VISUALLY DETERMINE)
Which one of these groups best describes you?
(READ CATEGORIES)

___(1) Anglo or White	___(6) Chicano
___(2) Black	___(7) American Indian
___(3) Hispanic	___(8) Asian
___(4) Mexican-American	___(9) Puerto Rican
___(5) Spanish-American	___(10) Other (SPECIFY)

3. What is your date of birth?

(WRITE OUT MONTH) _____
 Month-Day-Year

4. That makes you how old now?

(CIRCLE ONE) 20 21 22 23 24 25 26 27 28

5. Were you in the military (including the coastguard) during 1984, 1985 or 1986?

___(1) No ___(2) Yes (IF YES):

a. What Years? (Circle)

b. What branch?

___(1) Army
___(2) Navy
___(3) Air Force
___(4) Marines
___(5) Coastguard

6. What is your present marital status? (READ CATEGORIES)

___(1) Single ___(2) Married ___(3) Divorced
___(4) Separated ___(5) Widowed

(IF SINGLE): Have you ever been married? ___(1)NO ___(2)Yes

(IF YES): Were you married at any time in 1984, 1985, 1986?

____(1) No ____ (2) Yes

(IF YES): During which years? ____1984 ____1985 ____1986

(GIVE RESPONDENT TIME-LINE SHEET AND EXPLAIN)

7. During 1984, 1985 or 1986 . . .

(IF MARRIED DURING 1984, 1985 or 1986)

a. Did your spouse have a serious accident? No Yes
1 2

(IF YES:) When?
_____ month/year

b. Did your spouse have a serious illness? No Yes
1 2

(IF YES:) When?
_____ month/year

c. Was your spouse unemployed for two months or longer? No Yes
1 2

(IF YES:) What year(s)? (CIRCLE) 1984 1985 1986
How many months (each year)? _____ months

(ASK ALL RESPONDENTS)

d. Did you have a serious accident? No Yes
1 2

(IF YES:) When?
_____ month/year

e. Did you have a serious illness? No Yes
1 2

(IF YES:) When?
_____ month/year

8. During the past three years (1984, 1985, 1986), have any of the following events happened to your parents?

(CIRCLE RESPONSES)

	No	Yes	IF YES: What Year(s)?		
a. Divorce?	1	2	84	85	86
b. Separation?	1	2	84	85	86
c. Remarriage?	1	2	84	85	86

d. Death?	1	2	84	85	86
e. Serious Accident?	1	2	84	85	86
f. Serious Illness?	1	2	84	85	86
g. Did your father (FATHER FIGURE) lose his job for a period of two months or longer?	1	2	84	85	86
h. Did your Mother (MOTHER FIGURE) lose her job for a period of two months or longer?	1	2	84	85	86

9. Who did you live with during 1986? (READ CATEGORIES - CHECK AS MANY CATEGORIES AS APPLY. IF MORE THAN ONE, ASK: Who did you live with the longest? THEN CIRCLE THE CATEGORY INVOLVING THE LONGEST PERIOD OF TIME.)

- | | |
|------------------------------|---|
| ___(1) Mother and Father | ___(8) Boyfriend/Girlfriend
(OPPOSITE SEX) |
| ___(2) Mother only | ___(9) Boyfriend/Girlfriend
(SAME SEX) |
| ___(3) Father only | ___(10) Alone |
| ___(4) Mother and Stepfather | ___(11) Military |
| ___(5) Father and Stepmother | ___(12) Other (SPECIFY) |
| ___(6) Spouse | |
| ___(7) Roommate(s) | |
-

(GIVE THE RESPONDENT THE RESPONSE SCALE LIST):

This is a list of response scales that we will be using throughout the interview. It contains sets of possible answers to some of the questions. In the following set of questions we will be using response scale number 1, the Problem Scale.

Now I'd like to ask you some questions about the community, neighborhood, or area where you lived for most of last year, that is 1986. (INCLUDE COLLEGES AND MILITARY BASES.)

10. I am going to read a list of problems that sometimes occur in neighborhoods. Please tell me whether you think each was a problem in your neighborhood. Use the Problem Scale to select your answers. (READ CATEGORIES FOR THE FIRST ITEM)

	Big Problem	Somewhat of a Problem	Not a Problem
a. High unemployment	3	2	1

b. Different racial or cultural groups who do not get along with each other	3	2	1
c. Vandalism, buildings and personal belongings broken and torn up	3	2	1
d. Little respect for rules, laws and authority	3	2	1
e. Winos and junkies	3	2	1
f. Prostitution	3	2	1
g. Heavy vehicle traffic	3	2	1
h. Abandoned houses	3	2	1
i. Sexual assaults or rapes	3	2	1
j. Burglaries and thefts	3	2	1
k. Gambling	3	2	1
l. Run down and poorly kept buildings and yards	3	2	1
m. Syndicate, mafia, or organized crime	3	2	1
n. Assaults and muggings	3	2	1
o. Delinquent gangs	3	2	1

Now, let's talk about your friends.

Between Christmas a year ago and the Christmas just past . . .

11. Was there a particular group of friends that you ran around with (IF MARRIED OR LIVING WITH BOYFRIEND/GIRLFRIEND, ADD: not including your spouse or boyfriend/girlfriend you are/were living with)? (STANDARD PROBE: that you spent most of your time with)
- | | |
|----|-----|
| No | Yes |
| 1 | 2 |
- (IF YES, SKIP TO QUESTION 14)
- (IF NO:) Did you have any close friends?
- | | |
|----|-----|
| No | Yes |
| 1 | 2 |
- (IF YES, SKIP TO QUESTION 14)

12. Using the Importance Scale, #2, how important is it to you to have a group of friends and be included in their activities?
(READ CATEGORIES)

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

13. Using the How Much Scale, #3, do you feel any stress or pressure as a result of not having a group of friends?
(READ CATEGORIES)

A Great Deal	Quite a Bit	Some	Not Too Much	Very Little
5	4	3	2	1

(SKIP TO QUESTION 28)

14. Could you please give me their first names or their initials so you can keep them in mind as you answer the next set of questions. (IF RESPONDENT LISTS ONLY ONE FRIEND, GO BACK TO QUESTION 12. QUESTIONS 14-27 REFER TO MORE THAN ONE FRIEND.)

_____	_____
_____	_____
_____	_____

From now on, when I use the term "friends," I am referring to these friends.

15. On the average, how many weekday afternoons, Monday through Friday, from 5:00 p.m. or the end of work to dinner, have you spent with your friends? (PROBE FOR A SINGLE RESPONSE)

0 1 2 3 4 5

16. On the average, how many weekday evenings, Monday through Friday, from dinnertime to bedtime, have you spent with your friends? (PROBE FOR A SINGLE RESPONSE)

0 1 2 3 4 5

17. For this question, use the How Much Scale, #3. On the weekends, how much time have you generally spent with your friends?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

18. On the average, how many hours per week have you spent with your friends? _____ hours

19. Again, using the How Much Scale, #3, how much have your friends influenced what you've thought and done?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

20. Would you like to be the kind of person your closest friends are? (READ CATEGORIES)

In All Ways	In Most Ways	In Some Ways	In a Few Ways	Not at All
5	4	3	2	1

21. Now use the Importance Scale, #2. How important has it been to you to have a group of friends and be included in their activities?

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

22. Now use the Satisfaction Scale, #4. All things considered, how satisfied have you been with your group of friends?

Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
5	4	3	2	1

23. To what extent have you and your friends shared the same interests and activities? (READ CATEGORIES)

Share All Interests/Activities	Share Most Interests/Activities	Share Some Interests/Activities	Share a Few Interests/Activities	Share No Interests/Activities
5	4	3	2	1

The next few questions all use the How Much Scale, #3, for your answers.

24. How much stress or pressure has there been in your relationships with your friends? Use the How Much Scale to select your answer.

A Great Deal	Quite a Bit	Some	Not Too Much	Very Little
5	4	3	2	1

25. How much warmth and affection have you received from your friends?

A Great Deal	Quite a Bit	Some	Not Too Much	Very Little
5	4	3	2	1

26. How much support and encouragement have you received from your friends?

A Great Deal	Quite a Bit	Some	Not Too Much	Very Little
5	4	3	2	1

27. How much loyalty have you and your friends had for one another?

A Great Deal	Quite a Bit	Some	Not Too Much	Very Little
5	4	3	2	1

28. Now let's talk about school. Were you in high school, college, or university degree program, a business/vocational school program or some other educational program at any time during 1986?

- ____(1) Academic Program (SKIP TO QUESTION 29)
- ____(2) Business/Vocational School
- ____(3) Other: Describe _____
- ____(4) No

The following questions are about your past high school, college or university experience.

a. What is the highest grade you've completed? (CIRCLE ONE)

Grade School	High School	College	Graduate School
5 6 7 8	9 10 11 12	13 14 15 16	17

b. What was the last year during which you were in school? (CIRCLE ONE)

1985 1984 1983 1982 1981 1980 1979 1978 1977 1976

c. All things considered, how satisfied are you with your educational experience? Use the Satisfaction Scale, #4, to select your answer.

Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
5	4	3	2	1

d. How important is your past educational experience to you?
Use the Importance Scale, #2, to select your answer.

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

e. Do you feel any personal stress or pressure from persons who are important to you as a result of your not going further in school? Use the How Much Scale, #3, to select your answer.

A Great Deal	Quite a Bit	Some	Not Too Much	Very Little
5	4	3	2	1

(SKIP TO QUESTION 8)

29. What was the highest grade you completed in 1986?
(CIRCLE ONE)

Grade School	High School	College	Graduate School
5 6 7 8	9 10 11 12	13 14 15 16	17

30. Which of the following best describes the grades you were getting at school? (MOST RECENT GRADING PERIOD.
READ CATEGORIES - CIRCLE ANSWER)

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

(IF GRADES CANNOT BE TRANSLATED INTO THE ABOVE SCALE, DESCRIBE THE GRADING SYSTEM AND THE RESPONDENT'S SCORE WITHIN IT.)

During the period you were in school . . .

31. On the average, how many weekday afternoons Monday through Friday, from the end of school or work to dinner, did you spend studying?

0 1 2 3 4 5

32. On the average, how many weekday evenings Monday through Friday, from dinnertime to bedtime, did you spent studying?

0 1 2 3 4 5

33. Use the How Much Scale, #3, to select your answer. On the weekends, how much time did you generally spend studying?

A Great Deal	Quite a Bit	Some	Not Too Much	Very Little
5	4	3	2	1

34. On the average, how many hours per week did you spend studying? _____ hours

35. Use the Importance Scale, #2. How important has your school/college work been to you?

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

36. Use the Satisfaction Scale, #4, to select your answer. All things considered, how satisfied are you with your educational experience?

Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
5	4	3	2	1

37. Use the How Much Scale, #3. How much pressure or stress was associated with your being in school/college?

A Great Deal	Quite a Bit	Some	Not Too Much	Very Little
5	4	3	2	1

Between Christmas a year ago and the Christmas just past. . .

38. Have you had a job or jobs?
 (INCLUDE ANY JOB FOR PAY INCLUDING MILITARY BUT NOT "ALLOWANCE")

No	Yes
1	2

(IF YES, SKIP TO QUESTION 43)

39. Was there ever a time last year when you looked hard for a job but couldn't find one?
 (IF DIDN'T LOOK FOR JOB CODE AS "NO")

Yes	No
2	1

(IF NO, SKIP TO QUESTION 40)

(IF YES:)

Were any of the following things involved in your failure to get a job? (READ CATEGORIES - CIRCLE AS MANY AS APPLY)

a. Lacked the skills necessary for the job?	No	Yes
	1	2

- b. Lacked the experience required for the job? 1 2
- c. Lacked the educational requirements for the job? 1 2
- d. Racial discrimination by the employer? 1 2
- e. Sexual discrimination by the employer? 1 2
- f. Job didn't pay enough? 1 2
- g. Other (DESCRIBE) _____

40. Were you receiving any welfare or public assistance during the year such as Aid to Families with Dependent Children, Food Stamps or Medicaid?

No	Yes
1	2

41. Use the Importance Scale, #2. How important is it to you to have a job?

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

42. Use the How Much Scale, #3. Do you feel any personal stress or pressure from persons who are important to you to get a job?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

(SKIP TO QUESTION 53)

43. a. What job(s) did you have last year? (INCLUDE MILITARY AS ONE JOB)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

b. Weeks worked last year?

c. Hours/week worked last year?

d. What was your pay?
(INDICATE PER HR/WK/MO)

- 1) _____ \$_____ per _____
- 2) _____ \$_____ per _____
- 3) _____ \$_____ per _____

- 4) _____ \$_____ per _____
 5) _____ \$_____ per _____

44. (IF ANY OF THE ABOVE JOBS INVOLVED 10 HOURS A WEEK OR MORE, CIRCLE YES) YES

(ASK QUESTIONS 45-48 FOR THE JOB WITH THE MOST TOTAL HOURS -- "NUMBER OF WEEKS" TIMES "NUMBER OF HOURS/WEEK." IF TWO OR MORE JOBS ARE TIED, CHOOSE THE MOST RECENT JOB.)

45. When you were working at (NAME OF JOB), what were your main duties? (LIST MAIN DUTIES)

46. Use the Importance Scale, #2. How important has this job, (NAME OF JOB), been to you?

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

47. Use the Satisfaction Scale, #4. All things considered, how satisfied have you been with this job?

Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
5	4	3	2	1

48. Use the How Much Scale, #3. How much pressure or stress have you been under at work?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

49. Was there ever a time last year when you looked hard for a job but couldn't find one? (IF DIDN'T LOOK FOR JOB CODE AS "NO")

Yes	No
2	1

(IF NO, SKIP TO QUESTION 50)

(IF YES:) Were any of the following things involved in your failure to get a job? (READ CATEGORIES - CIRCLE AS MANY AS APPLY)

No Yes

- | | | |
|---|---|---|
| a. Lacked the skills necessary for the job? | 1 | 2 |
| b. Lacked the experience required for the job? | 1 | 2 |
| c. Lacked the educational requirements for the job? | 1 | 2 |
| d. Racial discrimination by the employer? | 1 | 2 |
| e. Sexual discrimination by the employer? | 1 | 2 |
| f. Job didn't pay enough? | 1 | 2 |
| g. Other (DESCRIBE) | 1 | 2 |

50. Were you receiving any welfare or public assistance during the year such as Aid to Families with Dependent Children, Food Stamps or Medicaid?

No	Yes
1	2

51. Have you been fired or laid off from a job during the past year?

Yes	No	(IF NO, SKIP TO QUESTION 52)
2	1	

(IF YES:)

- A. Were any of the following things involved in your termination? (READ CATEGORIES - CIRCLE AS MANY AS APPLY)

	No	Yes
a. Reduction in force?	1	2
b. Low seniority?	1	2
c. Your violation of company rules or policies?	1	2
d. Racial discrimination by the employer?	1	2
e. Sexual discrimination by the employer?	1	2
f. Lacked the necessary skills to do the job?	1	2
g. Personality conflict with the boss/supervisor?	1	2
h. Your use of alcohol or drugs on the job?	1	2
i. Your use of alcohol or drugs off the job?	1	2
j. Theft of company cash or property?	1	2
k. Sexual harassment by another employee/supervisor?	1	2

- B. Do you feel this termination was justified? 1 2

52. Do you believe your chances for promotion or advancement at work have been seriously limited by any of the following things? (READ CATEGORIES - CIRCLE AS MANY AS APPLY)

	No	Yes
a. Your interpersonal skills?	1	2
b. Your job skills?	1	2
c. Your level of educational achievement or degree?	1	2
d. Your amount of experience on the job?	1	2
e. Sexual discrimination?	1	2
f. Racial discrimination?	1	2
g. Your appearance (clothes, grooming, complexion weight, etc.)?	1	2

53. Excluding money earned on a job, what was the total amount of money you received from interest, dividends, gifts from parent(s), unemployment, alimony, public assistance etc. during 1986? \$_____

54. Did you have a job during 1985?

Yes	No (SKIP TO QUESTION 56)
2	1
V	

(IF YES:)

55. a. What job(s) did you have in 1985? (INCLUDE MILITARY AS ONE JOB)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

b. Weeks worked during 1985?	c. Hours/week worked during 1985?	d. What was your pay? (INDICATE PER HR/WK/MO)
1) _____	_____	\$_____ per _____
2) _____	_____	\$_____ per _____
3) _____	_____	\$_____ per _____
4) _____	_____	\$_____ per _____
5) _____	_____	\$_____ per _____

56. Did you have a job during 1984?

Yes	No (GO TO PAGE 15)
2	1
V	

(IF YES:)

57. a. What job(s) did you have during 1984? (INCLUDE MILITARY AS ONE JOB)

- 1) _____

- 2) _____
- 3) _____
- 4) _____
- 5) _____

b. Weeks worked during 1984?	c. Hours/week worked during 1984?	d. What was your pay? (INDICATE PER HR/WK/MO)
1) _____	_____	\$_____ per _____
2) _____	_____	\$_____ per _____
3) _____	_____	\$_____ per _____
4) _____	_____	\$_____ per _____
5) _____	_____	\$_____ per _____

(LOOK AT QUESTION 9. IF RESPONDENT LIVED WITH SPOUSE OR BOYFRIEND/GIRLFRIEND, EITHER OPPOSITE OR SAME SEX, IN 1986, ASK QUESTIONS 59-87. IF NOT LIVING WITH SPOUSE OR BOYFRIEND/GIRLFRIEND IN 1986, SKIP TO QUESTION 88)

(IF LIVING WITH BOTH SPOUSE AND BOYFRIEND/GIRLFRIEND ASK:)

58. Was the person you were living with most recently your spouse or a girlfriend/boyfriend?

- ____ (1) Spouse
- ____ (2) Girlfriend/Boyfriend (OPPOSITE SEX)
- ____ (3) Girlfriend/Boyfriend (SAME SEX)

(ASK QUESTIONS 59-87 FOR THE MOST RECENT RELATIONSHIP.)

Between Christmas a year ago and the Christmas just past . . .

59. How many months did you live with your _____ (spouse/girlfriend/boyfriend)?

Months

60. Use the Importance Scale, #2. How important have the things you've done with your _____ (spouse/girlfriend/boyfriend) been to you?

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

61. Use the How Much Scale, #3. How much has your _____
 (spouse/girlfriend/boyfriend) influenced what you've thought
 and done?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

62. Would you like to be the kind of person your _____
 (spouse/boyfriend/girlfriend) is? (READ CATEGORIES)

In All Ways	In Most Ways	In Some Ways	In a Few Ways	Not at All
5	4	3	2	1

63. Use the Satisfaction Scale, #4. All things considered, how
 satisfied have you been with your relationship with your
 _____ (spouse/boyfriend/girlfriend)?

Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
5	4	3	2	1

64. To what extent have you and your _____ (spouse/boyfriend/
 girlfriend) shared the same interests and activities?
 (READ CATEGORIES)

Share All Interests/ Activities	Share Most Interests/ Activities	Share Some Interests/ Activities	Share a Few Interests/ Activities	Share No Interests/ Activities
5	4	3	2	1

65. Use the How Much Scale. How much warmth and affection have
 you received from your _____ (spouse/boyfriend/girlfriend)?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

66. Use the Satisfaction Scale. How satisfied have you been with
 the quality of your sexual relations?

Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
5	4	3	2	1

67. Use the Use the How Much Scale. How much support and
 encouragement have you received from your _____ (spouse/
 boyfriend/girlfriend)?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

68. Use the How Much Scale. How much loyalty have you and your _____ (spouse/boyfriend/girlfriend) had for one another?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

69. Use the How Much Scale. Think of this relationship over the past year. How much stress or pressure has there been in this relationship?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

70. Has your _____ (spouse/boyfriend/girlfriend) ever tried to influence you to do something most people would think of as wrong?

No	Yes	(IF YES) How many times? (READ CATEGORIES)
1	2	
Once	Two or Three Times	Four or more Times
1	2	3

71. Was your _____ (spouse/boyfriend/girlfriend) employed at any time during 1986?

Yes	No	(IF NO, SKIP TO QUESTION 72)
2	1	

A. What kind of job(s) did your _____ (spouse/boyfriend/girlfriend) have during 1986?

(1) _____

(2) _____

(3) _____

(4) _____

B. How many weeks did s/he work at this job?

(1) _____

(2) _____

(3) _____

(4) _____

C. On the average, how many hours per week did s/he work at this job?

72. How far has your _____ (spouse/boyfriend/girlfriend) gone in school? (HIGHEST ACADEMIC GRADE COMPLETED OR DEGREE ATTAINED)

Grade: 6 7 8 9 10 11 12 Years of College: 1 2 3 4
 Degree: _____

73. Approximately what was your _____ (spouse's/boyfriend's/
 girlfriend's) total income during 1986? \$_____

The following questions have to do with your family, meaning your
 parents, brothers and sisters. Between Christmas a year ago and
 the Christmas just past . . .

74. How often have you taken part in family activities such as
 birthday parties, holiday dinners, and traditional times?
 (READ CATEGORIES)

Never	Once or twice	3 or 4 times	Monthly	Weekly
1	2	3	4	5

75. How many months did you live with your family, meaning your
 parents, brothers and sisters?

_____ months (IF 12 MONTHS, SKIP TO QUESTION 77)

76. During the months you were not living with your family in the
 past year, how often have you been in touch with your family
 through phone calls, letters, or visits? (READ CATEGORIES)

Never	Once or twice	3 or 4 times	Monthly	Weekly	More than Once a Week
1	2	3	4	5	6

77. Use the How Much Scale. How much have your parents influenced
 what you've thought and done?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

78. Use the Importance Scale. How important have the things
 you've done with your family been to you?

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

79. Use the Satisfaction Scale. Overall, how satisfied have you
 been with your relationship with your parents?

Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
5	4	3	2	1

80. Use the How Much Scale. Think of your relationship with your parents. How much stress or pressure has there been in this area of your life?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

Between Christmas a year ago and the Christmas just past . . .

81. How often have you taken part in your _____ (spouse's/ girlfriend's/boyfriend's) family activities such as birthday parties, holiday dinners, and traditional times?
(READ CATEGORIES)

Never	Once or twice	3 or 4 times	Monthly	Weekly
1	2	3	4	5

82. How many months did you live with your _____ (spouse's/ girlfriend's/boyfriend's) family?

_____ months (IF 12 MONTHS, SKIP TO QUESTION 84)

83. During the months you were not living with your _____ (spouse's/girlfriend's/boyfriend's) family in the past year, how often have you been in touch with them through phone calls, letters, or visits? (READ CATEGORIES)

Never	Once or twice	3 or 4 times	Monthly	Weekly	More than Once a Week
1	2	3	4	5	6

84. Use the How Much Scale. How much have (his/her) parents influenced what you've thought and done?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

85. Use the Importance Scale. How important have the things you've done with (his/her) family been to you?

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

86. Use the How Much Scale. Think of your relationship with your spouse's/boyfriend's/girlfriend's parents. How much stress or pressure has there been in this area of your life?

A Great Deal Quite A Bit Some Not too Much Very Little
 5 4 3 2 1

87. Use the Satisfaction Scale. Overall, how satisfied have you been with your relationship with your (in-laws/girlfriend's parents/boyfriend's parents)?

Very Satisfied Somewhat Satisfied Neither Satisfied Nor Dissatisfied Somewhat Dissatisfied Very Dissatisfied
 5 4 3 2 1

(SKIP TO QUESTION 100)

The following questions have to do with your family, meaning your parents, brothers and sisters. Between Christmas a year ago and the Christmas just past . . .

88. On the average, how many weekday afternoons, Monday through Friday, from 5:00 p.m. or the end of work to dinner, have you spent playing, talking, or working with members of your family? 0 1 2 3 4 5

89. On the average, how many weekday evenings, Monday through Friday, from dinnertime to bedtime, have you spent playing, talking, or working with members of your family? 0 1 2 3 4 5

90. Use the How Much Scale. On the weekends, how much time have you generally spent playing, talking, or working with members of your family?

A Great Deal Quite A Bit Some Not too Much Very Little
 5 4 3 2 1

91. How often have you taken part in family activities such as birthday parties, holiday dinners, and traditional times? (READ CATEGORIES)

Never Once or twice 3 or 4 times Monthly Weekly
 1 2 3 4 5

92. How many months did you live with your family?

_____ months (IF 12 MONTHS, SKIP TO QUESTION 94)

93. During the months you were not living with your family in the past year, how often have you been in touch with your family through phone calls, letters, or visits? (READ CATEGORIES)

Never	Once or twice	3 or 4 times	Monthly	Weekly	More than Once a Week
1	2	3	4	5	6

94. Use the How Much Scale. How much have your parents influenced what you've thought and done?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

95. Use the Importance Scale. How important have the things you've done with your family been to you?

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

96. Use the Satisfaction Scale. All things considered, how satisfied have you been with your relationship with your parents?

Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
5	4	3	2	1

97. Use the How Much Scale. How much warmth and affection have you received from your parents?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

98. Use the How Much Scale. How much support and encouragement have you received from your parents?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

99. Use the How Much Scale. Think of your relationship with your parents. How much stress or pressure has there been in this relationship?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

100. Do you have any children? (INCLUDE STEPCHILDREN)

Yes	No
2	1

(IF NO SKIP TO QUESTION 107)

101. Please give me the birthdate and sex of each child, starting with the oldest and indicate whether or not each was living with you during any part of 1986.

	Birthdate Month/Year	Sex of Child		Living with Respondent	
		Boy	Girl	Yes	No
a. Oldest child?	_____	1	2	1	2
b. Next Oldest child?	_____	1	2	1	2
c. Next Oldest child?	_____	1	2	1	2
d. Next Oldest child?	_____	1	2	1	2
e. Next Oldest child?	_____	1	2	1	2

102. Are all of these children your biological children?

Yes	No	(IF NO:) Which ones are not your biological children?
2	1	(CIRCLE LETTER OF CHILD ABOVE)

103. During an average week in the past year, how many hours have you spent with your _____ (child/children)?

_____ Hours per week

104. Use the How Much Scale. In general, how much have you enjoyed being with your _____ (child/children)?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

105. Use the Satisfaction Scale. How satisfied have you been with your relationship with your _____ (child/children)?

Very Satisfied	Somewhat Satisfied	Neither Satisfied Nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
5	4	3	2	1

106. Use the How Much Scale. Thinking of your relationships) with your _____ (child/children) during the past year, how much stress or pressure is there in this/these relationships?

A Great Deal	Quite A Bit	Some	Not too Much	Very Little
5	4	3	2	1

107. During the past year, how often did you attend church, synagogue, or other religious services? (READ CATEGORIES)

____(5) Several Times a week ____ (2) Several Times a Year
 ____ (4) Once a Week ____ (1) Never
 ____ (3) Once or Twice a Month

108. Use the Importance Scale. How important has religion been in your life?

Very Important	Pretty Important	Somewhat Important	Not too Important	Not Important at All
5	4	3	2	1

Now I'd like to ask you some questions about your long range goals and your chances of achieving these goals. Use Scale Number 5.

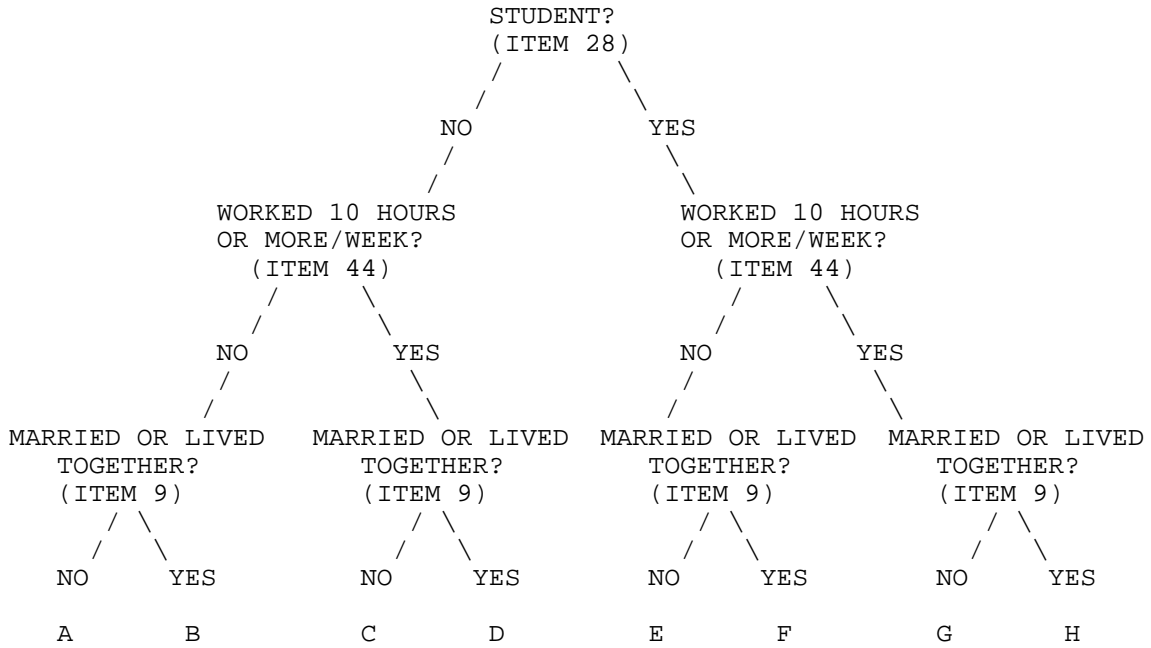
How important is it to you . . .

	Very Important	Somewhat Important	Not Important at All
109. to be a success in your work or career?	5	3	1
110. to use your abilities in your work or career?	5	3	1
111. to get ahead quickly in your work or career.	5	3	1
112. to have a good job or career	5	3	1
113. to graduate from college?	5	3	1
114. (IF NOT MARRIED) to get married?	5	3	1
115. to have a long term intimate relationship with a person of the opposite sex?	5	3	1
116. to have children of your own?	5	3	1
117. to earn an annual salary of at least \$20,000 this year?	5	3	1

What do you think your chances are for . . .
(ASK ONLY IF "VERY" OR "SOMEWHAT IMPORTANT")

	Good	Fair	Poor	(DON'T KNOW)	Already Achieved
109. to be a success in your work or career?	5	3	1	_____	8
110. to use your abilities in your work or career?	5	3	1	_____	8
111. to get ahead quickly in your work or career.	5	3	1	_____	8
112. to have a good job or career?	5	3	1	_____	8
113. to graduate from college?	5	3	1	_____	8
114. (IF NOT MARRIED) to get married?	5	3	1	_____	8
115. to have a long term intimate relationship with a person of the opposite sex?	5	3	1	_____	8
116. to have children of your own?	5	3	1	_____	8
117. to earn an annual salary of at least \$20,000 this year?	5	3	1	_____	8

FOLLOW THE "TREE" DIAGRAM TO CLASSIFY THE RESPONDENT AS TYPE A-H.
 READ THROUGH TREE WITH RESPONDENT. CIRCLE THE RESPONDENT TYPE ON
 THIS PAGE AND THE TOP OF THE FOLLOWING THREE PAGES.



In the next set of questions, I'd like to ask about some of your feelings and beliefs. If I ask about your family, I am referring to your parents, brothers, and sisters. Please tell me how much you agree or disagree with these statements about you. Choose your answers from the Agree-Disagree Scale, #6.

RESPONDENT TYPE	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree (DON'T KNOW)	
A B C D E F G H --- --- --- --- --- --- --- --- C D G H	5	4	3	2	1	
118. You can make it at work without having to cheat or lie.	5	4	3	2	1	_____
B D F H 119. Sometimes you have to lie to your _____ (husband/wife/girlfriend/boyfriend) in order to avoid arguments or fights.	5	4	3	2	1	_____
C D G H 120. Sometimes you need to lie in order to get a job.	5	4	3	2	1	_____
A B C D E F G H 121. Making a good impression is more important than telling the truth to friends.	5	4	3	2	1	_____
E F G H 122. To stay out of trouble, it's sometimes necessary to lie to professors/teachers.	5	4	3	2	1	_____
A B C D E F G H 123. Making a good impression is more important than telling the truth to parents.	5	4	3	2	1	_____
C D G H 124. If you want your fellow workers to like you, you may have to cover up for them.	5	4	3	2	1	_____
B D F H 125. It's okay to lie if it keeps your _____ (husband/wife/girlfriend/boyfriend) out of trouble.	5	4	3	2	1	_____

- | | | | | | | | |
|---|---|---|---|---|---|-------|--|
| E F G H | | | | | | | |
| 126. You can make it in school/college without having to cheat on exams or tests. | 5 | 4 | 3 | 2 | 1 | _____ | |
| A B C D E F G H | | | | | | | |
| 127. It's important to be honest with your parents, even if they become upset or angry. | 5 | 4 | 3 | 2 | 1 | _____ | |
| A B C D E F G H | | | | | | | |
| 128. You have to be willing to break some rules if you want to be popular with your friends. | 5 | 4 | 3 | 2 | 1 | _____ | |
| E F G H | | | | | | | |
| 129. It's important to do your own work at school/college even if it means some students won't like you. | 5 | 4 | 3 | 2 | 1 | _____ | |
| A B C D E F G H | | | | | | | |
| 130. In order to gain the respect of your friends, it's sometimes necessary to beat up on other people. | 5 | 4 | 3 | 2 | 1 | _____ | |
| C D G H | | | | | | | |
| 131. At work it's sometimes necessary to break the rules in order to get ahead. | 5 | 4 | 3 | 2 | 1 | _____ | |
| B D F H | | | | | | | |
| 132. Sometimes it's necessary to deceive your (husband/wife/girlfriend/boyfriend) in order to have a good relationship. | 5 | 4 | 3 | 2 | 1 | _____ | |
| E F G H | | | | | | | |
| 133. At school/college it's sometimes necessary to play dirty in order to win. | 5 | 4 | 3 | 2 | 1 | _____ | |
| A B C D E F G H | | | | | | | |
| 134. Sometimes it's necessary to lie to your parents in order to | 5 | 4 | 3 | 2 | 1 | _____ | |

keep their trust.

	E F G H						
135.	Making a good impres- sion is more important than telling the truth to professors/teachers.	5	4	3	2	1	_____

	B D F H						
136.	It may be necessary to break promises to others in order to get along with your _____ (husband/wife/girl- friend/boyfriend).	5	4	3	2	1	_____

	A B C D E F G H						
137.	It's okay to lie if it keeps your friends out of trouble.	5	4	3	2	1	_____

	A B C D E F G H						
138.	It may be necessary to break some of your parents' rules in order to keep some of your friends.	5	4	3	2	1	_____

I'd like to know how others would describe you. I'll read a list of phrases and for each will ask you to tell me how much you think your parents would agree with that description of you. Use the Agree-Disagree Scale to pick your responses.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly(DON'T Disagree KNOW)		
139.	are well-liked.	5	4	3	2	1	_____
140.	need help.	5	4	3	2	1	_____
141.	are a bad person.	5	4	3	2	1	_____
142.	are often upset.	5	4	3	2	1	_____
143.	are a good citizen.	5	4	3	2	1	_____
144.	get along well with other people.	5	4	3	2	1	_____
145.	are messed up.	5	4	3	2	1	_____
146.	break rules.	5	4	3	2	1	_____

147. have a lot of personal problems.	5	4	3	2	1	_____
148. get into trouble.	5	4	3	2	1	_____
149. are likely to succeed.	5	4	3	2	1	_____
150. do things that are against the law.	5	4	3	2	1	_____

I'm going to read a list of behaviors to you, and then ask you how others would react if you behaved in these ways. Use the Approve-Disapprove Scale, #7, to select your answers. (IF RESPONDENT DIFFERENTIATES BETWEEN MOTHER AND FATHER, RECORD AND LABEL EACH SEPARATELY)

	Dis- Approv	Neither Approve	Approve		
	Strongly Disapprove	nor Dis- approve	Strongly Approve	(DON'T KNOW)	

How would your parents react if you . . .

151. cheated on your income tax.	5	4	3	2	1	_____
152. stole something worth less than \$5.	5	4	3	2	1	_____
153. sold hard drugs such as heroin, cocaine and LSD.	5	4	3	2	1	_____
154. used marijuana or hashish.	5	4	3	2	1	_____
155. stole something worth more than \$50.	5	4	3	2	1	_____
156. hit or threatened to hit someone without any reason.	5	4	3	2	1	_____
157. used alcohol.	5	4	3	2	1	_____
158. purposely damaged or destroyed property that did not belong to you.	5	4	3	2	1	_____
159. broke into a vehicle or building to steal something.	5	4	3	2	1	_____

160. deliberately injured your spouse/boyfriend/girlfriend, e.g., hit, choked or cut him/her?	5	4	3	2	1	_____
How would your close friends react if you . . .						
161. cheated on your income tax.	5	4	3	2	1	_____
162. stole something worth less than \$5	5	4	3	2	1	_____
163. sold hard drugs such as heroin, cocaine and LSD.	5	4	3	2	1	_____
164. used marijuana or hashish.	5	4	3	2	1	_____
165. stole something worth more than \$50.	5	4	3	2	1	_____
166. hit or threatened to hit someone without any reason.	5	4	3	2	1	_____
167. used alcohol.	5	4	3	2	1	_____
168. pressured or forced someone to do more sexually than he/she wanted to do.	5	4	3	2	1	_____
169. purposely damaged or destroyed property that did not belong to you.	5	4	3	2	1	_____
170. broke into a vehicle or building to steal something.	5	4	3	2	1	_____
171. had sexual intercourse with a person of the opposite sex (IF MARRIED, ADD) other than with your husband/wife.	5	4	3	2	1	_____
172. deliberately in-	5	4	3	2	1	_____

jured your spouse/
boyfriend/girl-
friend, e.g., hit,
choked or cut him/
her?

(IF WORKING)

How would the people at
work react if you. . .

173. cheated on your income tax.	5	4	3	2	1	_____
174. stole something worth less than \$5.	5	4	3	2	1	_____
175. sold hard drugs such as heroin, cocaine and LSD.	5	4	3	2	1	_____
176. used marijuana or hashish.	5	4	3	2	1	_____
177. stole something worth more than \$50.	5	4	3	2	1	_____
178. hit or threatened to hit someone without any reason.	5	4	3	2	1	_____
179. used alcohol.	5	4	3	2	1	_____
180. purposely damaged or destroyed prop- erty that did not belong to you.	5	4	3	2	1	_____
181. broke into a vehicle or build- ing to steal something.	5	4	3	2	1	_____
182. deliberately in- jured your spouse/ boyfriend/girl- friend, e.g., hit, choked or cut him/ her?	5	4	3	2	1	_____

(IF MARRIED OR LIVING TOGETHER)

How would your spouse/boyfriend/
girlfriend react if you. . .

183. cheated on your income tax.	5	4	3	2	1	_____
-------------------------------------	---	---	---	---	---	-------

184. stole something worth less than \$5	5	4	3	2	1	_____
185. sold hard drugs such as heroin, cocaine and LSD.	5	4	3	2	1	_____
186. used marijuana or hashish.	5	4	3	2	1	_____
187. stole something worth more than \$50.	5	4	3	2	1	_____
188. hit or threatened to hit someone without any reason.	5	4	3	2	1	_____
189. used alcohol.	5	4	3	2	1	_____
190. purposely damaged or destroyed property that did not belong to you.	5	4	3	2	1	_____
191. broke into a vehicle or building to steal something.	5	4	3	2	1	_____
192. deliberately injured him/her, e.g., hit, choked or cut him/her?	5	4	3	2	1	_____

For this next set of questions, please tell me how wrong you think each of the following things is. Use the How Wrong Scale, #8, to select your answers.

Very Wrong A Little Bit Wrong Not Wrong at All
 (DON'T KNOW)

How wrong is it for someone your age to . . . (REPEAT STEM SEVERAL TIMES)

193. cheat on their income tax?	4	3	2	1	_____
194. purposely damage or destroy property that does not belong to you?	4	3	2	1	_____
195. use marijuana or hashish?	4	3	2	1	_____

196. steal something worth less than \$5?	4	3	2	1	_____
197. hit or threaten to hit someone without any reason?	4	3	2	1	_____
198. use alcohol?	4	3	2	1	_____
199. break into a vehicle or building to steal something?	4	3	2	1	_____
200. sell hard drugs such as heroin, cocaine, and LSD?	4	3	2	1	_____
201. steal something worth more than \$50?	4	3	2	1	_____
202. get drunk once in awhile?	4	3	2	1	_____
203. use prescription drugs such as amphetamines or barbiturates when there is no medical need for them?	4	3	2	1	_____
204. give or sell alcohol to kids under 18?	4	3	2	1	_____
205. attack someone with the idea of seriously hurting or killing them?	4	3	2	1	_____
206. exceed the speed limit by 10-20 mph?	4	3	2	1	_____
207. use force (strongarming) to get money or things from other people?	4	3	2	1	_____
208. deliberately hit and injure their spouse/boyfriend/girlfriend?	4	3	2	1	_____

Now let's talk about your friends' behavior during the period between Christmas a year ago and the Christmas just past. I'd like to ask you how many of your close friends have done each thing I will read to you. Please use the Number of Friends Scale, #9, to choose your responses.

Think of your friends. (ASK THESE QUESTIONS FOR ALL RESPONDENTS, UNLESS THEY REITERATE THAT THEY HAVE NO FRIENDS AND CAN'T ANSWER THE QUESTIONS.)

	All of Them	Most of Them	Som of Them	Very Few of Them	None of Them	(DON'T KNOW)
During the last year how many of them have . . . (REPEAT STEM SEVERAL TIMES)						
209. cheated on their income tax?	5	4	3	2	1	_____
210. purposely damaged or destroyed property that did not belong to them?	5	4	3	2	1	_____
211. used marijuana or hashish?	5	4	3	2	1	_____
212. stolen something worth less than \$5?	5	4	3	2	1	_____
213. hit or threatened to hit someone without any reason?	5	4	3	2	1	_____
214. used alcohol?	5	4	3	2	1	_____
215. broken into a vehicle or building to steal something?	5	4	3	2	1	_____
216. sold hard drugs such as heroin, cocaine, and LSD?	5	4	3	2	1	_____
217. stolen something worth more than \$50?	5	4	3	2	1	_____
218. suggested you do some- thing that was against the law?	5	4	3	2	1	_____
219. gotten drunk once in awhile?	5	4	3	2	1	_____
220. used prescription drugs such as amphetamines or barbiturates when there was no medical need for them?	5	4	3	2	1	_____
221. sold or given alcohol to kids under 18?	5	4	3	2	1	_____
222. pressured or forced some- one to do more sexually than he/she wanted to do?	5	4	3	2	1	_____

This section deals with your own behavior. I'd like to remind you that all your answers are confidential. I'll read a series of behaviors to you. Please give me your best estimate of the exact number of times you've done each thing during the last year from Christmas a year ago to the Christmas just past. (RECORD A SINGLE NUMBER, NOT A RANGE, AND "0" IF RESPONDENT NEVER ENGAGED IN A BEHAVIOR.

FOR ANY BEHAVIOR THAT THE RESPONDENT HAS ENGAGED IN 10 OR MORE TIMES IN THE LAST YEAR, ALSO RECORD RESPONSE IN THE SECOND COLUMN, SAYING:)

Please look at the How Often Scale, #10, and select the one which best describes how often you were involved in this behavior.

	Once					
Once	Every	Once	2-3	Once	2-3	
a	2-3	a	Times	a	Times	
Month	Weeks	Week	A Week	Day	A Day	

How many times in the Last Year have you:

223. purposely damaged or destroyed property belonging to your parents or other family members? _____ 4 5 6 7 8 9

224. (IF WORKING) purposely damaged or destroyed property belonging to your employer? _____ 4 5 6 7 8 9

You said that you had (READ ITEM).

223. Thinking of the last time you did this . . .

a. What did you damage or destroy? (SPECIFY) _____

b. What was the dollar amount of the damage, i.e., what would it cost to repair it, or if totally destroyed, to replace it? (SPECIFY) _____

c. Were you alone or did others take part in this event?

____(1) Alone ____ (2) With Others

(IF WITH OTHERS:) How many other persons were involved?

(NUMBER) _____

d. Did you report this same event for any other question(s) in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

224. Thinking of the last time you did this. . .

a. What did you damage or destroy?
(SPECIFY)_____

b. What was the dollar amount of the damage, i.e., what would it cost to repair it, or if totally destroyed, to replace it? (SPECIFY)_____

c. Were you alone or did others take part in this event?
____(1) Alone ____ (2) With Others

(IF WITH OTHERS:) How many other persons were involved?
(NUMBER)_____

d. Did you report this same event for any other question(s) in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

		Once			
Once	Every	Once	2-3	Once	2-3
a	2-3	a	Times	a	Times
Month	Weeks	Week	A Week	Day	A Day

How many times in the Last Year have you:

225. purposely damaged or destroyed other property that did not belong to you, not counting family, or work property? ____ 4 5 6 7 8 9

You said that you had (READ ITEM).

225. Thinking of the last time you did this.

a. What did you damage or destroy?

(SPECIFY)_____

b. What was the dollar amount of the damage, i.e., what would it cost to repair it, or if totally destroyed, to replace it? (SPECIFY) _____

c. Were you alone or did others take part in this event?

____(1) Alone ____ (2) With Others

(IF WITH OTHERS:) How many other persons were involved?

(NUMBER) _____

d. Did you report this same event for any other question(s) in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

	Once					
Once	Every	Once	2-3	Once	2-3	
a	2-3	a	Times	a	Times	
Month	Weeks	Week	A Week	Day	A Day	

How many times in the Last Year have you:

226. stolen or tried to steal a motor vehicle such as a car or motorcycle? ____ 4 5 6 7 8 9

You said that you had (READ ITEM).

		Last Time	Next to Last Time	Time Before That
--	--	-----------	-------------------	------------------

226. Thinking of the _____ (last time/next to last time/time before that) you did this:

a. What kind of vehicle was it?

(1) Car	1	1	1
(2) Truck	2	2	2
(3) Motorcycle	3	3	3
(4) Other (SPECIFY)	4	4	4

b. Did you actually steal it?

(1) No	1	1	1
(2) Yes	2	2	2

c. Who did the vehicle belong to?

(1) Family Member	1	1	1
(2) Friend	2	2	2
(3) Other (SPECIFY)	3	3	3

- d. How did you get the vehicle started?
- | | | | |
|---------------------------|---|---|---|
| (1) Had the keys | 1 | 1 | 1 |
| (2) Hot wired the vehicle | 2 | 2 | 2 |
| (3) Keys in ignition | 3 | 3 | 3 |
| (4) Other (SPECIFY) | 4 | 4 | 4 |
- e. What were you going to do with the vehicle?
- | | | | |
|------------------------|---|---|---|
| (1) Go riding | 1 | 1 | 1 |
| (2) Keep it | 2 | 2 | 2 |
| (3) Keep parts from it | 3 | 3 | 3 |
| (4) Sell it | 4 | 4 | 4 |
| (5) Sell parts from it | 5 | 5 | 5 |
| (6) Other (SPECIFY) | 6 | 6 | 6 |
- f. Were you alone or did others take part in this event?
- | | | | |
|-----------------|---|---|---|
| (1) Alone | 1 | 1 | 1 |
| (2) With Others | 2 | 2 | 2 |
- (IF WITH OTHERS:) How many? _____
- g. Had you been drinking or taking drugs before the incident?
- | | | | |
|---------|---|---|---|
| (1) No | 1 | 1 | 1 |
| (2) Yes | 2 | 2 | 2 |
- (IF YES) Had you been:
- | | | | |
|------------------------------------|---|---|---|
| (1) drinking only? | 1 | 1 | 1 |
| (2) using drugs only? | 2 | 2 | 2 |
| (3) both drinking and using drugs? | 3 | 3 | 3 |
- h. Did you report this same event for any other question(s) in this set?
- | | | | |
|---------|---|---|---|
| (1) No | 1 | 1 | 1 |
| (2) Yes | 2 | 2 | 2 |
- (IF YES)
Which other question(s) also included this event?
(SPECIFY QUESTION NUMBER) _____

Once	Once	Once	Once
Every	2-3	2-3	2-3
a	a	a	a
Month	Week	Week	Day
Weeks	Week	Week	Day

How many times in the Last Year have you:

227. stolen or tried to
steal something worth ____ 4 5 6 7 8 9
more than \$50?

You said that you had (READ ITEM).

Next to Time
Last Time Last Time Before
That

227. Thinking of the _____
(last time/next to last time/
time before that) you did this:

a. What did you steal or try to
steal? (SPECIFY) _____

b. About how much do you think
it was worth? (SPECIFY) \$ _____ \$ _____ \$ _____

c. Did you actually steal it?
(1) No 1 1 1
(2) Yes 2 2 2

d. Where did you steal it from?
(1) retail store 1 1 1
(2) private home 2 2 2
(3) auto 3 3 3
(4) work place 4 4 4
(5) college/school 5 5 5
(6) construction site 6 6 6
(7) warehouse 7 7 7
(8) Other (SPECIFY) 8 _____ 8 _____ 8 _____

e. Were you alone or did others
take part in this event?
(1) Alone 1 1 1
(2) With Others 2 2 2

(IF WITH OTHERS:) How many? _____

f. Had you been drinking or taking
drugs before the incident?
(1) No 1 1 1
(2) Yes 2 2 2

(IF YES) Had you been:
(1) drinking only? 1 1 1
(2) using drugs only? 2 2 2
(3) both drinking
and using drugs? 3 3 3

g. Did you report this same event
for any other question(s) in
this set?
(1) No 1 1 1
(2) Yes 2 2 2

(IF YES)
 Which other question(s) also
 included this event?
 (SPECIFY QUESTION NUMBER) _____

	Once					
Once	Every	Once	2-3	Once	2-3	
a	2-3	a	Times	a	Times	
Month	Weeks	Week	A Week	Day	A Day	

How many times in the Last Year
 have you:

228. knowingly bought,
 sold or held stolen
 goods or tried to _____ 4 5 6 7 8 9
 do any of these
 things?

229. purposely set fire to
 a building, a car, _____ 4 5 6 7 8 9
 or other property or
 tried to do so?

You said that you had READ ITEM.

228. Thinking of the last time you did this . . .

a. What did you do? (CHECK ALL THAT APPLY)

- _____ (1) Try to buy stolen goods _____ (5) Sell stolen goods
- _____ (2) Try to sell stolen goods _____ (6) Held stolen goods
- _____ (3) Try to hold stolen goods _____ (7) Other (SPECIFY)
- _____ (4) Buy stolen goods

b. What were the stolen goods? (SPECIFY)

c. About how much do you think the goods were worth?
 (SPECIFY) \$ _____

d. Were you alone or did others take part in this event?

_____ (1) Alone _____ (2) With Others

(IF WITH OTHERS:) How many other persons
 were involved?

(NUMBER) _____

e. Did you report this same event for any other question(s) in this set? ___(1) No ___(2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

229. Thinking of the last time you did this. . .

a. What did you set on fire or try to set on fire? _____
(SPECIFY)

b. Did you actually set it on fire?

No Yes
1 2

c. Were you alone or did others take part in this event?

___(1) Alone ___(2) With Others

(IF WITH OTHERS:) How many other persons were involved?

(NUMBER) _____

d. Had you been drinking or taking drugs before the incident?

No Yes (IF YES) Had you been:
1 2 ___(1) Drinking only?
 ___(2) Using drugs only?
 ___(3) Both drinking and using
 drugs?

e. Did you report this same event for any other question(s) in this set? ___(1) No ___(2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

Once
Once Every Once 2-3 Once 2-3
a 2-3 a Times a Times
Month Weeks Week A Week Day A Day

How many times in the Last Year have you:

230. carried a hidden weapon other than a plain _____ 4 5 6 7 8 9
pocket knife?

231. stolen or tried to steal things worth _____ 4 5 6 7 8 9 \$5 or less?

You said that you had READ ITEM.

230. Thinking of the last time you did this. . . What kind of weapon was it? (1) Knife (2) Gun (3) Other (SPECIFY)_____

231. Thinking of the last time you did this. . . a. What did you steal or try to steal? (SPECIFY)_____ b. About how much do you think it was worth? (SPECIFY)\$_____

c. Did you actually steal it?

No Yes
1 2

d. Were you alone or did others take part in this event?

____(1) Alone ____ (2) With Others

(IF WITH OTHERS:) How many other persons were involved?

(NUMBER)_____

e. Had you been drinking or taking drugs before the incident?

No Yes (IF YES) Had you been:
1 2 ____ (1) Drinking only?
____ (2) Using drugs only?
____ (3) Both drinking and using drugs?

f. Did you report this same event for any other question(s) in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

Once
Once Every Once 2-3 Once 2-3
a 2-3 a Times a Times
Month Weeks Week A Week Day A Day

How many times in the Last Year have you:

232. attacked someone with the idea of seriously hurting or killing that person? _____ 4 5 6 7 8 9

You said that you had READ ITEM.

(THERE MAY BE MULTIPLE VICTIMS AND MULTIPLE RESPONSES TO SOME ITEMS. IF MULTIPLE VICTIMS, NOTE THIS.)

		Next to	Time
		Last Time	Last Time Before
		That	
232. Thinking of the _____ (last time/next to last time/ time before that) you did this:			
a. In which of the following ways did you attack the person? (READ LIST)			
(1) Hit, slapped, punched the person once or twice	1	1	1
(2) Physically beat and/or choked the person	2	2	2
(3) Attacked the person with a weapon such as a gun, knife, club, or bottle	3	3	3
(4) Other (SPECIFY) _____	4	4	4
b. Did you hurt the person?			
(1) No	1	1	1
(2) Yes	2	2	2
(IF YES) How badly did you hurt the person?			
(READ LIST: CHECK ALL THAT APPLY)			
(1) knocked down	1	1	1
(2) bruised	2	2	2
(3) cut/bleeding	3	3	3
(4) unconscious	4	4	4
(5) hospitalized	5	5	5
(6) Other (SPECIFY)	6	6	6
c. Was the person you attacked (READ LIST)			
(1) a stranger	1	1	1
(2) an acquaintance	2	2	2
(3) a friend	3	3	3
(4) a family member	4	4	4
(5) Other (SPECIFY)	5	5	5
d. Were you alone or did others take part in this event?			
(1) Alone	1	1	1
(2) With Others	2	2	2
(IF WITH OTHERS:) How many?	_____	_____	_____

e. Had you been drinking or taking drugs before the incident?

(1) No	1	1	1
(2) Yes	2	2	2

(IF YES) Had you been:

(1) drinking only?	1	1	1
(2) using drugs only?	2	2	2
(3) both drinking and using drugs?	3	3	3

f. Did you report this same event for any other question(s) in this set?

(1) No	1	1	1
(2) Yes	2	2	2

(IF YES)

Which other question(s) also included this event?

(SPECIFY QUESTION NUMBER) _____

	Once				
Once	Every	Once	2-3	Once	2-3
a	2-3	a	Times	a	Times
Month	Weeks	Week	A Week	Day	A Day

How many times in the Last Year have you.

233. been paid for having sexual relations with someone? ___ 4 5 6 7 8 9

234. paid someone to have sexual relations with you? ___ 4 5 6 7 8 9

235. been involved in gang fights? ___ 4 5 6 7 8 9

You said that you had READ ITEM.

233.

234.

235. Thinking of the _____
(last time/next to last time/
time before that) you did this: Next to Time
Last Time Last Time Before
That

- a. Counting yourself, how many were in your group?
- | | | | |
|------------------------|---|---|---|
| (1) 1-2 people | 1 | 1 | 1 |
| (2) 3-5 people | 2 | 2 | 2 |
| (3) more than 5 people | 3 | 3 | 3 |
- b. How many were in the other group?
- | | | | |
|------------------------|---|---|---|
| (1) 1-2 people | 1 | 1 | 1 |
| (2) 3-5 people | 2 | 2 | 2 |
| (3) more than 5 people | 3 | 3 | 3 |
- c. Did either group use weapons?
- | | | | |
|---------|---|---|---|
| (1) Yes | 1 | 1 | 1 |
| (2) No | 2 | 2 | 2 |
- (IF YES:) What weapons were used?
(DESCRIBE:) _____
- d. Was anyone hurt in the fight?
- | | | | |
|---------|---|---|---|
| (1) Yes | 1 | 1 | 1 |
| (2) No | 2 | 2 | 2 |
- (IF YES) How badly hurt was the most injured person?
- | | | | |
|---------------------|---------|---------|---------|
| (1) knocked down | 1 | 1 | 1 |
| (2) bruised | 2 | 2 | 2 |
| (3) cut/bleeding | 3 | 3 | 3 |
| (4) unconscious | 4 | 4 | 4 |
| (5) hospitalized | 5 | 5 | 5 |
| (6) Other (SPECIFY) | 6 _____ | 6 _____ | 6 _____ |
- e. Had you been drinking or taking drugs before the incident?
- | | | | |
|---------|---|---|---|
| (1) No | 1 | 1 | 1 |
| (2) Yes | 2 | 2 | 2 |
- (IF YES) Had you been:
- | | | | |
|------------------------------------|---|---|---|
| (1) drinking only? | 1 | 1 | 1 |
| (2) using drugs only? | 2 | 2 | 2 |
| (3) both drinking and using drugs? | 3 | 3 | 3 |
- f. Did you report this same event for any other question(s) in this set?
- | | | | |
|---------|---|---|---|
| (1) No | 1 | 1 | 1 |
| (2) Yes | 2 | 2 | 2 |
- (IF YES)
Which other question(s) also included this event?
(SPECIFY QUESTION NUMBER) _____

		Once					
Once	Every	Once	2-3	Once	2-3		
a	2-3	a	Times	a	Times		
Month	Weeks	Week	A Week	Day	A Day		

How many times in the Last Year have you:

236. used checks illegally or used phony money to pay for something? (INCLUDES INTENTIONAL OVERDRAFTS) _____ 4 5 6 7 8 9
237. sold marijuana or hashish? "POT", "GRASS", "HASH") _____ 4 5 6 7 8 9
238. hitchhiked where it was illegal to do so? _____ 4 5 6 7 8 9

You said that you had (READ ITEM).

236. Thinking of the last time you did this . . .

- a. What did you do?
 _____(1) overdraft on checking account
 _____(2) wrote check on someone else's account
 _____(3) cashed someone elses check
 _____(4) used counterfeit money (including slugs and fake coins)
 _____(5) Other (SPECIFY)_____
- b. What was the dollar value involved in this incident?
 \$_____
- c. Were you alone or did others take part in this event?
 _____(1) Alone _____(2) With Others
 (IF WITH OTHERS:) How many other persons were involved?
 (NUMBER)_____
- d. Did you report this same event for any other question(s) in this set? _____(1) No _____(2) Yes
 (IF YES) Which other questions also included this event?

 (SPECIFY QUESTION #)

237. Thinking of the last time you did this...

- a. How much money was involved in the sale? (SPECIFY) \$_____

 (IF OTHER THAN MONEY, SPECIFY)_____
- b. How much marijuana/hashish did you sell?

 (SPECIFY)_____
- c. Were you alone or did others take part in this event?

 ____ (1) Alone ____ (2) With Others

 (IF WITH OTHERS:) How many other persons

 were involved?

 (NUMBER)_____
- d. Did you report this same event for any other question(s)

 in this set? ____ (1) No ____ (2) Yes

 (IF YES) Which other question(s) also included this event?

 (SPECIFY QUESTION #)

238.

	Once					
	Once	Every	Once	2-3	Once	2-3
	a	2-3	a	Times	a	Times
	Month	Weeks	Week	A	Week	Day
				Day		

How many times in the Last Year
have you:

239. Stolen money or other things from your parents or other members of your family? ____ 4 5 6 7 8 9

240. (IF WORKING) Stolen money, goods, or property from the place where you work? ____ 4 5 6 7 8 9

You said that you had (READ ITEM).

239. Thinking of the last time you did this. . .

- a. What did you steal?

____(1) Money ____ (2) Other (SPECIFY)_____

(IF 1, ASK:) How much money did you steal?

(SPECIFY) \$_____

(IF 2, ASK:) How much do you think it was worth?

(SPECIFY) \$_____

What were you going to do with it?

(1) use it yourself

(2) give it to a friend/someone else

(3) sell it

(4) other (DESCRIBE)_____

b. Were you alone, or did others take part in the theft?

____(1) Alone

____(2) With Others (IF WITH OTHERS) How Many? _____

c. Had you been drinking or taking drugs before the incident?

No Yes (IF YES) Had you been:

1 2 _____(1) Drinking only?

_____ (2) Using drugs only?

_____ (3) Both drinking and using
drugs?

d. Did you report this same event for any other question(s)
in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

240. Thinking of the last time you did this...

a. What did you steal?

____(1) Money ____ (2) Other (SPECIFY)

(IF 1, ASK:) How much money did you steal?

(SPECIFY) \$_____

(IF 2, ASK:) How much do you think it was worth?

(SPECIFY) \$_____

b. Were you alone, or did others take part in the theft?

____(1) Alone

____(2) With Others (IF WITH OTHERS) How Many? _____

c. Had you been drinking or taking drugs before the incident?

No Yes (IF YES) Had you been:

1 2 _____(1) Drinking only?

_____ (2) Using drugs only?

_____ (3) Both drinking and using
drugs?

d. Did you report this same event for any other question(s) in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

	Once					
	Once	Every	Once	2-3	Once	2-3
	a	2-3	a	Times	a	Times
	Month	Weeks	Week	A Week	Day	A Day

How many times in the Last Year have you:

241. had or tried to have sexual relations with someone against their will? _____ 4 5 6 7 8 9

You said that you had (READ ITEM).

		Next to	Time
	Last Time	Last Time	Before
	That		

241. Thinking of the _____ (last time/next to last time/time before that) you did this:

a. Did you actually force someone to have sexual relations or only try?

(1) Actually forced	1	1	1
(2) Tried but didn't succeed	2	2	2

b. In which of the following ways did you force the person? (READ LIST: CHECK ALL THAT APPLY)

(1) Verbal threats of injury	1	1	1
(2) Hitting, slapping and/or mild roughness	2	2	2
(3) Physical beating or choking	3	3	3
(4) Threatened to use a weapon	4	4	4
(5) Used a weapon	5	5	5
(6) Other (SPECIFY)	6 _____	6 _____	6 _____

c. Did you hurt the person?

(1) No	1	1	1
(2) Yes	2	2	2

(IF YES) How badly did you hurt the person? (READ LIST:

CHECK ALL THAT APPLY)

(1) knocked down	1	1	1
(2) bruised	2	2	2
(3) cut/bleeding	3	3	3
(4) unconscious	4	4	4
(5) hospitalized	5	5	5
(6) Other (SPECIFY)	6 _____	6 _____	6 _____

d. Was anyone else besides yourself involved in pressuring or forcing the person?

(1) No	1	1	1
(2) Yes	2		2

(IF YES) Not counting yourself, how many others were there? (SPECIFY)

e. Was the person you tried to have sex with: (READ LIST)

(1) a stranger?	1	1	1
(2) an acquaintance?	2	2	2
(3) a friend?	3	3	3
(4) a family member?	4	4	4
(5) Other (SPECIFY)	5 _____	5 _____	5 _____

f. Had you been drinking or taking drugs before the incident?

(1) No	1	1	1
(2) Yes	2	2	2

(IF YES) Had you been:

(1) drinking only?	1	1	1
(2) using drugs only?	2	2	2
(3) both drinking and using drugs?	3	3	3

g. Did you report this same event for any other question(s) in this set?

(1) No	1	1	1
(2) Yes	2	2	2

(IF YES)

Which other question(s) also included this event?

(SPECIFY QUESTION NUMBER) _____

Once	Once	Once	Once
Every	Every	2-3	2-3
a	a	a	a
Month	Weeks	Week	Week
		A	Day
		Day	Day

How many times in the Last Year have you:

242. hit or threatened to hit one of your _____ 4 5 6 7 8 9 parents?

You said that you had (READ ITEM).

242. Thinking of the last time you did this . . .

a. Did you actually hit them or just threaten to hit them?

____(1) Actually hit _____(2) Tried but didn't succeed _____(3) Only threatened to hit

(IF ACTUALLY HIT, ASK:)

Did you hurt the person? Yes No 2 1

(IF YES)

How badly did you hurt the person? (CHECK ALL THAT APPLY)

____(1) pushed or slapped them _____(5) cut/bleeding _____(2) caused them to grab _____(6) unconscious themselves in pain _____(7) hospitalized _____(3) knocked them down _____(8) Other (SPECIFY) _____(4) bruised _____

b. Were you alone, or did others take part in this event?

____(1) Alone _____(2) With Others (IF WITH OTHERS) How Many? _____

c. Had you been drinking or taking drugs before the incident?

No Yes (IF YES) Had you been: 1 2 _____(1) Drinking only? _____(2) Using drugs only? _____(3) Both drinking and using drugs?

d. Did you report this same event for any other question(s) in this set? _____(1) No _____(2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #) Once Once Every Once 2-3 Once 2-3 a 2-3 a Times a Times Month Weeks Week A Week Day A Day

How many times in the Last Year have you:

d. Did you report this same event for any other question(s) in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

245.

246. Thinking of the last time you did this . . .

a. What drug or drugs were included in the sale? _____

b. How much money was involved in the sale? (SPECIFY) \$ _____
(IF OTHER THAN MONEY, SPECIFY) _____

c. Were you alone, or did others take part in this event?

____ (1) Alone

____ (2) With Others

(IF WITH OTHERS) How Many? _____

d. Did you report this same event for any other question(s) in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

	Once					
Once	Every	Once	2-3	Once	2-3	
a	2-3	a	Times	a	Times	
Month	Weeks	Week	A Week	Day	A Day	

How many times in the Last Year have you:

247. tried to cheat someone by selling them something that was worthless or not what you said it was? _____ 4 5 6 7 8 9

248. taken a vehicle for a ride or drive without the owner's permission? _____ 4 5 6 7 8 9

249. Bought or provided liquor for a minor? _____ 4 5 6 7 8 9

You said that you had (READ ITEM).

247. Thinking of the last time you did this . . .

a. What were you claiming to sell? (SPECIFY) _____

b. What were you actually selling? _____

c. Who were you trying to sell the _____ to? (SPECIFY)
_____(1) Stranger ____ (3) Friend
____(2) Family Member ____ (4) Other (SPECIFY) _____

d. How much was the _____ really worth?
(SPECIFY) \$ _____

e. How much did you try to sell it for?(SPECIFY)\$ _____

f. Did you actually sell _____ or just try to sell it?
____(1) Actually sold it ____ (2) Tried to sell it

g. Were you alone or did others take part in this event?
____(1) Alone ____ (2) With Others
(IF WITH OTHERS:) How many other persons
were involved?
(NUMBER) _____

h. Did you report this same event for any other question(s)
in this set? ____ (1) No ____ (2) Yes
(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

248. Thinking of the last time you did this . . .

a. What kind of vehicle was it?
____(1) Car ____ (3) Motorcycle
____(2) Truck ____ (4) Other (SPECIFY) _____

b. Who did the vehicle belong to?
____(1) Family member ____ (3) Other (SPECIFY)
____(2) Friend _____

c. How did you get the vehicle started?
____(1) Had the keys ____ (3) Keys in ignition
____(2) Hot wired the vehicle ____ (4) Other (SPECIFY)

d. Were you alone, or did others take part in the theft?

- ____(1) Alone
- ____(2) With Others (IF WITH OTHERS) How Many? _____

e. Had you been drinking or taking drugs before the incident?

- | | | |
|----|-----|--|
| No | Yes | (IF YES) Had you been: |
| 1 | 2 | ____(1) Drinking only? |
| | | ____(2) Using drugs only? |
| | | ____(3) Both drinking and using drugs? |

f. Did you report this same event for any other question(s) in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

249.

	Once				
Once	Every	Once	2-3	Once	2-3
a	2-3	a	Times	a	Times
Month	Weeks	Week	A Week	Day	A Day

How many times in the Last Year have you:

250. used force or strongarm methods to get money or things from people? ____ 4 5 6 7 8 9

You said that you had (READ ITEM).

		Next to	Time
	Last Time	Last Time	Before
	That		

250. Thinking of the _____ (last time/next to last time/time before that) you did this:

- a. What kind of force did you use? (CHECK ALL THAT APPLY)
- | | | | |
|--------------------------------------|---|---|---|
| (1) punched, slapped, mild roughness | 1 | 1 | 1 |
| (2) Physical beating and/or choking | 2 | 2 | 2 |

(3) Other (SPECIFY)	3_____	3_____	3_____
b. Did you use a weapon?			
(1) No	1	1	1
(2) Yes	2	2	2
(IF YES) What was the weapon? (SPECIFY)_____			
c. What were you trying to get?			
(1) Money	1	1	1
(2) Other (SPECIFY)	2_____	2_____	2_____
d. Did you hurt the person(s)?			
(1) No	1	1	1
(2) Yes	2	2	2
(IF YES) How badly did you hurt the person? (CHECK ALL THAT APPLY)			
(1) knocked down	1	1	1
(2) bruised	2	2	2
(3) cut/bleeding	3	3	3
(4) unconscious	4	4	4
(5) hospitalized	5	5	5
(6) Other (SPECIFY)	6_____	6_____	6_____
e. Were you alone or did others take part in this event?			
(1) Alone	1	1	1
(2) With Others	2	2	2
(IF WITH OTHERS) How many?	_____	_____	_____
f. Had you been drinking or taking drugs before the incident?			
(1) No	1	1	1
(2) Yes	2	2	2
(IF YES) Had you been:			
(1) drinking only?	1	1	1
(2) using drugs only?	2	2	2
(3) both drinking and using drugs?	3	3	3
g. Did you report this same event for any other question(s) in this set?			
(1) No	1	1	1
(2) Yes	2	2	2
(IF YES) Which other question(s) also included this event? (SPECIFY QUESTION NUMBER)	_____	_____	_____

Once
 Once Every Once 2-3 Once 2-3
 a 2-3 a Times a Times
 Month Weeks Week A Week Day A Day

How many times in the Last Year
have you:

- | | | | | | | |
|---|---|---|---|---|---|---|
| 251. avoided paying for such things as movies, bus or subway rides, and food? _____ | 4 | 5 | 6 | 7 | 8 | 9 |
| 252. been drunk in a public place? _____ | 4 | 5 | 6 | 7 | 8 | 9 |
| 253. stolen or tried to steal things worth between \$5 and \$50? _____ | 4 | 5 | 6 | 7 | 8 | 9 |

You said that you had (READ ITEM).

251.

252.

253. Thinking of the last time you did this...

a. What did you steal or try to steal? (SPECIFY)_____

b. About how much do you think it was worth? \$_____

c. Where did you steal it from?

- | | |
|----------------------|------------------------------|
| ____(1) retail store | ____(5) school/college |
| ____(2) private home | ____(6) construction site |
| ____(3) auto | ____(7) warehouse |
| ____(4) work place | ____(8) Other (SPECIFY)_____ |

d. Did you actually steal it?

No	Yes
1	2

e. Were you alone or did others take part in this theft?

____(1) Alone ____ (2) With Others

(IF WITH OTHERS:) How many other persons were involved?

(NUMBER)_____

f. Had you been drinking or taking drugs before the incident?

No	Yes	(IF YES)	Had you been:
1	2		_____ (1) Drinking only?
			_____ (2) Using drugs only?
			_____ (3) Both drinking and using drugs?

g. Did you report this same event for any other question(s) in this set? _____ (1) No _____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

	Once				
	Once	Every	Once	2-3	Once
	a	2-3	a	Times	a
	Month	Weeks	Week	A Week	Day
					A Day

How many times in the Last Year have you:

254. broken or tried to break into a building or vehicle to steal something or just to look around? _____ 4 5 6 7 8 9

You said that you had (READ ITEM).

		Next to	Time
	Last Time	Last Time	Before
	That		

254. Thinking of the _____ (last time/next to last time/time before that) you did this:

a. What did you break into or try to break into?			
(1) Building	1	1	1
(2) Vehicle	2	2	2
(3) House	3	3	3
(4) Other (SPECIFY)	4_____	4_____	4_____
b. Did you actually break in or did you only try to?			
(1) Broke in	1	1	1
(2) Only tried	2	2	2
(3) Door open	3	3	3
c. Why were you breaking in?			
(1) Just to look around	1	1	1

(2) To steal something	2	2	2
(3) Other (SPECIFY)	3	3	3
d. Were you alone or did others take part in this event?			
(1) Alone	1	1	1
(2) With Others	2	2	2
(IF WITH OTHERS) How many?	_____	_____	_____
e. Had you been drinking or taking drugs before the incident?			
(1) No	1	1	1
(2) Yes	2	2	2
(IF YES) Had you been:			
(1) drinking only?	1	1	1
(2) using drugs only?	2	2	2
(3) both drinking and using drugs?	3	3	3
f. Did you report this same event for any other question(s) in this set?			
(1) No	1	1	1
(2) Yes	2	2	2
(IF YES) Which other question(s) also included this event? (SPECIFY QUESTION NUMBER)			
	_____	_____	_____

Once
 Once Every Once 2-3 Once 2-3
 a 2-3 a Times a Times
 Month Weeks Week A Week Day A Day

How many times in the Last Year have you:

255. begged for money or things from strangers?	_____	4	5	6	7	8	9
256. failed to return extra change that a cashier gave you by mistake?	_____	4	5	6	7	8	9
257. used or tried to use credit cards without the owner's permission?	_____	4	5	6	7	8	9
258. made obscene telephone calls (such as calling someone and saying dirty things)?	_____	4	5	6	7	8	9

You said that you had (READ ITEM).

255.

256.

257. Thinking of the last time you did this...

- a. Whose credit card was it?
 ____ (1) Stranger ____ (3) Friend
 ____ (2) Family member ____ (4) Other (SPECIFY) _____

- b. How much did you charge or try to charge?
 (SPECIFY) _____

- c. Were you alone or did others take part in this event?
 ____ (1) Alone ____ (2) With Others
 (IF WITH OTHERS:) How many other persons
 were involved?
 (NUMBER) _____

- d. Did you report this same event for any other question(s)
 in this set? ____ (1) No ____ (2) Yes
 (IF YES) Which other questions also included this event?

 (SPECIFY QUESTION #)
-

258.

	Once				
Once	Every	Once	2-3	Once	2-3
a	2-3	a	Times	a	Times
Month	Weeks	Week	A Week	Day	A Day

How many times in the Last Year
 have you:

259. Snatched someone's purse
 or wallet or picked _____ 4 5 6 7 8 9
 someone's pocket?

260. Embezzled money, that is, used money or funds entrusted to your care_____ 4 5 6 7 8 9 for some purpose other than that intended?

IF THE RESPONDENT INDICATED THAT HE OR SHE HAD PERFORMED ANY OF THESE BEHAVIORS ON PAGES (50-80) DURING THE PAST YEAR, RETURN TO PAGES (50-81) AND ASK THE APPROPRIATE DETAILED INFORMATION ITEMS.

You have indicated that you have done some of these behaviors. Now I'd like to ask you some details about the last few times you did each of these behaviors. Usually I only want to know about the last or most recent time you did these but for some I will ask you about the last three times. (READ EACH BEHAVIOR THAT THE RESPONDENT HAS PERFORMED AND THEN ASK THE CORRESPONDING DETAILED INFORMATION ITEMS. READ THE RESPONSE CATEGORIES TO THE RESPONDENT ONLY WHERE INDICATED.)

You said that you had (READ ITEM)

259. Thinking of the last time you did this . . .

a. What did you do?

- ____(1) Purse snatching
- ____(2) Pick pocket
- ____(3) Other (SPECIFY) _____

b. What did you take from the purse, wallet, or _____?

(CHECK AS MANY AS APPLY)

- ____(1) Money
- ____(2) Credit cards
- ____(3) Checks
- ____(4) Other (SPECIFY) _____

c. Were you alone, or did others take part in the theft?

- ____(1) Alone
- ____(2) With Others (IF WITH OTHERS) How Many? _____

d. Had you been drinking or taking drugs before the incident?

- | | | | |
|----|-----|----------|--|
| No | Yes | (IF YES) | Had you been: |
| 1 | 2 | | ____(1) Drinking only? |
| | | | ____(2) Using drugs only? |
| | | | ____(3) Both drinking and using drugs? |

e. Did you report this same event for any other question(s) in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

260. Thinking of the last time you did this . . .

- a. How much money was involved? \$_____
- b. Who did the money or funds belong to? (SPECIFY)_____
- c. What did you use the money for? (SPECIFY)_____
- d. Did you report this same event for any other question(s) in this set? ____ (1) No ____ (2) Yes

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

The next series of questions deals with some drugs and other substances you may have used. Please give me your best estimate of the exact number of times you've used each substance during the last year from Christmas a year ago to the Christmas just past. (NOTE ANY COMMENTS SUGGESTIVE OF EPISODIC PATTERN OF USE OR USE UNDER PRESCRIPTION)

(FOR ANY SUBSTANCE THAT THE RESPONDENT HAS USED 10 OR MORE TIMES IN THE LAST YEAR, ALSO RECORD A RESPONSE IN THE SECOND SECTION, SAYING:)

Using the How Often Scale, #10, which response best describes how often you have drunk/used _____?

	Once				
	Once	Every	Once	Once	2-3
	a	2-3	a	a	Times
	Month	Weeks	Week	A Week	Day A Day

How many times in the last year have you:

261. used alcoholic _____---->4 5 6 7 8 9
 beverages, beer, (IF 10 OR
 wine, hard liquor? MORE)

262. During the past year, No Yes
 have you used tobacco? 1 2
 (IF YES, THEN ASK)

When using tobacco, _____Cigarettes _____Cigars or _____Cans of		
how much do you _____per day _____pipes per _____chewing		
usually use? (NUMBER) _____day _____tobacco		
	(NUMBER)	per month

263. used marijuana or _____---->4 5 6 7 8 9
hashish? (GRASS, (IF 10 OR
POT, HASH) MORE)
264. used hallucinogens, _____---->4 5 6 7 8 9
LSD, Acid, peyote, (IF 10 OR
mescaline, MORE)
Psilocybin?
(PSYCHEDELICS)
265. used tranquilizers _____---->4 5 6 7 8 9
such as Valium, (IF 10 OR
Librium, Thorazine, MORE)
Miltown, Equanil,
Meprobamate, etc.?
266. (IF SOME USE:)
How many of these
occasions involved _____
the use of drugs (NUMBER)
prescribed for you
by a doctor?
267. used amphetamines, _____---->4 5 6 7 8 9
uppers, ups, speed, (IF 10 OR
pep pills or MORE)
bennies? (DEXEDRINE,
BENZEDRINE, WHITES,
DIET PILLS, DEXIES,
DEXAMYL, STP)
- (IF RESPONDENT DOES NOT UNDERSTAND
THIS DRUG CATEGORY, SAY:) People
can take amphetamines to lose weight
to stay awake, or to make them feel
they have more energy.
268. (IF SOME USE:)
How many of these _____
occasions involved (NUMBER)
the use of drugs
prescribed for you
by a doctor?
269. used barbiturates, _____---->4 5 6 7 8 9
downers, reds, (IF 10 OR
yellows, blues? MORE)
(RAINBOWS, GOOF
BALLS, PHENOBAR-
BITAL, PRESCRIPTION
SLEEPING PILLS,
SECONALS, YELLOW
JACKETS OR NEMBUTAL)

(IF RESPONDENT DOES NOT UNDERSTAND THIS DRUG CATEGORY, SAY:) These drugs can be used for calming down, reducing tension, and getting to sleep.

270. (IF SOME USE:) How many of these occasions involved the use of drugs prescribed for you by a doctor? _____ (NUMBER)
271. used codeine? _____---->4 5 6 7 8 9
(IF 10 OR MORE)
272. (IF SOME USE:) How many of these occasions involved the use of drugs prescribed for you by a doctor? _____ (NUMBER)
273. used heroin? _____---->4 5 6 7 8 9
(HORSE, H, SKAG, SMACK, JUNK) (IF 10 OR MORE)
274. Used crack? _____---->4 5 6 7 8 9
(IF 10 OR MORE)
275. used cocaine, or coke, other than crack? _____---->4 5 6 7 8 9
(IF 10 OR MORE)
276. used inhalants glue, paint, nail polish, or aerosol sprays? _____---->4 5 6 7 8 9
(IF 10 OR MORE)
277. used angel dust or PCP? (PHENCYCLIDINE, SERNYLAN, CRYSTAL, PEACE HILL, HOG, SHEETS) _____---->4 5 6 7 8 9
(IF 10 OR MORE)
278. used any other non-prescription drugs or intoxicants? (SPECIFY KIND, EXCLUDE ASPIRIN AND TYLENOL) _____---->4 5 6 7 8 9
(IF 10 OR MORE)
279. Used drugs prescribed for you _____---->4 5 6 7 8 9
(IF 10 OR MORE)

by a doctor MORE)
 more often or in
 greater amounts than
 was prescribed?

280. Have you ever injected any illicit drug through the skin or into a vein?

____(1) No ____ (2) Yes

(IF YES): a. What drug(s)? List: _____

b. Have you ever shared the same injection needle with another person without cleaning or sterilizing it between uses?

____(1) No ____ (2) Yes

(IF NO DRUG OR ALCOHOL USE IN 1986 (QUESTIONS 261-280), SKIP TO QUESTION 293. IF ANY USE INDICATED, ASK EACH OF THE FOLLOWING QUESTIONS WITH RESPECT TO DRINKING/MARIJUANA USE/GENERAL DRUG USE OR ANY COMBINATION AS IS APPROPRIATE.)

Now I am going to ask you some questions about your use of alcohol and drugs and the effects it may have had on your relations with your family and friends. Remember that your answers will be held strictly confidential and will not be revealed to anyone. Look at the responses on the Frequency Response Scale, #11, and select the one which best describes how often you have been involved in each behavior.

			Three	Five	More
		Once or	or Four	or Six	Six
Never	Twice	Times	Times	Times	Times

(IF MARRIED OR LIVING WITH BOYFRIEND/GIRLFRIEND)

281. How many times in the last year have you gotten into trouble with your _____ (husband/wife/girlfriend/boyfriend) because of your use of . . . (AFFECTED YOUR RELATIONSHIP - NOT TROUBLE WITH POLICE)

a. Alcohol?	1	2	3	4	5
b. Marijuana or Hashish?	1	2	3	4	5
c. Other Drugs?	1	2	3	4	5

282. How many times in the last year have you gotten into trouble with your friends because of your use of . . .
(OTHER THAN GIRLFRIEND/BOYFRIEND)
- | | | | | | |
|--------------------------|---|---|---|---|---|
| a. Alcohol? | 1 | 2 | 3 | 4 | 5 |
| b. Marijuana or Hashish? | 1 | 2 | 3 | 4 | 5 |
| c. Other Drugs? | 1 | 2 | 3 | 4 | 5 |
283. How many times in the last year have you had problems with your family because of your use of . . .
- | | | | | | |
|--------------------------|---|---|---|---|---|
| a. Alcohol? | 1 | 2 | 3 | 4 | 5 |
| b. Marijuana or Hashish? | 1 | 2 | 3 | 4 | 5 |
| c. Other Drugs? | 1 | 2 | 3 | 4 | 5 |
284. How many times in the last year have you gotten into physical fights because of your use of . . .
- | | | | | | |
|--------------------------|---|---|---|---|---|
| a. Alcohol? | 1 | 2 | 3 | 4 | 5 |
| b. Marijuana or Hashish? | 1 | 2 | 3 | 4 | 5 |
| c. Other Drugs? | 1 | 2 | 3 | 4 | 5 |
285. How often in the last year have you had problems with your physical health because of your use of . . .
- | | | | | | |
|--------------------------|---|---|---|---|---|
| a. Alcohol? | 1 | 2 | 3 | 4 | 5 |
| b. Marijuana or Hashish? | 1 | 2 | 3 | 4 | 5 |
| c. Other Drugs? | 1 | 2 | 3 | 4 | 5 |
286. During the past year how many times have you gotten into trouble with the police or been arrested because of your use of . . .
- | | | | | | |
|--------------------------|---|---|---|---|---|
| a. Alcohol? | 1 | 2 | 3 | 4 | 5 |
| b. Marijuana or Hashish? | 1 | 2 | 3 | 4 | 5 |
| c. Other Drugs? | 1 | 2 | 3 | 4 | 5 |
287. During the past year how many times have you had any accidents while driving because of your use of . . .

- a. Alcohol? 1 2 3 4 5
- b. Marijuana or Hashish? 1 2 3 4 5
- c. Other Drugs? 1 2 3 4 5

288. (IF WORKING)

During the past year how many times have you missed work or had to call in sick because of your use of . . .

- a. Alcohol? 1 2 3 4 5
- b. Marijuana or Hashish? 1 2 3 4 5
- c. Other Drugs? 1 2 3 4 5

Now, just a few other questions about your use of drugs and alcohol.

289. In the past year, did you ever have to do anything illegal in order to get

- | | Yes | No |
|---------------|-----|----|
| a. Alcohol? | 2 | 1 |
| b. Marijuana? | 2 | 1 |
| c. Drugs? | 2 | 1 |

(IF YES TO ANY OF THE ABOVE:)

What did you do? (CHECK AS MANY AS APPLY. DO NOT READ)

- | | |
|--|---|
| <input type="checkbox"/> steal something | <input type="checkbox"/> purchased while underage |
| <input type="checkbox"/> prostitution | <input type="checkbox"/> use fake ID |
| <input type="checkbox"/> gamble | <input type="checkbox"/> steal alcohol or drugs |
| <input type="checkbox"/> sell drugs or alcohol | <input type="checkbox"/> fake prescription |
| <input type="checkbox"/> sell things that were not yours | <input type="checkbox"/> fake illness |
| <input type="checkbox"/> beat someone up | <input type="checkbox"/> Other (DESCRIBE) |
-

290. (IF USED ANY ALCOHOL)

- a. How many times in the past year have you been drunk or pretty high on alcohol?
_____ (EXACT NUMBER - IF NONE, SKIP TO QUESTION 291)

How many times have you driven a motor vehicle when you were drunk or pretty high?

- b. _____ (EXACT NUMBER)

- c. (IF WORKING)

How many times have you been drunk or pretty high on alcohol while you were at work?

- _____ (EXACT NUMBER)

- 291. (IF USED ANY MARIJUANA/HASH)
 - a. How many times in the past year have you been high on marijuana?
 _____ (EXACT NUMBER - IF NONE, SKIP TO QUESTION 292)
 - b. How many times have you driven a motor vehicle when you were high on marijuana?
 _____ (EXACT NUMBER)
 - c. (IF WORKING)
 How many times have you been high on marijuana while you were at work?
 _____ (EXACT NUMBER)

- 292. (IF USED ANY OTHER DRUGS)
 - a. How many times in the past year have you been high on other drugs?
 _____ (EXACT NUMBER - IF NONE, SKIP TO QUESTION 293)
 - b. How many times have you driven a motor vehicle when you were high on drugs other than marijuana?
 _____ (EXACT NUMBER)
 - c. (IF WORKING)
 How many times have you been high on drugs other than marijuana while you were at work?
 _____ (EXACT NUMBER)

(ASK ALL RESPONDENTS THESE QUESTIONS)

Have you ever in your lifetime...

293. Stolen a motor vehicle such as a car or motorcycle?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first stole a vehicle?
 _____(AGE)

294. Stolen something worth more than \$50?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first stole something worth more than \$50? _____(AGE)

295. Purposely set fire to a building, car or other property?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first set fire to a building, car or other property? _____(AGE)

296. Attacked someone with the idea of seriously hurting or killing them?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first attacked someone? _____(AGE)

297. gotten involved in a gang fight?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first got involved in a gang fight? _____(AGE)

298. had or tried to have sexual relations with someone against their will?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first had or tried to have sexual relations with someone against their will? _____(AGE)

299. broken into a vehicle or building to steal something?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first broke into a vehicle or building? _____(AGE)

300. used force or strongarm methods to get money or things from someone (students, teachers, other people)?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first used force or strongarm methods to get money or things from someone? _____(AGE)

301. Physically hurt or threatened to hurt someone to get them to have sex with you?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first hurt or threatened to hurt someone to get them to have sex with you? _____(AGE)

302. Sold hard drugs such as heroin, cocaine and LSD?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first sold hard (illicit) drugs? _____(AGE)

303. Deliberately injured your spouse/girlfriend/boyfriend, e.g., hit, knocked down, choked, beat or cut them?

____(1) No ____ (2) Yes

(IF YES): How old were you when you first deliberately injured your spouse/girlfriend/boyfriend? _____(AGE)

The following set of questions concerns your behavior during the calendar years 1984 and 1985. This set of questions is less extensive than the preceding set but accurate answers are very important. Also, these questions don't ask about the details that the previous questions did, so this section will be easier.

You may remember that we last interviewed you in early 1984. To help you remember the 1984-1985 period, look at the time line chart that you were given earlier.

(USE THE FOLLOWING ITEMS TO HELP THE RESPONDENT REMEMBER THE 1984-1985 PERIOD AND BE ABLE TO LOCATE EVENTS IN THOSE YEARS).

Where did you spend Christmas in 1983? 1984?
 Did you receive any special gifts that year?
 Did you give a special gift to someone?
 Where were you on New Years day 1984? 1985?
 What did you do shortly after Christmas?

Return to school?
 Return to work?

Did anything special happen to you or your family during 1984? During 1985?

(Graduation from high school or college, marriages, illness, births or anything else that was important)

Did you go on a vacation in 1984? 1985?
 Any other trips?

Where did you spend July 4th in 1984? 1985?
 Labor Day in 1984? 1985?
 Memorial Day in 1984? 1985?
 Thanksgiving in 1984? 1985?
 Christmas in 1984? 1985?

When was your birthday?

PLEASE NOTE:

QUESTIONNAIRE ITEMS 304 THROUGH 334 WERE ADMINISTERED TO PARTIAL SAMPLE 7A ONLY.

(AFTER SPENDING A BRIEF TIME HELPING THE RESPONDENT REMEMBER THE YEARS 1984 AND 1985, GO THROUGH THE BEHAVIORAL ITEMS. FOR ANY BEHAVIOR THAT THE RESPONDENT HAS ENGAGED IN, CIRCLE YES, THEN ASK:)

Please look at the responses on the 1984-85 Scale, #12, and select the one that best describes how often you were involved in this behavior during _____ (1984/1985).

				12 or				
				1-2	3-11	More		
		No	Yes	Never	Times	Times	Times	
During 1984 did you ever . . .								
(THEN), During 1985 did you ever. . .								
304.	steal or try to steal a motor vehicle such as a car or motorcycle?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
305.	steal or try to steal something worth more than \$50?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
306.	knowingly buy, sell or hold stolen goods or try to do any of these things?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
307.	purposely set fire to a building, a car, or other property or try to do so?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
308.	carry a hidden weapon other than a plain pocket knife?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
309.	steal or try to steal things worth \$5 or less?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
310.	attack someone with the idea of seriously hurting or killing him or her?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
311.	get paid for having sexual relations with someone?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4

312.	pay someone to have sexual relations with you?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
313.	get involved in gang fights?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
314.	use checks illegally or use phony money to pay for something?	1	2	1984	1	2	3	4
	(INCLUDES INTENTIONAL OVERDRAFTS)	1	2	1985	1	2	3	4
315.	sell marijuana or hashish ?	1	2	1984	1	2	3	4
	("POT", "GRASS", "HASH")	1	2	1985	1	2	3	4
316.	have or try to have sexual relations with someone against their will?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
317.	hit or threaten to hit one of your parents?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
318.	(IF WORKING) hit or threaten to hit your supervisor or other employee?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
318a.	hit or threaten to hit anyone else (other than parents or persons at work)?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
319.	sell hard drugs such as heroin, cocaine, and LSD?	1	2	1984	1	2	3	4
	(TOTAL FREQUENCY OF ALL HARD DRUG SALES, NOT LIMITED TO THESE THREE DRUGS)	1	2	1985	1	2	3	4
320.	try to cheat someone by selling them something that was worthless or not what you said it was?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
321.	take a vehicle for a ride or drive without the owner's permission?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
322.	use force or strongarm methods to get money or things from people?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4
323.	steal or try to steal things worth between \$5 and \$50?	1	2	1984	1	2	3	4
		1	2	1985	1	2	3	4

324. break or try to break into a building	1	2	1984	1	2	3	4
or vehicle to steal something or just to look around?	1	2	1985	1	2	3	4
325. use or try to use credit cards without the owner's permission?	1	2	1984	1	2	3	4
	1	2	1985	1	2	3	4
326. snatch someone's purse or wallet or pick someone's pocket?	1	2	1984	1	2	3	4
	1	2	1985	1	2	3	4
327. embezzl money, that is, use money or funds entrusted to your care for some purpose other than intended?	1	2	1984	1	2	3	4
	1	2	1985	1	2	3	4
328. use alcoholic beverages, beer, wine, hard liquor?	1	2	1984	1	2	3	4
	1	2	1985	1	2	3	4
329. use marijuana or hashish (GRASS, POT, HASH)?	1	2	1984	1	2	3	4
	1	2	1985	1	2	3	4
330. use hallucinogens (LSD, ACID, PEYOTE, MESCALINE, PSILOCYBIN, ETC.)	1	2	1984	1	2	3	4
	1	2	1985	1	2	3	4
331. use tranquilizers such as Valium, Librium, Thorazine, Miltown Equanil, etc.?	1	2	1984	1	2	3	4
	1	2	1985	1	2	3	4
332. use amphetamines, uppers, speed, pep pills or bennies? (DEXEDRINE, BENZEDRINE DEXAMIL, DIET PILLS, ETC.)	1	2	1984	1	2	3	4
	1	2	1985	1	2	3	4
333. use barbiturates, downers, reds, yellows, blues, rainbows or goofballs?	1	2	1984	1	2	3	4
	1	2	1985	1	2	3	4
334. use cocaine, coke or crack?	1	2	1984	1	2	3	4
	1	2	1985	1	2	3	4

Now I'd like to ask a few questions about any contacts you've had with the police, since January 1984. Do not report any contracts which took place prior to January 1984.

335. Since January of 1984 have you ever been arrested by the police for anything other than a minor traffic offense?

Yes No (IF NO, SKIP TO QUESTION 339)
2 1

(IF YES): How many times? _____
(NUMBER)

(PROBE FOR INFORMATION ON THE THREE MOST RECENT ARRESTS)

336. For the last (most recent) time you were arrested:

- a. What month and year was this? _____(Month) _____(Year)
- b. What were you doing that led the police to arrest you?

- c. What offense did the police charge you with? (SPECIFY)

- d. Did you actually commit the offense for which they arrested you?

_____(1) No _____(2) Yes

337. For the time before that:

- a. What month and year was this? _____(Month) _____(Year)
- b. What were you doing?_____

- c. What offense did the police charge you with? (SPECIFY)_____

- d. Did you actually commit the offense for which they arrested you?

_____(1) No _____(2) Yes

338. For the time before that:

- a. What month and year was this? _____(Month) _____(Year)
- b. What were you doing_____

- c. What offense did the police charge you with? (SPECIFY)_____

- d. Did you actually commit the offense for which they arrested you?

_____(1) No _____(2) Yes

339. Since January of 1984 not counting any arrests, have you ever been questioned by the police about your possible involvement in a delinquent or criminal offense?

Yes No (IF NO, SKIP TO QUESTION 343)
2 1

(IF YES) How many times? (NUMBER)

(PROBE FOR INFORMATION ON THE THREE MOST RECENT QUESTIONINGS)

340. For the last (most recent) time you were questioned:

a. What month and year was this? (Month) (Year)
b. What were you questioned about?

c. Had you actually committed any offense?

(1) No (2) Yes

(IF YES:) What did you do? (DESCRIBE)

d. What did the police do? (DESCRIBE)

341. For the time before that:

a. What month and year was this? (Month) (Year)
b. What were you questioned about?

c. Had you actually committed any offense?

(1) No (2) Yes

(IF YES:) What did you do? (DESCRIBE)

d. What did the police do? (DESCRIBE)

342. For the time before that:

a. What month and year was this? (Month) (Year)
b. What offense were you questioned about?

c. Had you actually committed any offense?

____(1) No ____ (2) Yes

(IF YES:) What did you do? (DESCRIBE)_____

d. What did the police do? (DESCRIBE)_____

343. Have you ever been to juvenile court or an adult court for a crime you were accused of committing (excluding minor traffic offenses)?

____(1) No ____ (2) Yes

(IF YES): a. Was this a juvenile court or an adult court?

____(1) Juvenile Court ____ (2) Adult Court ____ (3) Both

b. How old were you at the time of your first court appearance? _____(AGE)

c. Were you convicted on any of these occasions?

____(1) No ____ (2) Yes

(IF YES): 1) How many times were you convicted?

_____(NUMBER)

2) For what charges? (DESCRIBE/LIST)

3) Did you spend any time in a detention center, training school, jail or prison as a result of this/these convictions?

____(1) No ____ (2) Yes

(IF YES): a) What type of facility were you in and for what period of time, i.e., from what date to what date?

Detention Center _____(DATES)

Training School _____(DATES)

Jail _____(DATES)

Prison _____(DATES)

Now we would like to ask you some questions about what you think the chances are that you would be arrested if you committed certain acts.

Please look at the Chance Scale, #13, to select your responses.

- 344. What are the chances you would get a speeding ticket if you exceeded the speed limit by 10 to 20 miles per hour? _____
- 345. What are the chances you would be arrested if you stole something worth \$5 or less? _____
- 346. If you stole something worth more than \$50? _____
- 347. If you broke into a building or vehicle to steal something or just to look around? _____
- 348. If you used force (strongarm methods) to get money or things from other people? _____
- 349. If you attacked someone with the idea of seriously hurting or killing that person? _____
- 350. If you deliberately injured your spouse/boyfriend/girlfriend, e.g, hit, knocked down, choked, beat or cut him/her? _____

Suppose you were given a ticket/arrested for (READ BEHAVIOR FROM THE FOLLOWING LIST). What would be the most likely punishment that would result from that ticket/arrest? Use the Likely Punishment Scale, #14, to select your response.

(IF DON'T KNOW RESPONSE, ASK QUESTIONS AT BOTTOM OF PAGE AND RECORD RESPONSE IN DON'T KNOW COLUMN)

	Released by the Police Without Charge	Dis- missed at Court	Pay a Fine and be Released	Placed on Pro- bation or Suspended	Serve Short Time in Jail	Serve Long Time in Jail	DON'T KNOW* (SEE PROBE BELOW)
351. Exceeding the speed limit by 10 to 20 miles per hour?	1	2	3	4	5	6	_____
352. Stealing something worth \$5 or less?	1	2	3	4	5	6	_____
353. Stealing something worth more than \$50?	1	2	3	4	5	6	_____
354. Breaking into a building or vehicle to steal something or just	1	2	3	4	5	6	_____

to look around?

355. Using force
(strongarm methods)
to get money or 1 2 3 4 5 6 _____
things from other
people?

356. Attacking someone
with the idea of 1 2 3 4 5 6 _____
seriously hurting or
killing that person?

(IF DON'T KNOW:)

* Do you think that there would be (READ CATEGORIES AND
RECORD RESPONSE IN DON'T KNOW COLUMN)

- (7) A serious punishment
- (8) A mild punishment
- (9) No punishment at all

For the next set of questions, use the How Much Scale, #3, to
select your answers.

How much guilt, remorse or personal discomfort would you
experience if you . . . (READ QUESTIONS AND CIRCLE ANSWERS)

	A Great Deal	Quite a Bit	Quite Some	Not Too Much	Very Little
357. exceeded the speed limit by 10 to 20 mph?	5	4	3	2	1
358. stole something worth \$5 or less?	5	4	3	2	1
359. stole something worth more than \$50?	5	4	3	2	1
360. broke into a building or vehicle to steal something?	5	4	3	2	1
361. used force (strongarm methods) to get money or things from other people?	5	4	3	2	1
362. attacked someone with the idea of seriously hurting or killing him/her?	5	4	3	2	1
363. exceeded the speed limit by 10 to 20 mph while taking a friend with a broken arm to the hospital?	5	4	3	2	1

364. stole something worth less than \$5 from a shopkeeper who often overcharged his customers?	5	4	3	2	1
365. stole something worth more than \$50 knowing that the victim's insurance would cover his/her loss?	5	4	3	2	1
366. broke into a pawn shop whose owner was known to be a crook, and stole a color TV?	5	4	3	2	1
367. robbed a druggist at gun-point to get some expensive drugs for a sick friend because neither of you had the money to pay for them?	5	4	3	2	1
368. attacked a person with the intent to kill or seriously injure him/her because of an argument over your girlfriend/boyfriend?	5	4	3	2	1

Now that you've told me about the things you've done, I'd like to know how many times each of the following things has happened to you in the last year, from Christmas a year ago to the Christmas just past . . .

How many times in the Last Year: (REPEAT STEM SEVERAL TIMES)

369. has something been taken directly from you or an attempt made to do so by force or threatening to hurt you?	_____	
370. have you been beaten up by your mother, stepmother, father or stepfather?	_____	
(IF ONE OR MORE TIMES):		
370a. Did this attack (any of these attacks) involve an attempt to force sex on you?	Yes 2	No 1
(IF YES)		
370b. During the most recent attack which involved an attempt to force sex on you, were you...		
1. threatened or injured by a weapon?	2	1
2. seriously injured?	2	1
3. forced to have sexual relations?	2	1
371. have you been beaten up or threatened	_____	

with being beaten up by someone other than your mother or father?

(IF ONE OR MORE TIMES):

- 371a. On how many of these occasions were you actually beaten up? _____ (NUMBER)
- 371b. Was this attack (were any of these attacks) by a . . .
(READ RESPONSES: CHECK AS MANY AS APPLY)
 ___brother ___sister ___teacher ___spouse
 ___student ___gang ___other adult ___boyfriend/girlfriend
 ___other youth ___other (SPECIFY)_____
- 371c. Did this attack (any of these attacks) involve an attempt to force sex on you?

Yes	No
2	1
- (IF YES)
- 371d. During the most recent attack which involved an attempt to force sex on you were you . . .
 1. threatened or injured by a weapon?

2	1
---	---

 2. seriously injured?

2	1
---	---

 3. forced to have sexual relations?

2	1
---	---
372. have you been attacked with a weapon, such as a gun, knife, bottle or chair by someone other than your mother or father? _____
- (IF ONE OR MORE TIMES):
- 372a. Was this attack (were any of these attacks) by a . . .
(READ RESPONSES: CHECK AS MANY AS APPLY)
 ___brother ___sister ___teacher ___spouse
 ___student ___gang ___other adult ___boyfriend/girlfriend
 ___other youth ___other (SPECIFY)_____
- 372b. Did this attack (any of these attacks) involve an attempt to force sex on you?

Yes	No
2	1
- (IF YES)
- 372c. During the most recent attack which involved an attempt to force sex on you, were you . . .
 1. threatened or injured by a weapon?

2	1
---	---

 2. seriously injured?

2	1
---	---

 3. forced to have sexual relations?

2	1
---	---
373. has your car, motorcycle or bicycle been stolen or an attempt made to do so? _____
374. have things been taken from your car, motorcycle or bike such as hubcaps, books or packages, or bike locks? _____
375. have you been sexually attacked or raped or an attempt made to do so? _____

(IF ONE OR MORE TIMES):

375a. Was this attack (were any of these attacks) by a . . .
 (READ RESPONSES: CHECK AS MANY AS APPLY)

brother sister teacher spouse
 student gang other adult boyfriend/girlfriend
 other youth other (SPECIFY) _____

375b. During the most recent event, were you . . .	Yes	No
1. threatened or injured by a weapon?	2	1
2. seriously injured?	2	1
3. forced to have sexual relations?	2	1

376. have any of your things been damaged
 on purpose, such as car or bike tires
 slashed or books and clothing ripped up? _____

377. have some of your things, such as your
 jacket, notebooks, or sports equipment
 been stolen from a public place such as
 a cafeteria, restaurant or bowling alley? _____

378. has someone such as a date or friend
 pressured or pushed you to do more
 sexually than you wanted to do? _____

(IF ONE OR MORE TIMES):

378a. During the most recent event, were you . . .	Yes	No
1. threatened or injured by a weapon?	2	1
2. seriously injured?	2	1
3. forced to have sexual relations?	2	1

379. has your pocket been picked or your purse
 or wallet snatched or an attempt
 made to do so? _____

380. DID THE RESPONDENT REPORT ANY SEXUAL ASSAULTS IN MORE THAN
 ONE BOXED ITEM? (ITEMS 370a, 371c, 372b 375 and 378)

Yes	No	IF NO, SKIP TO QUESTION 381)
2	1	

(IF YES): Previously you mentioned that you had (READ FIRST
 BLOCKED ITEM) _____ time(s) and had (READ SECOND BLOCKED
 ITEM) _____ time(s). How many total events were there?

(RECORD NUMBER OF EVENTS) (IF 1, SKIP TO QUESTION 381)

(IF MORE THAN 1, ASK)

Which was the most recent event? _____
 (RECORD ITEM #)

Now, I'd like to ask you some questions about your physical
 health?

381. What is your current weight? _____

382. What is your height? _____
 Feet/Inches

383. Do you agree or disagree with each of the following statements? Use the Agree-Disagree Scale, #6.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. I try to eat at least two well-balanced meals every day	5	4	3	2	1
b. I try to eat some fresh vegetables or fresh fruit every day	5	4	3	2	1
c. I eat too much junk food	5	4	3	2	1
d. I often eat junk food for regular meals	5	4	3	2	1
e. I try to take a vitamin supplement every day	5	4	3	2	1
f. I exercise on a regular basis	5	4	3	2	1

384. Do you have any physical problems which restrict your activities?

____(1) Yes ____ (2) No

(IF YES: DESCRIBE) _____

385. Have you ever had a venereal disease, such as genital herpes or gonorrhea?

____(1) Yes ____ (2) No

(IF YES)
 a. What type of V.D. did you have? _____

b. At present, are you having any physical or psychological problems which you associate with having had V.D.?

____(1) Yes ____ (2) No (IF YES) What kind of problems are you having?

386. Have you ever been tested for AIDS? ____ (1) No ____ (2) Yes

(IF YES):

Were you tested negative or positive?

____(1) Negative ____ (2) Positive

387. At present, how would you describe your general physical health? (READ CATEGORIES--CIRCLE ONE)

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

(FOR MALES, SKIP TO QUESTION 392)

FOR FEMALES ONLY

388. How old were you when you had your first period?

_____ (AGE)

389. Were you pregnant at any time during 1984, 1985 or 1986?

____(1) Yes ____ (2) No (IF NO GO TO QUESTION 392)

(IF YES): Could you please give me the dates and outcomes of all pregnancies during this period (1984-86)?

	Year of pregnancy?	Outcome?	Any prenatal or delivery problems? (DESCRIBE)
First	_____	_____	_____

(IF RESPONDENT SAYS Abortion, Miscarriage or "Lost the Baby," ASK:) Was your _____ (abortion/miscarriage/loss of baby) involuntary, that is, due to natural causes or medical reasons; or was it voluntary, that is, a personal choice to terminate the pregnancy?

Involuntary Voluntary Comment: _____
 1 2

Second	_____	_____	_____
--------	-------	-------	-------

(IF RESPONDENT SAYS Abortion, Miscarriage or "Lost the Baby," ASK:) Was your _____ (abortion/miscarriage/loss of baby) involuntary, that is, due to natural causes or medical reasons; or was it voluntary, that is, a personal choice to terminate the pregnancy?

Involuntary Voluntary Comment: _____
 1 2

Third	_____	_____	_____
-------	-------	-------	-------

(IF RESPONDENT SAYS Abortion, Miscarriage or "Lost the Baby," ASK:) Was your _____ (abortion/miscarriage/loss of baby) involuntary, that is, due to natural causes or medical reasons; or was it voluntary, that is, a personal choice to terminate the pregnancy?

Involuntary Voluntary Comment: _____
 1 2

(GO TO A BLANK PAGE AT THE END OF THE INTERVIEW SCHEDULE TO RECORD INFORMATION IF MORE THAN THREE PREGNANCIES ARE REPORTED)

(IF NO MISCARRIAGES/ABORTIONS, SKIP TO QUESTION 392. IF RESPONDENT MENTIONS ANY MISCARRIAGES/ABORTIONS/STILL BIRTHS, ASK QUESTIONS 390 AND 391:)

390. (FIRST REPORT) You mentioned that you had an (abortion/miscarriage/loss of baby). Did you have any physical or psychological effects from your (abortion/miscarriage/loss of baby) in _____?
 Date

____(2) Yes ____ (1) No

(IF YES:) Please describe _____

(REPEAT THE FOLLOWING QUESTION FOR EACH ADDITIONAL ABORTION, MISCARRIAGE, LOSS OF BABY: GO TO A BLANK PAGE IF MORE THAN TWO MENTIONED, AND ALWAYS ASK QUESTION 391)

(SECOND REPORT) Did you have any physical or psychological effects from your (abortion/miscarriage/loss of baby) in _____?
 Date

____(2) Yes ____ (1) No

(IF YES:) Please describe _____

391. At present, are there any physical or psychological problems or benefits which you associate with your abortion(s)/miscarriage(s)/loss of baby(s)?

____(2) Yes ____ (1) No

(IF YES:) Please describe _____

Now we would like to ask some questions about your general mental health.

392. In the past three years (1984-1986) have you had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things that you usually cared about or enjoyed? (CIRCLE ONE)

Yes No (IF NO, SKIP TO QUESTION 418)
2 1

(FOR EACH QUESTION 393-411, CIRCLE YES OR NO. CONTINUE UNTIL YOU GET A RESPONSE CODED 1 OR 5. MARK THE RESPONSE IN THE CODE BOX AND GO ON TO THE NEXT NUMBERED QUESTION. AT THE END OF EACH BOXED SECTION (APPETITE, SLEEP, ETC.), PUT A 5 IN THE SECTION CODE BOX IF ANY INDIVIDUAL QUESTION RECEIVED A RESPONSE OF 5.)

393. During the past three years, has there ever been a period of two weeks or longer when you lost your appetite? (CAN BE POSITIVE EVEN IF FOOD INTAKE IS NORMAL)

No Yes----->(IF YES:) Did you see a Dr. or other professional (e.g., social worker, nurse, clergy, psychologists) or take medication for this loss of appetite?
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No Yes (IF YES:) Was this loss of appetite ever the result of medication, drugs or alcohol or a physical illness or injury?
|
v

(IF NO: Did this loss of appetite interfere with your life or activities a lot?

No Yes-----
1

^
| Yes No
| | 5
v
(IF YES: Was this loss of appetite always the result of medication, drugs or alcohol or a physical illness or injury?

(CODE 1 or 5)

Yes No
1 5

394. During the past three years, have you lost weight without trying to--as much as two pounds a week for several weeks (or as much as 10 pounds altogether)?

No Yes----->(IF YES:) Did you see a Dr. or other professional (e.g., social worker, nurse, clergy, psychologists) or take medication for this loss of weight?
1

No Yes (IF YES:) Was this loss of weight ever the result of medication, or drugs or alcohol or a physical illness or injury?
|
|
v

(IF NO:) Did this loss of weight interfere with your life or activities a lot?

Yes No
| 5
v

No Yes-----> (IF YES) Was this loss of weight always the result of medication, or drugs or alcohol or a physical illness or injury?
1

Yes No
1 5

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(CODE 1 or 5)

395. Have you had a period when your eating increased so much that you gained as much as two pounds a week for several weeks (or 10 pounds altogether)?

No Yes----->(IF YES:) Did you see a Dr. or other professional (e.g., social worker, nurse, clergy, psychologists) or take medication for this weight increase problem?
1

No Yes (IF YES:) Was this weight gain ever the result of medication, drugs or alcohol or physical illness or injury?
|
|
v

(IF NO:) Did this weight gain interfere with your life or activities a lot?

Yes No
| 5
v

No Yes-----> (IF YES:) Was this weight gain always the result of medication, drugs or alcohol or a physical illness or injury?
1

(CODE 1 or 5)

Yes	No
1	5

APPETITE _____ SECTION CODE BOX
 (MAKE NO ENTRY IF ALL APPETITE QUESTIONS
 WERE CODED 1, MARK AN "X" IF ANY ONE
 APPETITE QUESTION IS CODED 5)

396. During the past three years, have you ever had a period of two weeks or more when you had trouble falling asleep, staying asleep, or with waking up too early?

No Yes----->(IF YES:) Did you see a Dr. or other professional (e.g., social worker, nurse, clergy, psychologists) or take medication for this sleep problem?

	No	Yes	(IF YES:) Was this sleep problem ever the result of medication, drugs or alcohol or a physical illness or injury?
	v		

(IF NO:) Did this sleep problem interfere with your life or activities lot?

No
1

Yes----->

	Yes	No
		5
	v	

(IF YES:) Was this sleep problem always the result of medication, drugs or alcohol or a physical illness or injury?

(CODE 1 or 5)

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Yes	No
1	5

397. During the past three years, have you had a period of two weeks or longer when you were sleeping too much?

No Yes----->(IF YES:) Did you see a Dr. or other professional (e.g., social worker, nurse) clergy, psychologists) or take medication for this sleep problem?

	No	Yes	(IF YES:) Was this sleeping too much ever the result of medication, drugs, alcohol or a physical illness or injury?
	v		

(IF NO:) Did this sleeping

	Yes	No

too much interfere with you
 life or activities a lot? | | 5
 | | v
 No Yes----- (IF YES:)
 1 Was this sleeping too much
 always the result of
 medication, drugs or alcohol
 or a physical illness or
 injury?
 (CODE 1 or 5)

 Yes No
 1 5

SLEEP _____ SECTION CODE BOX
 (MAKE NO ENTRY IF ALL SLEEP QUESTIONS WERE
 CODED 1, MARK AN "X" IF ANY ONE SLEEP
 QUESTION IS CODED 5)

398. During the past three years, has there been a period lasting
 two weeks or more when you felt tired out all of the time?

No Yes----->(IF YES:) Did you see a Dr. or other
 1 professional (e.g., social
 worker, nurse, clergy,
 psychologists) or take
 medication for this being
 tired problem?

No Yes (IF YES:) Was this being tired
 | | ever the result of medication,
 | | drugs or alcohol or a physical
 | | illness or injury?
 | | ^
 | | v
 (IF NO:) Did this being
 tired interfere with your
 life or activities a lot? | Yes No
 | | 5
 | | v
 No Yes----- (IF YES:)
 1 Was this being tired always
 the result of medication,
 drugs or alcohol or a
 physical illness or injury?
 (CODE 1 or 5)

 Yes No
 1 5

TIRED _____ SECTION CODE BOX
 (MAKE NO ENTRY IF ALL TIRED QUESTIONS
 WERE CODED 1, MARK AN "X" IF ANY ONE
 TIRED QUESTION IS CODED 5)

399. During the past three years has there been a period of two
 weeks or more when you talked or moved more slowly than is
 normal for you?

SLOW
RESTLESS _____

SECTION CODE BOX
(MAKE NO ENTRY IF ALL SLOW/RESTLESS
QUESTIONS WERE CODED 1, MARK AN "X" IF
ANY ONE SLOW/RESTLESS QUESTION IS CODED 5)

401. During the past three years, has there been a period of several weeks when your interest in sex was a lot less than usual? (IF VOLUNTEERS NO INTEREST EVER, CODE AS 1 BELOW AND CHECK HERE ___)

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No	Yes----->	(IF YES:)	Did you see a Dr. or other professional (e.g., social worker, nurse, clergy, psychologists) or take medication for this loss of interest in sex?
1			
		No	Yes
		v	
			(IF YES:) Was this loss of interest ever the result of medication, drugs or alcohol or a physical illness or injury?
(IF NO) did this loss of interest interfere with your life or activities a lot?			
			Yes No
			5
			v
No	Yes----->	(IF YES:)	Was this loss of interest always the result of medication, drugs or alcohol or a physical illness or injury?
1			
(CODE 1 or 5)			

		Yes	No
		1	5

LOST
INTEREST _____

SECTION CODE BOX
(MAKE NO ENTRY IF THE LOST INTEREST
QUESTION WAS CODED 1 MARK AN "X" IF
LOST INTEREST QUESTION WAS CODED 5)

402. During the past three years, has there been a period of two weeks or more when you had a lot more trouble concentrating than is normal for you?

No Yes----->(IF YES:) Did you see a Dr. or other professional (e.g., social worker, nurse, clergy, psychologists) or take medication for this trouble concentrating?
1

	No	Yes	(IF YES:) Was this trouble concentrating ever the result of medication, drugs or alcohol or a physical illness or injury?
	v		^
(IF NO:) Did this trouble concentrating interfere with your life or activities a lot?			
No	Yes-----		Yes No
1			5
			v
			(IF YES:)
			Was this trouble concen- trating always the result of medication, or drugs or alcohol or a physical illness or injury?
			Yes No
			1 5

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403. Have you had a period when your thoughts came much slower than usual or seemed mixed up?

No	Yes-----	(IF YES:) Did you see a Dr. or other professional (e.g., social worker, nurse, clergy, psychologists) or take medication for this trouble with thinking?
1		

	No	Yes	(IF YES:) Was this trouble thinking ever the result of medication, drugs or alcohol or a physical illness or injury?
	v		^
(IF NO:) Did this trouble thinking interfere with your life or activities a lot?			
No	Yes-----		Yes No
1			5
			v
			(IF YES:)
			Was this trouble thinking always the result of medication, drugs or alcohol or a physical illness or injury?
			Yes No
			1 5

TROUBLE THINKING _____

SECTION CODE BOX
(MAKE NO ENTRY IF ALL TROUBLE THINKING
QUESTIONS WERE CODED 1, MARK AN "X" IF
EITHER OF THE TROUBLE THINKING QUESTIONS
WAS CODED 5)

404. During the past three years, has there been a period of two weeks or more when you felt worthless, sinful or guilty?

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No Yes
1 5

SECTION CODE BOX
WORTHLESS _____ (MAKE NO ENTRY IF QUESTION WAS CODED 1,
MARK AN "X" IF WORTHLESS QUESTION WAS
CODED 5)

405. During the past three years, has there been a period of two weeks or more when you thought a lot about death--either you own, someone else's, or death in general?

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No Yes
1 5

406. During the past three years has there been a period of two weeks or more when you felt that you wanted to die?

No Yes
1 5

407. During the past three years, have you felt so low you thought of committing suicide?

No Yes
1 5

408. During the past three years have you attempted suicide?

No Yes
1 5

SECTION CODE BOX
THOUGHT _____ (MAKE NO ENTRY IF DEATH QUESTION CODED
OF DEATH _____ 1, MARK AN "X" IF ANY DEATH QUESTION
IS CODED 5)

(INTERVIEWER: HAVE '5's BEEN CODED AND BOXES MARKED IN 3 OR MORE SECTIONS (E.G., APPETITE, SLEEP, TIRED)?)

No (IF NO SKIP TO QUESTION 418)
Yes (IF YES GO TO QUESTION 409)

409. You said that during the past three years you've had a problem of feeling (depressed or blue/R'S TERM) and also said you've had some other problems like (LIST ALL '5's IN

QUESTIONS 393-408). Has there ever been a time when the feelings of depression and some of these other problems occurred together--that is, within the same month?

- (1) Yes (IF YES, SKIP TO QUESTION 410)
 (2) No

(IF NO:) So there's never been a period during the past three years when you felt sad, blue, or depressed at the same time you were having some of these other problems? Is that correct?

- (1) Yes (IF YES, SKIP TO QUESTION 418)
 (2) No

410. During the past three years, what's the longest spell you've ever had when you felt blue and had several of the other problems at the same time?

 Years Months Weeks Days
 (RECORD AS REPORTED BY R)

(INTERVIEWER: IF LESS THAN 14 DAYS SKIP TO QUESTION 418)

411. Now I'd like to ask about spells when you felt both (depressed/R'S TERM) and had some of these other problems like (LIST 2 OR 3 ITEMS CODED "5" IN QUESTIONS 393-408. In the past three years, how many spells like that have you had that lasted two weeks or more?

_____ (NUMBER OF SPELLS:)

412. Did you tell a doctor about _____ (that spell/any of those spells)?

- (5) Yes (IF YES, SKIP TO QUESTION 416)
 (1) No

413. Did you tell any other professional about _____ (it/any of them)?

- (5) Yes (IF YES, SKIP TO QUESTION 416)
 (1) No

414. Did you take medicine more than once because of _____ (that spell/any of those spells)?

- (5) Yes (IF YES, SKIP TO QUESTION 416)
 (1) No

415. Did _____ (that spell/those spells) interfere with your life or activities a lot?

- (5) Yes
 (1) No

(THIS QUESTION REFERS TO SPELLS DURING THE PAST THREE YEARS:)

416. Did (this spell/any of those spells) occur just after someone close to you died?

(IF RESPONDENT VOLUNTEERS THAT SPELL(S) BEGAN MORE THAN 2 MONTHS AFTER DEATH CODE 1 AND GO TO QUESTION 417)

- ____(1) No
- ____(2) Yes

(IF YES:)

Have you had any spell of (depression/OWN EQUIVALENT) along with these other problems (such as _____) at times when it wasn't due to a death?

- ____(2) Only due to death
- ____(5) Other times or not due to death

417. Are you in one of those spells of feeling low or disinterested and having some of these other problems now?

- ____(1) Yes (IF YES, GO TO INSTRUCTIONS BELOW)
- ____(2) No

When did your last spell like that end?

- CODE MOST RECENT TIME POSSIBLE
- ____(1) Within last 2 weeks
- ____(2) Within last month
- ____(3) Within last 6 months
- ____(4) Within last year
- ____(5) More than 1 year ago

(IF MORE THAN 1 YEAR AGO, ASK:) How old were you then?
(ENTER AGE) _____

(INTERVIEWER: IF RESPONDENT ANSWERS YES TO QUESTION 417 ASK:)

Are you currently seeing a Doctor or other mental health professional about this?

- ____(1) Yes
- ____(2) No

(IF NO:) Would you like a referral to a Doctor or mental health professional in this community?

- ____(1) Yes
- ____(2) No

(IF YES: TELL RESPONDENT THAT YOU WILL CALL HIM/HER BACK WITH THIS INFORMATION AND CALL THE NYS OFFICE AS SOON AS POSSIBLE AFTER COMPLETING INTERVIEW.)

418. I'm going to read you a list of different kinds of people and places where someone might get help for problems with emotions, nerves, drugs, alcohol, or general mental health. During the

last three years have you gone to: (READ ITEMS - CIRCLE OR RECORD RESPONSES)

(OUTPATIENT SERVICES)

(IF YES:)

B. How many times
in the past year?

	No	Yes	
A friend or relative for help with any of these problems	1	2	_____ (Number)
Have you gone to a minister, priest, or rabbi for help with any of these problems?	1	2	_____ (Number)
Did you go to a psychiatrist, psychologist, social worker or counselor in private practice for help with your emotions, nerves, drugs, alcohol, or your mental health?	1	2	_____ (Number)
Have you talked to a medical doctor in private practice (except for a psychiatrist) or to any medical person in private practice?	1	2	_____ (Number)
A spiritualist, herbalist, natural therapist or reader for problems with emotions, nerves, drugs, alcohol, or mental health?	1	2	_____ (Number)
Anyone else?	1	2	_____ (Number)
DESCRIBE: _____			
Have you gone to a mental health center?	1	2	_____ (Number)
A psychiatric outpatient clinic at a general hospital or university hospital?	1	2	_____ (Number)
An outpatient clinic in a psychiatric hospital?	1	2	_____ (Number)

- A drug clinic? 1 2 _____(Number)
- An alcohol clinic? 1 2 _____(Number)
- Have you gone to an emergency room for problems with emotions, nerves, drugs, alcohol or mental health? 1 2 _____(Number)
- A family service, child counseling or social service agency? 1 2 _____(Number)
- A self-help group like Alcoholics Anonymous, etc.? 1 2 _____(Number)
- A community program like a crisis center or hotline (not including any other clinics mentioned above)? 1 2 _____(Number)
- Any other agencies or programs not mentioned above?
(DESCRIBE:) _____ 1 2 _____(Number)
- Have you been admitted to a hospital or clinic where you stayed overnight because of personal problems, mental or emotional problems, or a problem with drugs or alcohol? 1 2 _____(Number)

(IF ONE OR MORE TIMES DURING THE PAST YEAR)

C. What was the problem(s) for which you sought help during the past year? (CIRCLE AS MANY AS APPLY--DO NOT READ LIST)

- | | Family
Rela-
tion- | Drugs | Alcohol | Depres-
sion | Sex-
ual | Trouble-
With
Per- | Other | |
|--|--------------------------|-------|---------|-----------------|-------------|--------------------------|-------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| A friend or rela-
tive for help with
any of these problems | | | | | | | | |

(DESCRIBE) _____

Have you gone to a minister, priest, or rabbi for help with any of these problems? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

Did you go to a psychiatrist, psychologist, social worker or counselor in private practice for help with your emotions, nerves, drugs, alcohol, or your mental health? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

Have you talked to a medical doctor in private practice (except for a psychiatrist) or to any medical person in private practice? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

A spiritualist, herbalist, natural therapist or reader for problems with emotions, nerves, drugs, alcohol, or mental health? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

Anyone else? 1 2 3 4 5 6 7 8
 DESCRIBE: _____ (DESCRIBE) _____

Have you gone to a mental health center? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

A psychiatric outpatient clinic at a general hospital or university hospital? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

An outpatient clinic in a psychiatric hospital? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

A drug clinic? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

An alcohol clinic? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

Have you gone to an emergency room for problems with emotions, nerves, drugs, alcohol or mental health? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

A family service, child counseling or social service agency? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

A self-help group like Alcoholics Anonymous, etc.? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

A community program like a crisis center or hotline (not including any other clinics mentioned above)? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

Any other agencies or programs not mentioned above? 1 2 3 4 5 6 7 8
 (DESCRIBE:) _____

Have you been admitted to a hospital or clinic where you stayed overnight because of personal problems, mental or emotional problems, or a problem with drugs or alcohol? 1 2 3 4 5 6 7 8
 (DESCRIBE) _____

D. How much did _____ help you? (READ CATEGORIES)

	A Great Deal	A Fair Amoun	Some	Only A Little	None at All
A friend or relative for help with any of these problems	5	4	3	2	1
Have you gone to a minister, priest, or rabbi for help with any of these problems?	5	4	3	2	1

Did you go to a psychiatrist, psychologist, social worker or counselor in private practice for help with your emotions, nerves, drugs, alcohol, or your mental health?	5	4	3	2	1
Have you talked to a medical doctor in private practice (except for a psychiatrist) or to any medical person in private practice?	5	4	3	2	1
A spiritualist, herbalist, natural therapist or reader for problems with emotions, nerves, drugs, alcohol, or mental health?	5	4	3	2	1
Anyone else?	5	4	3	2	1
DESCRIBE: _____					
Have you gone to a mental health center?	5	4	3	2	1
A psychiatric outpatient clinic at a general hospital or university hospital?	5	4	3	2	1
An outpatient clinic in a psychiatric hospital?	5	4	3	2	1
A drug clinic?	5	4	3	2	1
An alcohol clinic?	5	4	3	2	1
Have you gone to an emergency room for problems with emotions, nerves, drugs, alcohol or mental health?	5	4	3	2	1
A family service, child counseling or social service agency?	5	4	3	2	1

A self-help group like Alcoholics Anonymous, etc.? 5 4 3 2 1

A community program like a crisis center or hotline (not including any other clinics mentioned above)? 5 4 3 2 1

Any other agencies or programs not mentioned above? (DESCRIBE:) _____ 5 4 3 2 1

Have you been admitted to a hospital or clinic where you stayed overnight because of personal problems, mental or emotional problems, or a problem with drugs or alcohol? 5 4 3 2 1

(IF NOT MARRIED/LIVING WITH PARTNER-QUESTION 9, SKIP TO QUESTION 442) (IF MARRIED/LIVING WITH PARTNER:) No matter how well a couple gets along there are times when they disagree or get annoyed about something the other person does. They also use many different ways of dealing with their frustration or trying to settle their differences. I'm going to read some things that you and your _____ (spouse/boyfriend/girlfriend) might do when you have an argument or are annoyed. Use the How Many Times Scale, #15, to select your responses. (IF MULTIPLE PARTNERS, ASK ABOUT MOST RECENT PARTNER)

Between Christmas a year ago and Christmas just past how many times have you personally... (READ EACH ITEM, CIRCLE APPROPRIATE NUMBER)

RESPONDENT IN PAST 12 MONTHS

	Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	20 Plus Times
419. Insulted or sworn at your spouse/partner?	0	1	2	3	4	5	6
420. Threatened to hit or throw something at your spouse/partner?	0	1	2	3	4	5	6
421. Thrown something at your spouse/partner?	0	1	2	3	4	5	6

422. Pushed, grabbed or shoved your spouse/partner?	0	1	2	3	4	5	6
423. Slapped your spouse/partner?	0	1	2	3	4	5	6
424. Kicked, bit, or hit your spouse/partner with your fist?	0	1	2	3	4	5	6
425. Hit or tried to hit your spouse/partner with something?	0	1	2	3	4	5	6
426. Beaten up your spouse/partner?	0	1	2	3	4	5	6
427. Threatened your spouse/partner with a knife or gun?	0	1	2	3	4	5	6
428. Used a knife or fired a gun?	0	1	2	3	4	5	6

(IF MARRIED/LIVING WITH PARTNER:) What about your _____ (spouse/boyfriend/girlfriend)? Tell me how many times in the past 12 months he/she has . . . (READ EACH ITEM: CIRCLE APPROPRIATE NUMBER)

RESPONDENT IN PAST 12 MONTHS

	Never	Once	Twice	3-5 Times	6-10 Times	11-20 Times	More Than 20 Times
429. Insulted or sworn at you?	0	1	2	3	4	5	6
430. Threatened to hit or throw something at you?	0	1	2	3	4	5	6
431. Thrown something at you?	0	1	2	3	4	5	6
432. Pushed, grabbed or shoved you?	0	1	2	3	4	5	6
433. Slapped you?	0	1	2	3	4	5	6
434. Kicked, bit, or hit you with their fist?	0	1	2	3	4	5	6
435. Hit or tried to hit you with something?	0	1	2	3	4	5	6

436. Beaten you up?	0	1	2	3	4	5	6
437. Threatened you with a knife or gun?	0	1	2	3	4	5	6
438. Used a knife or fired a gun?	0	1	2	3	4	5	6

(IF RESPONSE OF 1 OR MORE TO Q'S 421-428 OR 431-438, ASK QUESTIONS 439-441. OTHERWISE GO TO QUESTION 442):

439. Since one or more of these behaviors could have occurred during a single argument or fight with your spouse/boyfriend/girlfriend, altogether how many separate fights have you had during the last year?

_____ (NUMBER)

440. a. In how many of these fights were you physically injured, e.g., knocked down, bruised, scratched, cut, choked, bones broken, eyes or teeth injured?

_____ (NUMBER)

b. (IF ANY INJURY REPORTED) During the past year, how many times did you go to a doctor, clinic or hospital for medical treatment as a result of these fights?

_____ (NUMBER)

441. a. In how many of these fights was your spouse/boyfriend/girlfriend physically injured, e.g., knocked down, bruised, scratched, cut, choked, bones broken, eyes or teeth injured?

_____ (NUMBER)

b. (IF ANY INJURY REPORTED) How many times did your spouse/boyfriend/girlfriend go to a doctor, clinic or hospital for medical treatment as a result of these fights?

_____ (NUMBER)

This next set of questions is about your sexual experience.

442. Have you ever had sexual intercourse with a person of the opposite sex?

Yes	No	(IF NO SKIP TO QUESTION 466)
2	1	

443. How many times in the last year have you had sexual intercourse with someone of the opposite sex (IF MARRIED, ADD:) other than your wife/husband?

(IF FREQUENCY IS 10 OR MORE SAY TO RESPONDENT:) Please look at the responses on the How Often Scale, #10, and select the one which best describes how often you were involved in this behavior.

	Once a Month	Once Every 2-3 Weeks	Once a Week	2-3 Times A Week	Once a Day	2-3 Times A Day
Frequency	4	5	6	7	8	9

444. (IF MARRIED IN 1986, ASK:) How many times in the last year have you had sexual intercourse with your husband/wife?

(IF FREQUENCY IS 10 OR MORE SAY TO RESPONDENT:) Please look at the responses on the How Often Scale, #10, and select the one which best describes how often you had intercourse.

	Once a Month	Once Every 2-3 Weeks	Once a Week	2-3 Times A Week	Once a Day	2-3 Times A Day
Frequency	4	5	6	7	8	9

(IF NO SEXUAL INTERCOURSE IN LAST YEAR SKIP TO 446)

445. Altogether during the past year, including your spouse, how many different people of the opposite sex have you had as sexual partners?

_____ Number

446. How many times in the last year have you pressured or pushed someone such as a date or friend to do more sexually than he/she wanted to do?

(IF FREQUENCY IS 10 OR MORE SAY TO RESPONDENT:) Please look at the responses on the How Often Scale and select the one which best describes how often you have pressured someone.

	Once a Month	Once Every 2-3 Weeks	Once a Week	2-3 Times A Week	Once a Day	2-3 Times A Day
Frequency	4	5	6	7	8	9

(IF ZERO, SKIP TO QUESTION 454)

(IF ONE OR MORE, ASK:)Thinking of the last time you did this. . .

447. What was your relationship to the person(s)? (CHECK ALL THAT APPLY)

- 1) Boyfriend/girlfriend
- 2) Date
- 3) Friend
- 4) Acquaintance
- 5) Stranger
- 6) Spouse
- 7) Relative
- 8) Other (SPECIFY) _____

448. What was the sex of the person(s)?

- 1) Male 2) Female 3) Both

449. What kind of pressure or force did you use?
(READ THE LIST AND CHECK ALL THAT APPLY)

- 1) Verbal persuasion
- 2) Verbal threats of injury
- 3) Hitting, slapping and mild roughness
- 4) Physical beating and/or choking
- 5) Threatened to use a weapon
- 6) Used a weapon

450. Was anyone else, besides yourself, involved in pressuring or forcing the person(s)?

Yes	No
2	1

(IF YES) Not counting yourself, how many others were there?

(NUMBER)

451. Did you hurt or injure the person?

Yes	No
2	1

452. Did you succeed in forcing the person(s) to have sex with you?

Yes	No
2	1

453. Did you report this same event for any other question(s) we've asked?

Yes	No
2	1

(IF YES) Which other question(s) also included this event?

(SPECIFY QUESTION #)

454. How many times in the last year have you physically hurt or threatened to hurt someone to get them to have sex with you?

(IF FREQUENCY IS 10 OR MORE SAY TO RESPONDENT:) Please look at the responses on the How Often Scale and select the one which best describes how often you were involved in this behavior.

	Once a Month	Once Every 2-3 Weeks	Once a Week	2-3 Times A Week	Once a Day	2-3 Times A Day
Frequency	4	5	6	7	8	9

(IF ZERO, SKIP TO QUESTION 462)

(IF ONE OR MORE, ASK:) Thinking of the last time you did this . . .

455. What was your relationship to the person(s) (CHECK ALL THAT APPLY)

- 1) Boyfriend/girlfriend
- 2) Date
- 3) Friend
- 4) Acquaintance
- 5) Stranger
- 6) Spouse
- 7) Relative
- 8) Other (SPECIFY) _____

456. What was the sex of the person(s)?

- 1) Male 2) Female 3) Both

457. What kind of pressure or force did you use?
(READ THE LIST AND CHECK ALL THAT APPLY)

- 1) Verbal persuasion
- 2) Verbal threats of injury
- 3) Hitting, slapping and mild roughness
- 4) Physical beating and/or choking
- 5) Threatened to use a weapon
- 6) Used a weapon

458. Was anyone else, besides yourself, involved in pressuring or forcing the person(s)?

Yes	No
2	1

(IF YES:) Not counting yourself, how many others were there?

(NUMBER)

459. Did you hurt or injure the person?

Yes	No
2	1

460. Did you succeed in forcing the person(s) to have sex with you?

Yes	No
2	1

461. Did you report this same event for any other question(s) we've asked?

Yes	No
2	1

(IF YES) Which other question(s) also included this event?

_____ (SPECIFY QUESTION #)

462. How old were you when you first had sexual intercourse with someone of the opposite sex?

_____ Age

463. What was your relationship to that person?

- | | |
|-------------------------------|-----------------------------|
| ____ 1) Husband/Wife | ____ 6) Casual acquaintance |
| ____ 2) Fiance/fiancee | ____ 7) Relative |
| ____ 3) Steady dating partner | ____ 8) Complete stranger |
| ____ 4) Friend | ____ 9) Prostitute |
| ____ 5) Teacher | |

464. Was your first experience with sexual intercourse forced or voluntary?

____ 1) Forced ____ 2) Voluntary

465. How do you feel about that sexual experience? (READ CATEGORIES)

Very Positive	Positive	Both Positive and Negative	Neither Positive or Negative	Positive Negative	Very Negative
1	2	3	4	5	6

466. Have you ever engaged in sexual relations with someone of the same sex?

Yes	No	
2	1	(IF NO, SKIP TO QUESTION 472)

467. How old were you when you had your first sexual experience with someone of the same sex?

_____ Age

468. Was this experience forced or voluntary?

____1) Forced ____2) Voluntary

469. How do you feel about that sexual experience? (READ CATEGORIES)

Very		Both Positive	Neither	Positive		Very
Positive	Positive	and Negative	or Negative	Negative	Negative	Negative
1	2	3	4	5	6	

470. How many times in the last year, that is from Christmas a year ago to the Christmas just past, have you had sexual relations with someone of the same sex?

IF FREQUENCY IS 10 OR MORE SAY TO RESPONDENT:) Please look at the responses on the How Often Scale, #10, and select the one which best describes how often you had intercourse.

	Once	Once	Once	2-3	Once	2-3
	a	Every	a	Times	a	Times
Frequency	Month	2-3	Week	A Week	Day	A Day
_____	4	Weeks	6	7	8	9

471. Altogether during the past year, how many different people of the same sex have you had as sexual partners?

_____ Number

472. At this point in your life, how would you describe your sexual identity, that is, your sexual preference or commitment? (READ LIST-CHECK ONLY ONE RESPONSE)

____1) Heterosexual ____3) Gay
 ____2) Bisexual ____4) Uncertain

473. How do you feel about your sex life over the past year? (READ CATEGORIES)

Very	Somewhat	Neither	Satisfied	Somewhat	Very
Satisfied	Satisfied	Nor	Dissatisfied	Dissatisfied	Dissatisfied
5	4	3	2	1	

474. Thinking of your sexual experience in the past year, how much pressure or stress is there in this area of your life? (READ CATEGORIES)

A Great	Quite	Some	Not Too	Very
Deal	a Bit		Much	Little
1	2	3	4	5

475. Has there ever been a period of two months or longer when you had sexual problems such as (FOR MALES) trouble having

an erection? (FOR FEMALES) extreme fear of having sexual relations or inability to experience orgasm?

Yes No
 2 1 (IF NO, SKIP TO QUESTION 476)

(IF YES:) How many times in the last year was your sexual behavior affected by any such problem(s)? _____
 Frequency

476. Have you ever engaged in any of the following behavior?
 (READ ITEMS - CIRCLE AND RECORD RESPONSES)

			(IF YES:) How many times in
	No	Yes	past year?
a. Purposefully and secretly watched others as they undressed or engaged in sexual acts?	1	2	_____
b. Made sexual advances to or engaged in sexual behavior with children?	1	2	_____
c. Purposefully exposed (displayed) the sexual parts of your body to strangers?	1	2	_____
d. Watched X-rated movies or pornographic live shows or purchased materials from a pornographic shop?	1	2	_____

(ASK ONLY IF RESPONDENT REPORTS SOME SEXUAL RELATIONS)

e. Had sexual relations where you purposefully were cruel and inflicted pain on your partner?	1	2	_____
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(ASK ONLY IF RESPONDENT REPORTS SOME SEXUAL RELATIONS)

f. Had sexual relations where you sought cruel, dominating and abusive behavior from your partner?	1	2	_____
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Over the course of the National Youth Survey we failed to collect some information that is very important. We also collected some information we would like to double check with you. Since sometimes in a survey of this size recording errors are made, we would like to make sure the information we have is correct.

First, I'd like to obtain complete information about all of your family members, meaning your parents, step-parents, and all of your brothers and sisters.

477. Will you help me list all of the members of your family along

with their age or birthdate? Please include any member of your family who has died. (LEAD R THROUGH SECTION A FOR EACH FAMILY MEMBER)

A.

Family Members	Died (yr)	Sex	Age	Birthdate or month/year	How Sure of Information		
					Very	Somewhat	Not Sure
Biological Mother		F					
Stepmother		F					
Biological Father		M					
Stepfather		M					
Oldest Child							
Next Oldest							
Next Oldest							
Next Oldest							
Next Oldest							
Next Oldest							
Next Oldest							
Next Oldest							
Next Oldest							
Other							

B.

C.

Family Members	Siblings With Different Mother	Lived with 3 or more years
Biological Mother		
Stepmother		
Biological Father		
Stepfather		
Oldest Child		
Next Oldest		
Next Oldest		
Next Oldest		
Next Oldest		
Next Oldest		
Next Oldest		
Next Oldest		
Next Oldest		
Next Oldest		
Other		

477a. Do any of your brothers or sisters that are listed have a different biological mother than you?

____(1) No ____ (2) Yes (IF YES) Which ones?
 (GO TO SECTION B AND CHECK ALL APPROPRIATE LINES)

477b. Does this list include all of your mother's biological children? ____ (1) Yes ____ (2) No
 (IF NO): Would you please include them in the list of family members.

477c. Which of the people listed did you live with for three or more years during junior and senior high school; that is, grades 7 through 12. (GO TO SECTION C AND CHECK ALL APPROPRIATE LINES)

478. Now I'd like to go over the information we have about your marital history to make sure it is complete.

1. For each year, 1976 through 1983, please tell me:

- a) if the information is correct, and
- b) if there is any information missing (SHOW R MARITAL INFORMATION FOR EACH YEAR. PROBE FOR MISSING INFORMATION)

2. Also, would you please complete the chart by telling me your marital history for 1984, 1985 and 1986.

Marital Status	Year											
	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	
First												
Last												

NM = Never Married M = Married RM = Remarried D = Divorced
 S = Separated W = Widowed

ID _____

PLEASE NOTE:

THE QUESTIONNAIRE ITEMS ON THIS PAGE, NUMBERED 1 THROUGH 11, WERE ADMINISTERED TO PARTIAL SAMPLE 7B ONLY.

The next set of questions concerns your behavior during the calendar years 1984 and 1985. This set involves only 11 questions but accurate answers are very important. Also, these questions don't ask about the details that the previous questions did, so this section will be easier.

You may remember that we last interviewed you in early 1984. To help you remember the 1984-1985 period, look at the time line chart on the back of the response sheet.

(USE THE FOLLOWING ITEMS TO HELP THE RESPONDENT REMEMBER THE 1984-1985 PERIOD AND BE ABLE TO LOCATE EVENTS IN THOSE YEARS).

Where did you spend Christmas in 1983? 1984?
 Did you receive any special gifts that year?
 Where were you on New Years day 1984? 1985?

Did anything special happen to you or your family during 1984? During 1985?

Did you go on a vacation in 1984? 1985?
 Any other trips?

Thinking about the period 1984 through 1985 . . .

			(IF YES) Was that in
No	Yes		1984, 1985 or Both Yrs?
			(CIRCLE RELEVANT YEARS)

During this period did you:

- | | | | | |
|---|---|---|------|------|
| 1. Get involved in a gang fight? | 1 | 2 | 1984 | 1985 |
| 2. Steal something worth more than \$50? | 1 | 2 | 1984 | 1985 |
| 3. Attack someone with the idea of seriously hurting or killing them? | 1 | 2 | 1984 | 1985 |
| 4. Steal or try to steal a motor vehicle? | 1 | 2 | 1984 | 1985 |
| 5. Use force or strongarm methods to get money or things from people? | 1 | 2 | 1984 | 1985 |
| 6. Break into or try to break | | | | |

into a building or vehicle to steal something or just to look around?	1	2	1984	1985
7. Have or try to have sexual relations with someone against their will?	1	2	1984	1985
8. Knowingly buy, sell, or hold stolen goods or try to do any of these things?	1	2	1984	1985
9. Use alcohol more than 3 times?	1	2	1984	1985
10. Use marijuana more than 3 times?	1	2	1984	1985
11. Use other illicit drugs more than 3 times?	1	2	1984	1985

Debriefing Page

Would you like to explain any of your answers further?_____

Were there any specific questions that made you feel particularly uncomfortable?_____

We know it is difficult to remember all the things we have asked about and that your estimates may be off a little, but have you ever deliberately misled us with your answers?

____(1) No ____ (2) Yes

Are there any other comments you would like to communicate to the people at IBS that conduct the study?_____

Have you received copies of the National Youth Survey Newsletter?

No Yes (IF YES) How many have you received?

(EXACT NUMBER)_____

Are there any special topics or things of interest that you would like to see in future newsletters?_____

