

**NATIONAL LONGITUDINAL TRANSITION STUDY - 2 (NLTS2)  
WAVE 2 INTERVIEW  
PARENT CONTINUATION 2A**

**LINKS TO PARENT CONTINUATION, PART 2A SECTIONS – WAVE 2**

[J. Social and extracurricular activities](#)

[K. Secondary school experiences continued, postsecondary education](#)

[L. Employment](#)

[M. Youth's household](#)

[N. Closing, tracing questions](#)

***PARENT PART 1 SECTIONS [see Wave 2 Parent Part 1 instrument]***

- S Introduction*
- A Living arrangements/student characteristics*
- B Disability Characteristics*
- C Health insurance*
- D School status and secondary school experiences*
- E Family involvement*
- F Services*
- G Youth behaviors*
- H Household*
- I Screen for continuation, overlap items, tracing questions*

***YOUTH CONTINUATION, PART 2B SECTIONS [see Wave 2 Youth Part 2b instrument]***

- O Youth Introduction*
- P Social and extracurricular activities*
- Q Health*
- R Secondary school experiences/involvement*
- S Postsecondary education*
- T Employment*
- U Risk behaviors*
- V Youth's feelings and expectations*
- W Youth's household*
- X Closing*

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## SECTION J. SOCIAL AND EXTRACURRICULAR ACTIVITIES YOUTH BEHAVIORS

In that case, I'd like to ask you a similar, but much shorter series of questions. It should only take about 20 minutes. I would like to ask about what YOUTH does in [his/her] spare time.

**CHECKPOINT:** IF NOT IN SCHOOL IN THE PAST YEAR [D1a AND D2a NE 1 AND D4b 1 through 3 NE 1) GO TO J2].  
 IF HOME SCHOOLED OR HOME BOUND [D2b=1or2], GO TO J2. ELSE GO TO J1.  
 IF IN SCHOOL IN PAST YEAR (D1a OR D2a OR D4b 1 through 3 = 1), READ BRACKETED WORDS IN THIS SECTION.

NHES96, SEELS

J1. During the last 12 months has YOUTH taken part in any school activity outside of class, such as a sports team, band or chorus, a school club, or student government?

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

NHES93, SIMILAR NELS88 AND NHES96, SEELS

J2. During the last 12 months, has [he/she] taken part in any [out-of-school] group activity, such as scouting, church or temple youth group, or nonschool team sports like soccer or softball?

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

**CHECKPOINT:** IF J1 OR J2=1, HAD GROUP ACTIVITY, ASK J3a. ELSE GO TO J4.

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

J3a. What kinds of groups has [he/she] belonged during the past 12 months]? DO NOT READ. CODE ALL THAT APPLY.

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

**CHECKPOINT1:** IF SAMPLE FILE OR RESPONDENT SAYS YOUTH DOES NOT HAVE A DISABILITY (B1c=2) OR IF ONLY DISABILITY IS LEARNING DISABILITY OR SPEECH (B1a=13 or 16 ONLY OR SAMPLE FILE) GO TO J4. ELSE GO TO CHECKPOINT 2.

**CHECKPOINT 2:** IF ONLY GROUP LISTED IN J3a IS STUDENT GOVERNMENT, SPECIAL OLYMPICS OR DISABILITY ORIENTED GROUP (J3a=5, 9, or 12) GO TO J4. ELSE GO TO J4.

**CHECKPOINT 3:** IF ONLY ONE TYPE OF GROUP IN J3a GO TO J3b. IF MORE THAN ONE TYPE OF GROUP CIRCLED GO TO J3c.

J3b. Does this group include only youth with special needs?

|          |            |    |
|----------|------------|----|
| GO TO J4 | YES        | 1  |
|          | NO         | 2  |
|          | DON'T KNOW | -1 |
|          | REFUSED    | -2 |

J3c. How many of these are groups that include only youth with special needs? Would you say ... READ CATEGORIES. CIRCLE ONE.

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

SEELS

J4. During the past 12 months has YOUTH done any volunteer or community service activities? This could include community service that is part of a school class or other group activity.

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

NELS, similar NSAF97, SEELS

J5. During the past 12 months has [he/she] taken lessons or classes [outside of school] in things like art, music, dance, a foreign language, religion, or computer skills?

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

**CHECKPOINT:** IF YOUTH DOES NOT LIVE WITH PARENT, RELATIVE, GUARDIAN, OR ALONE (A6a NE 1, 2, 3, 4, OR 5) GO TO J9a1. ELSE GO TO J6.

NLTS

J6. During the past 12 months about how many days a week did [he/she] usually get together with friends [outside of school and] outside of organized activities or groups? OK TO READ CATEGORIES IF NEEDED. CODE ONE.

|            |                                |    |
|------------|--------------------------------|----|
|            | NEVER,                         | 0  |
|            | SOMETIMES, BUT NOT EVERY WEEK, | 1  |
|            | 1 DAY A WEEK,                  | 2  |
|            | 2 OR 3 DAYS A WEEK,            | 3  |
|            | 4 OR 5 DAYS A WEEK, OR         | 4  |
|            | 6 OR 7 DAYS A WEEK?            | 5  |
| DON'T READ | DON'T KNOW                     | -1 |
|            | REFUSED                        | -2 |

SEELS

J7. During the past 12 months has he/she been invited to other kids' social activities like over to their home or to a party?

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

SEELS

J8. During the past 12 months how often have friends called YOUTH on the phone? Would you say ... READ CATEGORIES. CODE ONE.

|            |  |    |
|------------|--|----|
|            | Never,                                   | 1  |
|            | Rarely/less than once a month,           | 2  |
|            | A few times a month, but not every week, | 3  |
|            | About once a week, or                    | 4  |
|            | Several days a week.                     | 5  |
|            | Every day                                | 6  |
| DON'T READ | DON'T KNOW                               | -1 |
|            | REFUSED                                  | -2 |

NELS 88, SEELS

J9a1. Does [he/she] use a computer for READ EACH ITEM TO CODE RESPONSE IN COLUMN a1. FOR EACH ANSWER THAT IS NOT A YES (NE=1) IN A THROUGH C, ALSO READ J9a2 IMMEDIATELY FOR THAT COMPUTER USE AND CODE RESPONSE IN COLUMN a2.

IF YOUTH IS NOT NOW IN SCHOOL (D1j AND D2c AND D4b 1 THROUGH 3 NE 1) DO NOT ASK TO J9a1 FOR ITEM A, JUST ASK J9a2. CODE NA FOR ITEM A IF DOESN'T GET HOMEWORK.

J9a2. Does [he/she] know how to use a computer for:

|    |                                 | <b>a1.</b><br>: DOES USE COMPUTER FOR |   |    |    |    | <b>a2.</b><br>KNOS HOW TO USE COMPUTER FOR: |   |    |    |
|----|---------------------------------|---------------------------------------|---|----|----|----|---|---|----|----|
|    |                                 | Y                                     | N | DK | R  | NA | Y   | N | DK | R  |
| A  | Homework and school assignments | 1                                     | 2 | -1 | -2 |    | 1   | 2 | -1 | -2 |
| B. | Playing games                   | 1                                     | 2 | -1 | -2 |    | 1   | 2 | -1 | -2 |
| C. | The internet                    | 1                                     | 2 | -1 | -2 |    | 1   | 2 | -1 | -2 |

J9b. Does [he/she] know how to use a computer for:

|    |                             | <b>A.</b><br>KNOS HOW TO USE COMPUTER FOR: |   |    |    |    |
|----|-----------------------------|--|---|----|----|----|
|    |                             | Y  | N | DK | R  | NA |
| A. | E-mail or instant messaging | 1  | 2 | -1 | -2 | 3  |
| B. | Taking part in chat rooms   | 1  | 2 | -1 | -2 | 3  |

**CHECKPOINT:** IF J9Ba OR J9Bb=1 (EMAIL, CHAT ROOMS) ASK J10. ELSE GO TO J11.

NHES96, SEELS

J10. How frequently does [YOUTH] use e-mail, instant messaging or take part in chat rooms? Would you say ... READ CATEGORIES. CIRCLE ONE CODE.

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

**CHECKPOINT:** IF A6a NE 1, 2, 3, OR 4 (DOESN'T LIVE WITH PARENT/GUARDIAN/RELATIVE) GO TO J13. ELSE GO TO J11.

NLTS

J11. During the past few weeks, how has [he/she] spent most of [his/her] time when [he/she]

wasn't working or going to school? DON'T READ. CODE ALL THAT APPLY.

|  |    |
|--|----|
| VISITING WITH FAMILY MEMBERS                           | 01 |
| VISITING WITH FRIENDS                                  | 02 |
| DOING HOMEWORK   | 03 |
| READING FOR PLEASURE                                   | 04 |
| GOING OUT ON DATES                                     | 05 |
| JUST DRIVING AROUND (WITH FRIENDS OR ALONE)            | 06 |
| TALKING WITH FRIENDS ON THE TELEPHONE                  | 07 |
| ELECTRONIC GAMES (E.G., COMPUTER, HANDHELD, VIDEO)     | 08 |
| USING THE COMPUTER FOR EMAIL OR INTERNET OR CHAT ROOMS | 09 |
| THINKING OR DAYDREAMING OR HANGING AROUND THE HOUSE    | 10 |
| WATCHING TELEVISION/VIDEOS                             | 11 |
| LISTENING TO MUSIC                                     | 12 |
| PLAYING SPORTS, JOGGING, SWIMMING, BIKING, SKATING     | 13 |
| SHOPPING/HANGING OUT AT THE MALL                       | 14 |
| HANGING OUT SOMEWHERE ELSE/DOING NOTHING               | 15 |
| HOUSEHOLD CHORES, COOKING, GARDENING                   | 16 |
| OTHER, SPECIFY _____                                   | 17 |
| DON'T KNOW   | -1 |
| REFUSED  | -2 |

AHW1

J12. About how many hours a week does [he/she] usually watch TV or videos?

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

{allow 70}

**CHECKPOINT:** IF G9 =5 OR SAMPLE FILE (YOUTH HAS DRIVERS LICENSE) GO TO J14a. ELSE ASK J13.

NLTS, SEELS

J13. Does YOUTH have a driver's license or learners permit?

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

NLTS, SEELS

J14a. Does [he/she] get an allowance or have other money that [he/she] can decide how to spend? IF ASKED, THIS COULD INCLUDE MONEY EARNED FROM A JOB. CODE ONE.

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

**CHECKPOINT:** IF YOUTH IS LESS THAN 16 YEARS OLD ONLY ASK ITEMS J14B A AND B, SKIP C. IF YOUTH IS 16 YEARS OR OLDER ASK ALL 3 J14B ITEMS.

NLTS

J14b. Does [he/she] have a ... READ CATEGORIES, ONE CODE PER ITEM.

|    |   | Y | N | DK | R  |
|----|---|---|---|----|----|
| a. | Savings account                                   | 1 | 2 | -1 | -2 |
| b. | Checking account where [he/she] writes checks     | 1 | 2 | -1 | -2 |
| c. | Credit cards or charge account in [his/her] name? | 1 | 2 | -1 | -2 |

NLTS

J15a. My next few questions are about involvement with police and courts. Has YOUTH been arrested in the past 2 years? CODE ONE.

|            |            |    |
|------------|------------|----|
| GO TO J15b | YES        | 1  |
| GO TO J15d | NO         | 2  |
|            | DON'T KNOW | -1 |
|            | REFUSED    | -2 |

J15b. In the past 2 years, has [he/she] been in jail overnight? CODE ONE.

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

J15c. In the past 2 years, has [he/she] been on probation or parole? CODE ONE.

|       |     |   |
|-------|-----|---|
| GO TO | YES | 1 |
|-------|-----|---|



|                          |            |    |
|--------------------------|------------|----|
| CHECKPOINT<br>BEFORE J16 | NO         | 2  |
|                          | DON'T KNOW | -1 |
|                          | REFUSED    | -2 |

J15d. In the past 2 years, has [he/she] been stopped and questioned by the police [IF G9=5 OR SAMPLE FILE INDICATES HAS DRIVERS LICENSE OR J13=1, HAS A DRIVER'S LICENSE OR PERMIT, ADD: except for a traffic violation]? CODE ONE.

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

**CHECKPOINT:** IF YOUTH IS 18 OR OLDER ASK J16. ELSE GO TO SECTION K.

NLTS

J16. Is YOUTH registered to vote?

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

**SECTION K. SECONDARY SCHOOL EXPERIENCES CONTINUED  
AND POSTSECONDARY EDUCATION**

**SECTION OUTLINE:**

[K1-K4 - SECONDARY SCHOOL EXPERIENCES](#)

[POSTSECONDARY EDUCATION](#)

[K5 - POSTSECONDARY: DROPOUTS/HIGH SCHOOL LEAVERS](#)

[K6 - POSTSECONDARY: 2-YEAR/COMMUNITY COLLEGE](#)

[K7 - POSTSECONDARY: VOCATIONAL OR TECHNICAL SCHOOL](#)

[K8 - POSTSECONDARY: 4-YEAR COLLEGE OR UNIVERSITY](#)

Now I would like to ask you a few questions about YOUTH's school experiences.

**CHECKPOINT:** IF YOUTH WAS IN SECONDARY SCHOOL THIS [after 8/15/03: LAST] YEAR (D1a OR D2a=1) GO TO K1. ELSE GO TO POST SECONDARY QUESTIONS CHECKPOINT BEFORE K5a.

**SECONDARY SCHOOL EXPERIENCES**

SEELS

K1. How well would you say [YOUTH] has gotten [after 8/15/03: got] along with other students at school this [after 8/15/03: last] school year? Would you say...? READ CATEGORIES. CODE ONE.

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

SEELS

K2. How well would you say [he/she] has gotten [after 8/15/03: got] along with teachers this [after 8/15/03: last] school year? Would you say...? READ CATEGORIES. CODE ONE.

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

K3. Think about [YOUTH'S] experiences at [his/her] school since the beginning of this school year [after 8/15/03: during the 2002-2003 school year.] Would you say you strongly agree, agree, disagree, or strongly disagree with each of the following statements? READ STATEMENTS. CODE ONE RESPONSE FOR EACH.

|    |   | Strongly Agree | Agree | Dis-agree | Strongly Dis-agree | DK | REF |
|----|---|----------------|-------|-----------|--------------------|----|-----|
| a. | School is [after 8/15/03: was] challenging for [YOUTH].   | 1              | 2     | 3         | 4                  | -1 | -2  |
| b. | [He/she] enjoys [after 8/15/03: enjoyed] school.  | 1              | 2     | 3         | 4                  | -1 | -2  |
| c. | There is [after 8/15/03: was] an adult at the school who knows YOUTH well and cares about [him/her].                      | 1              | 2     | 3         | 4                  | -1 | -2  |
| d. | The school is [after 8/15/03: was] good at meeting [his/her] individual needs.  | 1              | 2     | 3         | 4                  | -1 | -2  |
| e. | [YOUTH] is [after 8/15/03: was] getting the support and services from the school that [he/she] needs to do well in school | 1              | 2     | 3         | 4                  | -1 | -2  |

SSS, SEELS

K4. Has [YOUTH] had [8/15/03: Did {YOUTH} have] any of the following things happened during this school year? READ EACH. CODE ONE RESPONSE FOR EACH ITEM.

|    |   | Yes | No | NA | DK | RF |
|----|---|-----|----|----|----|----|
| a. | Has [YOUTH] had [after 8/15/03: Did {YOUTH} have] things stolen from [his/her] locker, desk, or other places at school?   | 1   | 2  | 3  | -1 | -2 |
| b. | Has [he/she] been [after 8/15/03: Was {he/she}] bullied or picked on by other students or made to do things like give them money, either at school or on the way to or from school? | 1   | 2  | 3  | -1 | -2 |
| c. | Has [he/she] bullied or picked [after 8/15/03: Did {he/she} bully or pick] on other students?   | 1   | 2  | 3  | -1 | -2 |
| d. | Has [he/she] been [after 8/15/03: Was {he/she}] teased or called names at school?   | 1   | 2  | 3  | -1 | -2 |
| e. | Has [he/she] been [after 8/15/03: Was {he/she}] physically attacked or in fights at school or on the way to or from school?   | 1   | 2  | 3  | -1 | -2 |

## POSTSECONDARY EDUCATION

**CHECKPOINT:** IF YOUTH IS IN HIGH SCHOOL NOW (D1j or D2c=1) GO TO SECTION L. IF SUMMER VACATION (D1k or D2d=1) GO TO SECTION L.

IF YOUTH DID NOT GRADUATE OR TAKE A TEST FOR DIPLOMA IN EARLIER WAVE, OR THIS WAVE (D1k or D2d NE 2 OR 3) OR (D3B NE 1 OR 2) GO TO K5a. ELSE GO TO CHECKPOINT BEFORE K6a.

### DROPOUTS/HIGH SCHOOL LEAVERS

NLTS

K5a. Since leaving high school, has [he/she] taken classes or tests to earn a high school diploma, such as a GED course?

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

NLTS

K5b. Did [he/she] get a high school diploma or certificate from this effort?

|           |            |    |
|-----------|------------|----|
| GO TO K5d | YES        | 1  |
| GO TO K5c | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

NLTS

K5c. Is [he/she] taking classes to earn a high school diploma or certificate now?

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

K5d. Was it a diploma or a certificate?

|             |    |
|-------------|----|
| DIPLOMA     | 1  |
| CERTIFICATE | 2  |
| DON'T KNOW  | -1 |
| REFUSED     | -2 |

**2-YEAR/COMMUNITY COLLEGE**

**CHECKPOINT:** IF D4a1=1 (PARENT SAID TOOK CLASSES IN 2 YEAR COLLEGE) GO TO K6A. ELSE GO TO CHECKPOINT BEFORE K7a.

NLTS

K6a. Earlier you told me that YOUTH has taken classes from a 2-year, junior, or community college. About how long after leaving high school was it before [he/she] started going to a 2-year college? (IF ASKED, THE SUMMER BETWEEN HIGH SCHOOL AND COLLEGE SHOULD BE COUNTED.)

|                 |            |    |
|-----------------|------------|----|
| _____<br>NUMBER | DAYS       | 1  |
|                 | WEEKS      | 2  |
|                 | MONTHS     | 3  |
|                 | YEARS      | 4  |
|                 | DON'T KNOW | -1 |
|                 | REFUSED    | -2 |

- {allow 5 years}
- {allow 60 months}
- {allow 260 weeks}
- {allow 1,825 days}

**CHECKPOINT:** IF D4b1NE 1 (IS NOT GOING NOW) GO TO K6b. ELSE GO TO K6c.

K6b. You told me earlier that YOUTH is not going to a 2-year or community college now. Why did [he/she] stop going to a 2-year or community college? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

|   |    |
|---|----|
| COMPLETED PROGRAM/ RECEIVED DEGREE  | 01 |
| FINISHED THE CLASSES YOUTH WANTED/NEEDED TO TAKE                                | 02 |
| CHANGED SCHOOLS, WENT TO A DIFFERENT SCHOOL                                     | 03 |
| TRANSPORTATION PROBLEMS   | 04 |
| DIDN'T GET SERVICES NEEDED  | 05 |
| TOO EXPENSIVE/COULDN'T AFFORD IT  | 06 |
| DIDN'T HAVE TIME; SCHEDULE CONFLICTS; CONFLICTED WITH OTHER DEMANDS (E.G., JOB) | 07 |
| POOR GRADES/NOT DOING WELL IN SCHOOL  | 08 |
| DIDN'T LIKE SCHOOL  | 09 |
| WANTED/NEEDED TO FIND A JOB   | 10 |
| OFFERED A JOB/CHOSE TO WORK   | 11 |
| WANTED TO ENTER MILITARY  | 12 |
| DIDN'T GET INTO THE PROGRAM [HE/SHE] WANTED                                     | 13 |
| ILLNESS/DISABILITY; TOO SICK TO GO  | 14 |
| GOT MARRIED   | 15 |
| GOT PREGNANT OR HAD A CHILD   | 16 |
| MOVED   | 17 |
| SCHOOL TOO DANGEROUS  | 18 |
| WANTED TO TRAVEL  | 19 |
| FRIENDS WEREN'T IN SCHOOL/WERE DROPPING OUT                                     | 20 |
| COULDN'T GET ALONG WITH TEACHERS  | 21 |
| COULDN'T GET ALONG WITH OTHER STUDENTS  | 22 |
| COULDN'T GET CHILDCARE  | 23 |
| PARENTS/FAMILY DIDN'T WANT YOUTH TO GO  | 24 |
| OTHER (SPECIFY)   | 25 |
| SUMMER SCHOOL   | 26 |
| DON'T KNOW  | -1 |
| REFUSED   | -2 |

K6c. [IF D4b1=1: Has YOUTH been enrolled] [IF D4b1 NE 1: Was [he/she] enrolled] steadily during the school year, or [IF D4b1=1: has YOUTH been enrolled] [IF D4b1 NE 1, was [he/she] enrolled] off and on, taking classes some semesters or quarters but not others?

|            |    |
|------------|----|
| STEADILY   | 1  |
| OFF AND ON | 2  |
| DON'T KNOW | -1 |
| REFUSED    | -2 |

NLTS

K6d. [IF D4b1 NE 1: Has YOUTH gone] [IF D4b1=1: Is [he/she] going] to a 2-year or community college full time or part time? IF ASKED, BY FULL TIME, WE MEAN TAKING A FULL COURSE LOAD OF 12 CREDITS OR MORE AT A TIME OR BEING IN CLASS AT LEAST 12 HOURS PER WEEK.

|                                      |    |
|--------------------------------------|----|
| FULL TIME                            | 1  |
| PART TIME                            | 2  |
| BOTH, SOMETIMES ONE, SOMETIMES OTHER | 3  |
| DON'T KNOW                           | -1 |
| REFUSED                              | -2 |

K6e. Has YOUTH taken mostly vocational courses to train for a job, like computer or business courses, or has YOUTH taken mostly academic courses, like English or science?

|           |  |    |
|-----------|--|----|
| GO TO K6f | MOSTLY VOCATIONAL                                      | 1  |
| GO TO K6h | MOSTLY ACADEMIC  | 2  |
| GO TO K6f | BOTH, MIXED  | 3  |
| GO TO K7a | NEITHER, CLASSES ARE FOR PERSONAL INTEREST, RECREATION | 4  |
| GO TO K6h | DON'T KNOW   | -1 |
|           | REFUSED  | -2 |

K6f. What kind of job [IF D4b1=1: is [he/she] training for] [IF D4b1 NE 1: did [he/she] train for]? CODE ALL THAT APPLY.

|  |    |
|--|----|
| AGRICULTURE, GROUNDSKEEPING, HORTICULTURE                              | 01 |
| ANIMAL CARE – E.G., VETERINARY HELPER                                  | 02 |
| ARTS, DRAMA, DANCE, MUSIC, GRAPHIC DESIGN/ARTS, FASHION DESIGN         | 03 |
| COMMUNICATIONS, JOURNALISM, TV/RADIO, ENTERTAINMENT INDUSTRY           | 04 |
| BUSINESS   | 05 |
| CHILD CARE, EARLY CHILDHOOD EDUCATION                                  | 06 |
| CLERICAL – E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST               | 07 |
| COMPUTER SUPPORT – E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT | 08 |
| EDUCATION, TEACHING, TUTORING  | 09 |
| ENGINEERING (ELECTRICAL, MECHANICAL, CHEMICAL, MATERIALS)              | 10 |
| FINANCIAL SERVICES   | 11 |
| FOOD SERVICE, RESTAURANT MANAGEMENT                                    | 12 |
| HEALTH CARE – PERSONAL CARE ATTENDANT, NURSE'S AIDE                    | 13 |
| MARKETING, ADVERTISING   | 14 |
| MECHANICS (AUTO, MACHINERY REPAIR)                                     | 15 |
| POLICE SCIENCE, CRIMINAL JUSTICE                                       | 16 |
| RETAIL SALES   | 17 |
| SKILLED CRAFTS (PLUMBING, ELECTRICAL WORK, CARPENTRY)                  | 18 |
| OTHER, SPECIFY _____   | 19 |
| DON'T KNOW   | -1 |
| REFUSED  | -2 |

K6h. [IF D4b1=1: Does] [IF D4b1 NE 1: did] [he/she] ever get help with schoolwork at this school, like going to a tutor or a study or writing center?

|     |   |
|-----|---|
| YES | 1 |
|-----|---|

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

**CHECKPOINT:** IF PARENT SAYS HAS NO DISABILITY (B1c=2, OR SAMPLE FILE) GO TO K6m2. ELSE, ASK K6i.

K6i. Was this school aware that [he/she] has a disability ... READ CATEGORIES. CODE ONE RESPONSE.

|                   |  |    |
|-------------------|--|----|
| CONTINUE WITH K6j | Before [he/she] enrolled there                   | 1  |
|                   | After [he/she] enrolled, or                      | 2  |
| GO TO K6m1        | Is the school not aware of [his/her] disability? | 3  |
| CONTINUE WITH K6j | DON'T KNOW                                       | -1 |
|                   | REFUSED  | -2 |

K6j. [IF D4b1 NE 1: Did [he/she] receive] [IF D4b1=1: Has YOUTH received] any services, accommodations, or other help from the school, like a tutor or more time to take tests, because [he/she] has a learning problem, disability, or other special need?

|           |            |    |
|-----------|------------|----|
| GO TO K6l | YES        | 1  |
| GO TO K6k | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

K6k. [IF D4b1 NE 1: Did [he/she] ask or apply] [IF D4b1=1: Has YOUTH asked or applied] for any services, accommodations, or other help from the school?

|            |            |    |
|------------|------------|----|
| GO TO K6m1 | YES        | 1  |
|            | NO         | 2  |
|            | DON'T KNOW | -1 |
|            | REFUSED    | -2 |



K6I. What services, accommodations, or other help has YOUTH received? IF HAS ATTENDED MORE THAN ONE 2-YEAR, JUNIOR, OR COMMUNITY COLLEGE, WE WANT TO KNOW ABOUT SERVICES FROM ANY OF THEM. DO NOT READ.

|    |   |    |
|----|---|----|
| 1  | <b>Testing Accommodations</b>   |    |
|    | More time in taking tests   | 01 |
|    | Having tests and other materials read to youth  | 02 |
|    | Different tests   | 03 |
|    | Different grading standards   | 04 |
|    | Different setting to take tests   | 05 |
|    | Instructions given in sign language or manual communication                                     | 06 |
|    | Scribe to record answers  | 07 |
| 2  | <b>Accommodations in assignments</b>  |    |
|    | Additional time to finish assignments   | 08 |
|    | Different assignments, like shorter assignments or different lab assignments in a science class | 09 |
| 3  | <b>Materials/technology adaptations</b>   |    |
|    | Large print or Braille materials or large print computer  | 10 |
|    | Books on tape   | 11 |
|    | Use of computer or spell checker in class or during test taking                                 | 12 |
|    | Computer software designed for students with disabilities                                       | 13 |
|    | Computer hardware adapted for student's needs (e.g., alternative keyboard, switch interface)    | 14 |
|    | Special use of calculator (e.g., use for tests that other students don't have)                  | 15 |
| 4  | <b>Human aides</b>  |    |
|    | A reader or interpreter   | 16 |
|    | Note taker in class   | 17 |
|    | A personal aide or instructional assistant to help you in class                                 | 18 |
|    | Tutor   | 19 |
|    | Support person to monitor academic progress and help with managing academic workload            | 20 |
| 5  | <b>Out-of-classroom learning supports</b>   |    |
|    | A behavior management program   | 21 |
|    | Help with learning strategies or study skills (e.g., writing center)                            | 22 |
|    | Support group for students with disabilities  | 23 |
|    | Early registration  | 24 |
| 6  | <b>Physical adaptations in classrooms</b>   |    |
|    | Physical changes to the classroom, special desks  | 25 |
|    | Changes to equipment, like different lab equipment in a science class                           | 26 |
| 7  | <b>Independent living supports</b>  |    |
|    | Transportation assistance (i.e., to get to classes)   | 27 |
|    | Housing assistance (e.g., modified living arrangements)   | 28 |
|    | Orientation and mobility services   | 29 |
|    | Social activities for students with disabilities  | 30 |
|    | Food service arrangements or accommodations   | 31 |
|    | Medical supports  | 32 |
| 8  | <b>Therapies</b>  |    |
|    | Psychological or mental health services or counseling   | 33 |
|    | Social work services  | 34 |
|    | Occupational therapy or life skills training  | 35 |
| 9  | <b>Service coordination or case management</b>  | 36 |
| 10 | <b>Childcare</b>  | 37 |
| 11 | <b>Other. Specify:</b> _____  | 38 |
|    | DON'T KNOW  | -1 |
|    | REFUSED   | -2 |

**CHECKPOINT: (ALL DISABILITY CATEGORIES)**

IF NO RESPONSES IN CATEGORY 5: Have there been any supports for YOUTH outside of class, like a support group for students with disabilities or early registration?

IF NO RESPONSES IN CATEGORY 4: Has there been any person assigned to help [him/her] with [his/her] work, like a tutor, or someone who takes notes for you in class?

**CHECKPOINT: IF ANY DISABILITY FROM SAMPLE FILE IS LD OR MR OR SPEECH OR ADD (SAMPLE FILE OR IF B1a=02 OR B1a1=1) OR MULTIPLE, PROBE:**

IF NO RESPONSES IN CATEGORY 1: Has YOUTH had any accommodations in how [he/she] takes tests, like more time to take tests, or a different setting to take tests?

IF NO RESPONSES IN CATEGORY 2: Has YOUTH had any accommodations in how [he/she] handles class assignments, like having more time to finish assignments or getting different assignments?

IF NO RESPONSES IN CATEGORY 3: Has YOUTH been allowed to use any different kinds of technology in class because of a disability, like using a calculator in math class when other students don't get to use one?

**CHECKPOINT: IF ANY DISABILITY IS ORTHOPEDIC, , OTHER HEALTH IMPAIRED (OHI) - OTHER THAN ADD (IF OHI ON SAMPLE FILE OR B1a NE 02, AND B1a1 NE 1), MULTIPLE, VISUAL, OR DEAF/BLIND, PROBE:**

IF NO RESPONSES IN CATEGORY 6: Have there been any adaptations to [his/her] classrooms, like [his/her] having a special desk or different equipment because of a disability?

IF NO RESPONSES IN CATEGORY 7: Has YOUTH had any services or supports to help [him/her] live or get around at school, like help with transportation or special campus housing or dining arrangements?

K6m1. [IF K6j=1 ADD: Besides what the school had available] [IF D4b1 NE 1: Had] [IF D4b1=1: Has] YOUTH gotten any services or help on [his/her] own?

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

NLTS

K6m2. Has YOUTH gotten a diploma, certificate, or license from a 2-year or community college?

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

**CHECKPOINT:** IF D4b1 NE1 (NOT GOING NOW) GO TO CHECKPOINT BEFORE K7a. IF STILL GOING (D4b1=1), GO TO K6n.

NLTS

K6n. Is [he/she] working toward [IF K6m2 NE1: a] [IF K6m2=1: another] diploma, certificate, or license from this school?

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

**VOCATIONAL OR TECHNICAL SCHOOL**

**CHECKPOINT:** IF PARENT SAID EARLIER TOOK CLASSES IN VOCATION TECHNICAL SCHOOL (D4a2=1) GO TO K7a. ELSE GO TO CHECKPOINT BEFORE K8a.

NLTS

K7a. Earlier you said that YOUTH had taken classes from a vocational or trade school. About how long after leaving high school was it before [he/she] started going to this kind of school? [IF ASKED, THE SUMMER BETWEEN HIGH SCHOOL AND THIS KIND OF SCHOOL SHOULD BE COUNTED.]

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

- {allow 5 years}
- {allow 60 months}
- {allow 260 weeks}
- {allow 1,825 days}

**CHECKPOINT:** IF EARLIER SAID IS NOT GOING NOW (D4b2 NE 1) GO TO K7b. ELSE GO TO K7c.

K7b. You said that YOUTH was not going to this kind of school now. Why did [he/she] stop going? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

|   |    |
|---|----|
| COMPLETED PROGRAM/ RECEIVED DEGREE  | 01 |
| FINISHED THE CLASSES YOUTH WANTED/NEEDED TO TAKE                                | 02 |
| CHANGED SCHOOLS, WENT TO A DIFFERENT SCHOOL                                     | 03 |
| TRANSPORTATION PROBLEMS   | 04 |
| DIDN'T GET SERVICES NEEDED  | 05 |
| TOO EXPENSIVE/COULDN'T AFFORD IT  | 06 |
| DIDN'T HAVE TIME; SCHEDULE CONFLICTS; CONFLICTED WITH OTHER DEMANDS (E.G., JOB) | 07 |
| POOR GRADES/NOT DOING WELL IN SCHOOL  | 08 |
| DIDN'T LIKE SCHOOL  | 09 |
| WANTED/NEEDED TO FIND A JOB   | 10 |
| OFFERED A JOB/CHOSE TO WORK   | 11 |
| WANTED TO ENTER MILITARY  | 12 |
| DIDN'T GET INTO THE PROGRAM [HE/SHE] WANTED                                     | 13 |
| ILLNESS/DISABILITY; TOO SICK TO GO  | 14 |
| GOT MARRIED   | 15 |
| GOT PREGNANT OR HAD A CHILD   | 16 |
| MOVED   | 17 |
| SCHOOL TOO DANGEROUS  | 18 |
| WANTED TO TRAVEL  | 19 |
| FRIENDS WEREN'T IN SCHOOL/WERE DROPPING OUT                                     | 20 |
| COULDN'T GET ALONG WITH TEACHERS  | 21 |
| COULDN'T GET ALONG WITH OTHER STUDENTS  | 22 |
| COULDN'T GET CHILDCARE  | 23 |
| PARENTS/FAMILY DIDN'T WANT YOUTH TO GO  | 24 |
| OTHER (SPECIFY)   | 25 |
| SUMMER SCHOOL   | 26 |
| DON'T KNOW  | -1 |
| REFUSED   | -2 |

NLTS

K7c. [IF D4b2 NE 1: Has YOUTH gone] [IF D4b2= 1: Is [he/she] going] there full time or part time? IF ASKED, BY FULL TIME, WE MEAN TAKING A FULL COURSE LOAD OF 12 CREDITS OR MORE AT A TIME, OR BEING IN CLASS AT LEAST 12 HOURS PER WEEK.

|                                      |    |
|--------------------------------------|----|
| FULL TIME                            | 1  |
| PART TIME                            | 2  |
| BOTH, SOMETIMES ONE, SOMETIMES OTHER | 3  |
| DON'T KNOW                           | -1 |
| REFUSED                              | -2 |

K7d. What kind of job is [he/she] training for at the vocational, business, or technical school?  
CODE ALL THAT APPLY.

|  |    |
|--|----|
| AGRICULTURE, GROUNDSKEEPING, HORTICULTURE                              | 01 |
| ANIMAL CARE – E.G., VETERINARY HELPER                                  | 02 |
| ARTS, DRAMA, DANCE, MUSIC, GRAPHIC DESIGN/ARTS, FASHION DESIGN         | 03 |
| COMMUNICATIONS, JOURNALISM, TV/RADIO, ENTERTAINMENT INDUSTRY           | 04 |
| BUSINESS   | 05 |
| CHILD CARE, EARLY CHILDHOOD EDUCATION                                  | 06 |
| CLERICAL – E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST               | 07 |
| COMPUTER SUPPORT – E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT | 08 |
| EDUCATION, TEACHING, TUTORING  | 09 |
| ENGINEERING (ELECTRICAL, MECHANICAL, CHEMICAL, MATERIALS)              | 10 |
| FINANCIAL SERVICES   | 11 |
| FOOD SERVICE , RESTAURANT MANAGEMENT                                   | 12 |
| HEALTH CARE – PERSONAL CARE ATTENDANT, NURSE'S AIDE                    | 13 |
| MARKETING, ADVERTISING   | 14 |
| MECHANICS (AUTO, MACHINERY REPAIR)                                     | 15 |
| PERSONAL SERVICES (BEAUTICIAN, MANICURIST, MASSEUSE)                   | 16 |
| POLICE SCIENCE, CRIMINAL JUSTICE                                       | 17 |
| RETAIL SALES   | 18 |
| SKILLED CRAFTS (PLUMBING, ELECTRICAL WORK, CARPENTRY)                  | 19 |
| OTHER, SPECIFY _____   | 20 |
| DON'T KNOW   | -1 |
| REFUSED  | -2 |

K7e. [IF D4b1=1: Does] [IF D4b1 NE 1: did] [he/she] ever get help with schoolwork at this school, like going to a tutor or a study or writing center?

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

**CHECKPOINT:** IF PARENT SAYS HAS NO DISABILITY (B1c=2, OR SAMPLE FILE) GO TO K7j2. ELSE, ASK K7f.

K7f. Was this school aware that [he/she] has a disability ... READ CATEGORIES. CODE ONE RESPONSE.

|                   |  |    |
|-------------------|--|----|
| CONTINUE WITH K7g | Before [he/she] enrolled there                   | 1  |
|                   | After [he/she] enrolled, or                      | 2  |
| GO TO K7j1        | Is the school not aware of [his/her] disability? | 3  |
| CONTINUE WITH K7g | DON'T KNOW                                       | -1 |
|                   | REFUSED  | -2 |

K7g. [IF D4b2 NE 1: Did [he/she] receive] [IF D4b2=1: Has YOUTH received] any services, accommodations, or other help from the school, like a tutor or more time to take tests, because [he/she] has any kind of learning problem, disability, or other special need?

|           |            |    |
|-----------|------------|----|
| GO TO K7i | YES        | 1  |
| GO TO K7h | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

K7h. [IF D4b2 NE 1: Did [he/she] ask or apply] [IF D4b2=1: Has [he/she] asked or applied] for any services, accommodations, or other help from the school?

|            |            |    |
|------------|------------|----|
| GO TO K7j1 | YES        | 1  |
|            | NO         | 2  |
|            | DON'T KNOW | -1 |
|            | REFUSED    | -2 |

K7i. What services, accommodations, or other help has YOUTH received? IF HAS ATTENDED MORE THAN ONE 2-YEAR, JUNIOR, OR COMMUNITY COLLEGE, WE WANT TO KNOW ABOUT SERVICES FROM ANY OF THEM. DO NOT READ.

|           |   |    |
|-----------|---|----|
| <b>1</b>  | <b>Testing Accommodations</b>   |    |
|           | More time in taking tests   | 01 |
|           | Having tests and other materials read to youth  | 02 |
|           | Different tests   | 03 |
|           | Different grading standards   | 04 |
|           | Different setting to take tests   | 05 |
|           | Instructions given in sign language or manual communication                                     | 06 |
|           | Scribe to record answers  | 07 |
| <b>2</b>  | <b>Accommodations in assignments</b>  |    |
|           | Additional time to finish assignments   | 08 |
|           | Different assignments, like shorter assignments or different lab assignments in a science class | 09 |
| <b>3</b>  | <b>Materials/technology adaptations</b>   |    |
|           | Large print or Braille materials or large print computer  | 10 |
|           | Books on tape   | 11 |
|           | Use of computer or spell checker in class or during test taking                                 | 12 |
|           | Computer software designed for students with disabilities                                       | 13 |
|           | Computer hardware adapted for student's needs (e.g., alternative keyboard, switch interface)    | 14 |
|           | Special use of calculator (e.g., use for tests that other students don't have)                  | 15 |
| <b>4</b>  | <b>Human aides</b>  |    |
|           | A reader or interpreter   | 16 |
|           | Note taker in class   | 17 |
|           | A personal aide or instructional assistant to help you in class                                 | 18 |
|           | Tutor   | 19 |
|           | Support person to monitor academic progress and help with managing academic workload            | 20 |
| <b>5</b>  | <b>Out-of-classroom learning supports</b>   |    |
|           | A behavior management program   | 21 |
|           | Help with learning strategies or study skills (e.g., writing center)                            | 22 |
|           | Support group for students with disabilities  | 23 |
|           | Early registration  | 24 |
| <b>6</b>  | <b>Physical adaptations in classrooms</b>   |    |
|           | Physical changes to the classroom, special desks  | 25 |
|           | Changes to equipment, like different lab equipment in a science class                           | 26 |
| <b>7</b>  | <b>Independent living supports</b>  |    |
|           | Transportation assistance (i.e., to get to classes)   | 27 |
|           | Housing assistance (e.g., modified living arrangements)   | 28 |
|           | Orientation and mobility services   | 29 |
|           | Social activities for students with disabilities  | 30 |
|           | Food service arrangements or accommodations   | 31 |
|           | Medical supports  | 32 |
| <b>8</b>  | <b>Therapies</b>  |    |
|           | Psychological or mental health services or counseling   | 33 |
|           | Social work services  | 34 |
|           | Occupational therapy or life skills training  | 35 |
| <b>9</b>  | <b>Service coordination or case management</b>  | 36 |
| <b>10</b> | <b>Childcare</b>  | 37 |
| <b>11</b> | <b>Other. Specify:</b> _____  | 38 |
|           | DON'T KNOW  | -1 |
|           | REFUSED   | -2 |

**CHECKPOINT: (ALL DISABILITY CATEGORIES)**

IF NO RESPONSES IN CATEGORY 5: Have there been any supports for YOUTH outside of class, like a support group for students with disabilities or early registration?

IF NO RESPONSES IN CATEGORY 4: Has there been any person assigned to help [him/her] with [his/her] work, like a tutor, or someone who takes notes for you in class?

**CHECKPOINT:** IF ANY DISABILITY FROM SAMPLE FILE IS LD OR MR OR SPEECH OR ADD (SAMPLE FILE OR IF B1a=02 OR B1a1=1) OR MULTIPLE, PROBE:

IF NO RESPONSES IN CATEGORY 1: Has YOUTH had any accommodations in how [he/she] takes tests, like more time to take tests, or a different setting to take tests?

IF NO RESPONSES IN CATEGORY 2: Has YOUTH had any accommodations in how [he/she] handles class assignments, like having more time to finish assignments or getting different assignments?

IF NO RESPONSES IN CATEGORY 3: Has YOUTH been allowed to use any different kinds of technology in class because of a disability, like using a calculator in math class when other students don't get to use one?

**CHECKPOINT:** IF ANY DISABILITY IS ORTHOPEDIC, , OTHER HEALTH IMPAIRED (OHI) - OTHER THAN ADD (IF OHI ON SAMPLE FILE OR B1a NE 02, AND B1a1 NE 1), MULTIPLE, VISUAL, OR DEAF/BLIND, PROBE:

IF NO RESPONSES IN CATEGORY 6: Have there been any adaptations to [his/her] classrooms, like [his/her] having a special desk or different equipment because of a disability?

IF NO RESPONSES IN CATEGORY 7: Has YOUTH had any services or supports to help [him/her] live or get around at school, like help with transportation or special campus housing or dining arrangements?

K7J1. [IF K7G=1 ADD: Besides what the school had available] [IF D4b2 NE 1: Had] [IF D4b2=1: Has] YOUTH gotten any services or help on [his/her] own?

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

NLTS

K7j2. Has YOUTH gotten a diploma, certificate, or license from a vocational, business, or technical school?

|                             |            |    |
|-----------------------------|------------|----|
| GO TO CHECKPOINT BEFORE K7I | YES        | 1  |
|                             | NO         | 2  |
|                             | DON'T KNOW | -1 |
|                             | REFUSED    | -2 |

K7k. How long was the program that [he/she] took that led to this diploma, certificate or license?

|       |       |   |
|-------|-------|---|
| _____ | DAYS  | 1 |
|       | WEEKS | 2 |



|        |            |    |
|--------|------------|----|
| NUMBER | MONTHS     | 3  |
|        | YEARS      | 4  |
|        | DON'T KNOW | -1 |
|        | REFUSED    | -2 |

{allow 5 years}  
 {allow 60 months}  
 {allow 260 weeks}  
 {allow 1,825 days}

**CHECKPOINT:** IF D4b2 NE 1 (NOT GOING NOW) GO TO CHECKPOINT BEFORE K8a. IF STILL GOING (D4b2=1), GO TO K7I.

NLTS

K7I. Is YOUTH working toward [IF K7j2 NE 1: a] [IF K7j2 =1: another] diploma, certificate, or license from this work?

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

**4-YEAR COLLEGE/UNIVERSITY**

**CHECKPOINT:** IF PARENT SAID EARLIER TOOK CLASSES IN 4 YEAR COLLEGE (D4a3=1) GO TO K8A. ELSE GO TO SECTION L.

NLTS

K8a. Earlier you said that YOUTH had taken classes from a 4-year college.

About how long after leaving high school was it before [he/she] started going to a 4-year college or university? [IF ASKED, THE SUMMER BETWEEN HIGH SCHOOL AND COLLEGE SHOULD BE COUNTED.]

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

{allow 5 years}  
 {allow 60 months}  
 {allow 260 weeks}  
 {allow 1,825 days}

**CHECKPOINT:** IF EARLIER SAID IS NOT GOING TO A 4-YEAR COLLEGE NOW (D4b3 NE 1), GO TO K8b. ELSE GO TO K8c.

K8b. You said that YOUTH was not going to college now. Why did [he/she] stop going? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

|                                    |    |
|------------------------------------|----|
| COMPLETED PROGRAM/ RECEIVED DEGREE | 01 |
|------------------------------------|----|

|   |    |
|---|----|
| FINISHED THE CLASSES YOUTH WANTED/NEEDED TO TAKE                                | 02 |
| CHANGED SCHOOLS, WENT TO A DIFFERENT SCHOOL                                     | 03 |
| TRANSPORTATION PROBLEMS   | 04 |
| DIDN'T GET SERVICES NEEDED  | 05 |
| TOO EXPENSIVE/COULDN'T AFFORD IT  | 06 |
| DIDN'T HAVE TIME; SCHEDULE CONFLICTS; CONFLICTED WITH OTHER DEMANDS (E.G., JOB) | 07 |
| POOR GRADES/NOT DOING WELL IN SCHOOL  | 08 |
| DIDN'T LIKE SCHOOL  | 09 |
| WANTED/NEEDED TO FIND A JOB   | 10 |
| OFFERED A JOB/CHOSE TO WORK   | 11 |
| WANTED TO ENTER MILITARY  | 12 |
| DIDN'T GET INTO THE PROGRAM [HE/SHE] WANTED                                     | 13 |
| ILLNESS/DISABILITY; TOO SICK TO GO  | 14 |
| GOT MARRIED   | 15 |
| GOT PREGNANT OR HAD A CHILD   | 16 |
| MOVED   | 17 |
| SCHOOL TOO DANGEROUS  | 18 |
| WANTED TO TRAVEL  | 19 |
| FRIENDS WEREN'T IN SCHOOL/WERE DROPPING OUT                                     | 20 |
| COULDN'T GET ALONG WITH TEACHERS  | 21 |
| COULDN'T GET ALONG WITH OTHER STUDENTS  | 22 |
| COULDN'T GET CHILDCARE  | 23 |
| PARENTS/FAMILY DIDN'T WANT YOUTH TO GO  | 24 |
| OTHER (SPECIFY)   | 25 |
| SUMMER SCHOOL   | 26 |
| DON'T KNOW  | -1 |
| REFUSED   | -2 |

K8c. [IF D4b3 =1: Has YOUTH been enrolled] [IF D4b3 NE 1: was [he/she] enrolled] steadily during the school year, or [IF D4b3 =1: has YOUTH been enrolled] [IF D4b3NE 1: was [he/she] enrolled] off and on, taking classes some semesters or quarters but not others?

|            |    |
|------------|----|
| STEADILY   | 1  |
| OFF AND ON | 2  |
| DON'T KNOW | -1 |
| REFUSED    | -2 |

NLTS

K8d. [IF D4b3 NE 1: Has YOUTH gone] [IF D4b3=1: Is YOUTH going] there full time or part time? IF ASKED, BY FULL TIME, WE MEAN TAKING A FULL COURSE LOAD OF 12 CREDITS OR MORE AT A TIME OR BEING IN CLASS AT LEAST 12 HOURS PER WEEK.

|                                      |    |
|--------------------------------------|----|
| FULL TIME                            | 1  |
| PART TIME                            | 2  |
| BOTH, SOMETIMES ONE, SOMETIMES OTHER | 3  |
| DON'T KNOW                           | -1 |
| REFUSED                              | -2 |

K8e. [IF D4b3 NE 1: What was] [IF D4b3=1: What is] [his/her] major or primary course of study in a 4-year college or university? CODE ALL THAT APPLY.

|   |    |
|---|----|
| AGRICULTURE, HORTICULTURE, VITICULTURE, FORESTRY  | 01 |
| ARTS, DRAMA, DANCE, MUSIC, GRAPHIC DESIGN/ARTS, FASHION DESIGN  | 02 |
| COMMUNICATIONS, JOURNALISM, TV/RADIO, ENTERTAINMENT INDUSTRY  | 03 |
| BUSINESS, MARKETING, MANAGEMENT   | 04 |
| COMPUTER SCIENCE, PROGRAMMING, ARTIFICIAL INTELLIGENCE, INFORMATION TECHNOLOGIES  | 05 |
| EDUCATION, TEACHING, CHILD DEVELOPMENT, EARLY CHILDHOOD EDUCATION, HOME ECONOMICS   | 06 |
| ENGLISH, LITERATURE, LIBRARY SCIENCE  | 07 |
| HISTORY, POLITICAL SCIENCE, ECONOMICS, SOCIOLOGY, PSYCHOLOGY, HUMANITIES, PUBLIC POLICY, PHILOSOPHY, RELIGION, URBAN STUDIES, WOMEN'S STUDIES, AMERICAN STUDIES, ETHNIC STUDIES, INTERNATIONAL RELATIONS, SOCIAL SCIENCES | 08 |
| LIBERAL ARTS, GENERAL STUDIES   | 09 |
| MATHEMATICS, STATISTICS   | 10 |
| PRE-MED, NURSING, PUBLIC HEALTH, PHYSICAL THERAPY, RECREATION THERAPY, PREVET   | 11 |
| SCIENCE, BIOLOGY, EARTH SCIENCE, GEOLOGY, PHYSICS, CHEMISTRY, ENVIRONMENTAL SCIENCE   | 12 |
| POLICE SCIENCE, CRIMINAL JUSTICE  | 13 |
| ENGINEERING, ELECTRICAL, MECHANICAL, CHEMICAL   | 14 |
| FOREIGN LANGUAGE  | 15 |
| UNDECLARED, UNDECIDED   | 16 |
| OTHER, SPECIFY _____  | 17 |
| DON'T KNOW  | -1 |
| REFUSED   | -2 |

K8f. [IF D4b1=1: Does] [IF D4b1 NE 1: did] [he/she] ever get help with schoolwork at this school, like going to a tutor or a study or writing center?

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

**CHECKPOINT:** IF PARENT ASSERTS NO DISABILITY (SAMPLE FILE OR B1c = 2) GO TO K8k. ELSE, ASK K8g.

K8g. Was this school aware that [he/she] has a disability ... READ CATEGORIES. CODE ONE RESPONSE.

|                   |  |    |
|-------------------|--|----|
| CONTINUE WITH K8h | Before [he/she] enrolled there                   | 1  |
|                   | After [he/she] enrolled, or                      | 2  |
| GO TO K8j1        | Is the school not aware of [his/her] disability? | 3  |
| CONTINUE WITH K8h | DON'T KNOW                                       | -1 |
|                   | REFUSED  | -2 |

K8h. [IF D4b3 NE 1, Did YOUTH receive] [IF D4b3=1, Has YOUTH received] any services, accommodations, or other help from the school, like a tutor or more time to take tests, because [he/she] has any kind of learning problem, disability, or other special need?

|           |            |    |
|-----------|------------|----|
| GO TO K8j | YES        | 1  |
| GO TO K8i | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

K8i. [IF D4b3 NE 1: Did [he/she] ask or apply] [IF D4b3=1: Has YOUTH asked or applied] for any services, accommodations, or other help from the school?

|            |            |    |
|------------|------------|----|
| GO TO K8j1 | YES        | 1  |
|            | NO         | 2  |
|            | DON'T KNOW | -1 |
|            | REFUSED    | -2 |

K8j. What services, accommodations, or other help has YOUTH received? IF HAS ATTENDED MORE THAN ONE 2-YEAR, JUNIOR, OR COMMUNITY COLLEGE, WE WANT TO KNOW ABOUT SERVICES FROM ANY OF THEM. DO NOT READ.

|    |   |    |
|----|---|----|
| 1  | <b>Testing Accommodations</b>   |    |
|    | More time in taking tests   | 01 |
|    | Having tests and other materials read to youth  | 02 |
|    | Different tests   | 03 |
|    | Different grading standards   | 04 |
|    | Different setting to take tests   | 05 |
|    | Instructions given in sign language or manual communication                                     | 06 |
|    | Scribe to record answers  | 07 |
| 2  | <b>Accommodations in assignments</b>  |    |
|    | Additional time to finish assignments   | 08 |
|    | Different assignments, like shorter assignments or different lab assignments in a science class | 09 |
| 3  | <b>Materials/technology adaptations</b>   |    |
|    | Large print or Braille materials or large print computer  | 10 |
|    | Books on tape   | 11 |
|    | Use of computer or spell checker in class or during test taking                                 | 12 |
|    | Computer software designed for students with disabilities                                       | 13 |
|    | Computer hardware adapted for student's needs (e.g., alternative keyboard, switch interface)    | 14 |
|    | Special use of calculator (e.g., use for tests that other students don't have)                  | 15 |
| 4  | <b>Human aides</b>  |    |
|    | A reader or interpreter   | 16 |
|    | Note taker in class   | 17 |
|    | A personal aide or instructional assistant to help you in class                                 | 18 |
|    | Tutor   | 19 |
|    | Support person to monitor academic progress and help with managing academic workload            | 20 |
| 5  | <b>Out-of-classroom learning supports</b>   |    |
|    | A behavior management program   | 21 |
|    | Help with learning strategies or study skills (e.g., writing center)                            | 22 |
|    | Support group for students with disabilities  | 23 |
|    | Early registration  | 24 |
| 6  | <b>Physical adaptations in classrooms</b>   |    |
|    | Physical changes to the classroom, special desks  | 25 |
|    | Changes to equipment, like different lab equipment in a science class                           | 26 |
| 7  | <b>Independent living supports</b>  |    |
|    | Transportation assistance (i.e., to get to classes)   | 27 |
|    | Housing assistance (e.g., modified living arrangements)   | 28 |
|    | Orientation and mobility services   | 29 |
|    | Social activities for students with disabilities  | 30 |
|    | Food service arrangements or accommodations   | 31 |
|    | Medical supports  | 32 |
| 8  | <b>Therapies</b>  |    |
|    | Psychological or mental health services or counseling   | 33 |
|    | Social work services  | 34 |
|    | Occupational therapy or life skills training  | 35 |
| 9  | <b>Service coordination or case management</b>  | 36 |
| 10 | <b>Childcare</b>  | 37 |
| 11 | <b>Other. Specify:</b> _____  | 38 |
|    | DON'T KNOW  | -1 |
|    | REFUSED   | -2 |

**CHECKPOINT: (ALL DISABILITY CATEGORIES)**

IF NO RESPONSES IN CATEGORY 5: Have there been any supports for YOUTH outside of class, like a support group for students with disabilities or early registration?

IF NO RESPONSES IN CATEGORY 4: Has there been any person assigned to help [him/her] with [his/her] work, like a tutor, or someone who takes notes for you in class?

**CHECKPOINT: IF ANY DISABILITY FROM SAMPLE FILE IS LD OR MR OR SPEECH OR ADD (SAMPLE FILE OR IF B1a=02 OR B1a1=1) OR MULTIPLE, PROBE:**

IF NO RESPONSES IN CATEGORY 1: Has YOUTH had any accommodations in how [he/she] takes tests, like more time to take tests, or a different setting to take tests?

IF NO RESPONSES IN CATEGORY 2: Has YOUTH had any accommodations in how [he/she] handles class assignments, like having more time to finish assignments or getting different assignments?

IF NO RESPONSES IN CATEGORY 3: Has YOUTH been allowed to use any different kinds of technology in class because of a disability, like using a calculator in math class when other students don't get to use one?

**CHECKPOINT: IF ANY DISABILITY IS ORTHOPEDIC, , OTHER HEALTH IMPAIRED (OHI) - OTHER THAN ADD (IF OHI ON SAMPLE FILE OR B1a NE 02, AND B1a1 NE 1), MULTIPLE, VISUAL, OR DEAF/BLIND, PROBE:**

IF NO RESPONSES IN CATEGORY 6: Have there been any adaptations to [his/her] classrooms, like [his/her] having a special desk or different equipment because of a disability?

IF NO RESPONSES IN CATEGORY 7: Has YOUTH had any services or supports to help [him/her] live or get around at school, like help with transportation or special campus housing or dining arrangements?

K8j1. [IF K8h=1 ADD: Besides what the school had available] [IF D4b3 NE 1: Had:] [IF D4b3=1 Has] YOUTH gotten any services or help on [his/her] own?

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

NLTS

K8k. Has YOUTH gotten a diploma, certificate, or license from a 4-year college or university?

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

**CHECKPOINT:** IF D4b3 NE1 (NOT GOING NOW) GO TO SECTION L.  
IF STILL GOING (D4b3=1), GO TO K8l.

NLTS

K8l. Is [he/she] working toward [IF K8k NE 1: a] [IF K8k=1: another] diploma, certificate, or license from this work?

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

## SECTION L: EMPLOYMENT OUTCOMES

### SECTION OUTLINE:

#### IN SECONDARY SCHOOL IN THE PAST YEAR

[L1- IN SCHOOL - SCHOOL SPONSORED WORK](#)

[L2- IN SCHOOL - ANY JOB IN PAST 2 YEARS](#)

[L3- IN SCHOOL - JOB NOW](#)

[L4- IN SCHOOL - MOST RECENT JOB IF NONE NOW](#)

[L5- IN SCHOOL - YOUTH FIRED](#)

#### OUT OF SECONDARY SCHOOL A YEAR OR MORE

[L6- OUT OF SCHOOL - ANY JOB IN PAST 2 YEARS](#)

[L7- OUT OF SCHOOL - ALL CURRENT JOBS](#)

[L8- OUT OF SCHOOL - ONE CURRENT JOB](#)

[L9- OUT OF SCHOOL - LOOKING FOR WORK BEFORE CURRENT JOB](#)

[L10-OUT OF SCHOOL - PREVIOUS JOB FOR THOSE WORKING NOW](#)

[L11-OUT OF SCHOOL - MOST RECENT JOB IF NO JOB NOW, BUT WORKED IN  
LAST 2 YEARS](#)

[L12-OUT OF SCHOOL - LOOKED FOR WORK BEFORE PREVIOUS JOB](#)

[L13-OUT OF SCHOOL - LOOKED FOR JOB NOW](#)

[L14-OUT OF SCHOOL - FIRED IN PAST 2 YEARS](#)

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

**CHECKPOINT 1:** IF YOUTH IS IN SECONDARY SCHOOL IN PAST SCHOOL YEAR (D1a OR D2a = 1), CONTINUE WITH CHECKPOINT 2 BEFORE L1, ELSE GO TO CHECKPOINT BEFORE L6A.

**CHECKPOINT 2:** IF YOUTH HAS NEVER BEEN IN SCHOOL (D3a=4), GO TO CHECKPOINT BEFORE L6A.

IF D1b > 7 or D1a NE 1 AND D2a=1 (ONLY IN 'OTHER' TYPE OF SCHOOL) GO TO CHECKPOINT BEFORE L2a. .. added in blue per SRI 7/8/2003

IF YOUTH IS IN SCHOOL (D1a=1) AND YOUTH IS IN 9TH GRADE OR ABOVE (D1o=9-13), ASK L1a. IF YOUTH IS IN LESS THAN 9TH GRADE, GO TO L2a.

IF YOUTH IS IN AN UNGRADED OR MULTIGRADE CLASS (D1o = 0 OR 14) AND IS 14 YEARS OLD OR OLDER, ASK L1a.

ELSE ASK L1a.



**IN SECONDARY SCHOOL IN PAST YEAR – SCHOOL SPONSORED WORK**

L1a. During the past 12 months, did [YOUTH] participate in any school sponsored work activities, like a work study job, an internship or a school-based business?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO L2a | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

L1b. Did [he/she] get school credit for this?

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

NLTS

L1c. Did [YOUTH] get paid for this work? CODE ONE.

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

NLTS

L1d. What kind of work has [he/she] done on [his/her] school sponsored job? (IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place (NAME) did this work? DO NOT READ CATEGORIES. CODE ONE. IF MORE THAN ONE SCHOOL RELATED JOB CODE MOST RECENT JOB, IF MORE THAN ONE CURRENT SCHOOL RELATED JOB, CODE JOB WHERE CHILD SPENDS THE MOST TIME.

|  |    |
|--|----|
| ASSEMBLY WORK, SORTING, STUFFING   | 1  |
| ANIMAL CARE – E.G., DOG WALKING, VETERINARY HELPER   | 2  |
| CAMP COUNSELOR   | 3  |
| CASHIER – AT GROCERY, FAST FOOD PLACE, ETC.  | 4  |
| CHILD CARE, INCLUDING BABYSITTING, MOTHER’S HELPER   | 5  |
| CLEANING – E.G., JANITOR, MAID   | 6  |
| CLERICAL – E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST<br>(INCLUDES: WORKING IN SCHOOL OFFICE) | 7  |
| COMPUTER SUPPORT – E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT                           | 8  |
| DELIVERY – E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS  | 9  |
| FARM LABORER – ANIMALS AND FIELDS  | 10 |
| FINANCIAL SERVICES- BANKTELLER   | 11 |
| FOOD SERVICE – BUSBOY, WAITER, BAKER, COOK   | 12 |
| GARDENING AND GROUNDS MAINTENANCE – LAWN MOWING, GROUNDSKEEPING, HORTICULTURE                    | 13 |
| GAS STATION ATTENDANT  | 14 |
| HEALTH CARE – PERSONAL CARE ATTENDANT, NURSE’S AIDE  | 15 |
| MARKETING ADVERTISING  | 16 |
| MECHANIC (AUTO REPAIR)   | 17 |
| RETAIL SALES   | 18 |
| SKILLED LABOR APPRENTICE – PLUMBER, CARPENTER, ELECTRICIAN                                       | 19 |
| SORTING, STUFFING  | 20 |
| SPORTS RELATED – CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, TEACHING A SPORT                      | 21 |
| STOCK CLERKS – GROCERY STORE, DRUG STORE   | 22 |
| USHER – MOVIE THEATER  | 23 |
| OTHER, SPECIFY _____   | 24 |
| DON’T KNOW   | -1 |
| REFUSED  | -2 |

**IN SECONDARY SCHOOL IN PAST YEAR - ANY JOB OTHER THAN SCHOOL SPONSORED WORK ACTIVITY**

**CHECKPOINT:** IF YOUTH HAS A SCHOOL SPONSORED JOB (L1a=1), SAY: My next questions are about paid work other than school sponsored work activities, such as work study jobs, internships and school based business. ELSE BEGIN AT L2a.

NLTS

L2a. At any time during the past 2 Years, did YOUTH do any work for pay, other than work around the house [IF L1a=1: or a school sponsored job]? That could include being a babysitter or working for a neighbor. CODE ONE.

|                   |            |    |
|-------------------|------------|----|
| CONTINUE WITH L2b | YES        | 1  |
| GO TO SECTION M   | NO         | 2  |
|                   | DON'T KNOW | -1 |
|                   | REFUSED    | -2 |

L2b. Did [he/she] do this work only during the summer, during the school year, or both? IF ASKED, SCHOOL YEAR IS FROM SEPTEMBER TO MAY. CODE ONE RESPONSE.

|           |                             |    |
|-----------|-----------------------------|----|
| GO TO L2c | ONLY DURING THE SUMMER      | 1  |
| GO TO L2d | ONLY DURING THE SCHOOL YEAR | 2  |
| GO TO L2c | BOTH                        | 3  |
| GO TO L3a | DON'T KNOW                  | -1 |
|           | REFUSED                     | -2 |

L2c. About how many hours a week has [he/she] usually worked during the summer? IF MORE THAN ONE JOB, COMBINE ALL JOBS. IF ASKED AND IF INTERVIEWING DURING THE SUMMER, IF YOUTH IS WORKING THIS SUMMER AND WORKED LAST SUMMER, CODE THIS SUMMER. IF WORKED LESS THAN 1 HOUR PER WEEK, CODE AS 1 HOUR. ENTER NUMBER AND/OR CODE.

|                                  |       |                |    |
|----------------------------------|-------|----------------|----|
| CHECKPOINT<br>IF L2b=1 GO TO L3a | _____ | HOURS PER WEEK | 1  |
|                                  |       | DON'T KNOW     | -1 |
|                                  |       | REFUSED        | -2 |

{allow 60 per week}

L2d. About how many hours a week has [he/she] usually worked during the school year? IF MORE THAN ONE JOB, COMBINE ALL JOBS. IF ASKED, WE MEAN DURING SEPTEMBER TO MAY. IF YOUTH WORKED DIFFERENT HOURS IN 2 SCHOOL YEARS CODE MOST RECENT SCHOOL YEAR. IF WORKED LESS THAN 1 HOUR PER WEEK CODE 1 HOUR. ENTER NUMBER AND/OR CODE.

|       |                |    |
|-------|----------------|----|
| _____ | HOURS PER WEEK | 1  |
|       | DON'T KNOW     | -1 |
|       | REFUSED        | -2 |

{allow 60 per week}

**IN SECONDARY SCHOOL IN PAST YEAR, HAS CURRENT JOB OTHER THAN SCHOOL SPONSORED JOB**

NLTS

L3a. Does YOUTH have a paid job now, other than work around the house [IF I1a=1: or a school-sponsored job]?

|                             |            |    |
|-----------------------------|------------|----|
| GO TO L3b                   | YES        | 1  |
| GO TO CHECKPOINT BEFORE L4a | NO         | 2  |
|                             | DON'T KNOW | -1 |
|                             | REFUSED    | -2 |

L3b. How many different paid jobs does [he/she] have now?

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

{allow 10}

**CHECKPOINT:** IF L3b IS LESS THAN OR EQUAL TO 1 ≤ GO TO L3e. ELSE, GO TO L3c.

L3c. Thinking about all the jobs [he/she] has now, [IF L1a=1: not counting [his/her] work study job] about how many hours a week does [he/she] usually work?

|                             |                        |    |
|-----------------------------|------------------------|----|
| GO TO CHECKPOINT BEFORE L3e | NUMBER OF HOURS A WEEK |    |
| GO TO L3d                   | DON'T KNOW             | -1 |
|                             | REFUSED                | -2 |

{allow 168}

L3d. Taking all [his/her] jobs together, [IF L1a=1: not counting [his/her] work study job] do you usually work full time or part time? IF ASKED, FULL TIME IS 35 HOURS OR MORE PER WEEK.

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

**CHECKPOINT:** IF L3b>1, SAY: Please think of the job where YOUTH spends the most time.

L3e. What kind work does YOUTH do at this job? DO NOT READ CATEGORIES. IF MORE THAN ONE JOB, CODE JOB WHERE YOUTH SPENDS THE MOST TIME. RECORD ONLY ONE CODE. IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place you have done this work? What kinds of things have you done there?

|   |    |
|---|----|
| ASSEMBLY WORK, SORTING, STUFFING  | 1  |
| ANIMAL CARE – E.G., DOG WALKING, VETERINARY HELPER  | 2  |
| CAMP COUNSELOR  | 3  |
| CASHIER – AT GROCERY, FAST FOOD PLACE, ETC.   | 4  |
| CHILD CARE, INCLUDING BABYSITTING, MOTHER'S HELPER  | 5  |
| CLEANING – E.G., JANITOR, MAID  | 6  |
| CLERICAL – E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST (INCLUDES: WORKING IN SCHOOL OFFICE) | 7  |
| COMPUTER SUPPORT – E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT                        | 8  |
| DELIVERY – E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS   | 9  |
| FARM LABORER – ANIMALS AND FIELDS   | 10 |
| FINANCIAL SERVICES- BANKTELLER  | 11 |
| FOOD SERVICE – BUSBOY, WAITER, BAKER, COOK  | 12 |
| GARDENING AND GROUNDS MAINTENANCE – LAWN MOWING, GROUNDSKEEPING, HORTICULTURE                 | 13 |
| GAS STATION ATTENDANT   | 14 |
| HEALTH CARE – PERSONAL CARE ATTENDANT, NURSE'S AIDE   | 15 |
| MARKETING ADVERTISING   | 16 |
| MECHANIC (AUTO REPAIR)  | 17 |
| RETAIL SALES  | 18 |
| SKILLED LABOR APPRENTICE – PLUMBER, CARPENTER, ELCTRICIAN                                     | 19 |
| SORTING, STUFFING   | 20 |
| SPORTS RELATED – CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, TEACHING A SPORT                   | 21 |
| STOCK CLERKS – GROCERY STORE, DRUG STORE  | 22 |
| USHER – MOVIE THEATER   | 23 |
| OTHER, SPECIFY _____  | 24 |
| DON'T KNOW  | -1 |
| REFUSED   | -2 |

L3f1. About how much is [he/she] paid for this job? PROBE: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER AND/OR CODE ONE.

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

{allow 99 per hour}  
{allow 999 per week}

{allow 9999 per month}  
{allow 99,999 per year}

**CHECKPOINT:** IF L3b IS MORE THAN 1 (MORE THAN 1 JOB NOW) AND L3f1 NE 1 (HOUR WAGE) ASK L3F2. ELSE GO TO L3g.

L3f2. About how many hours a week does [he/she] usually work at this job?

|                        |    |
|------------------------|----|
| NUMBER OF HOURS A WEEK |    |
| DON'T KNOW             | -1 |
| REFUSED                | -2 |

{allow 168}

L3g. How does [he/she] usually get to this job? CODE ONE RESPONSE. IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.

|          |   |    |
|----------|---|----|
| GO TO L5 | WALKS OR RIDES A BIKE                                       | 1  |
|          | DRIVES [HIM/HER]SELF  | 2  |
|          | GETS RIDE FROM FAMILY MEMBER                                | 3  |
|          | GETS RIDE FROM FRIEND/COWORKER                              | 4  |
|          | CARPOOLS  | 5  |
|          | TAKES PUBLIC TRANSPORTATION, E.G., BUS, TRAIN, SUBWAY, TAXI | 6  |
|          | SERVICE AGENCY PROVIDES TRANSPORTATION                      | 7  |
|          | USES DIAL-A-VAN SERVICE                                     | 8  |
|          | OTHER. SPECIFY: _____                                       | 9  |
|          | DON'T KNOW  | -1 |
|          | REFUSED   | -2 |

**MOST RECENT JOB OF YOUTH NOT WORKING NOW AND IN SECONDARY SCHOOL IN PAST YEAR (L2a=1 AND L3a NE 1)**

**CHECKPOINT:** IF L2a=1 AND L3 NE 1 GO TO L4a. ELSE GO TO L5.

L4a. Please think of the last job YOUTH had—the one [he/she] had most recently [IF L1a=1, other than [his/her] school sponsored job]. What kind work did [he/she] do at this job? DO NOT READ CATEGORIES. RECORD ONLY ONE CODE. IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place [he/she] has done this work? What kinds of things has [he/she] done there? IF YOUTH HAD MORE THAN ONE JOB AT THE SAME TIME OF [HIS/HER] MOST RECENT JOB, SAY: Please tell me about the job where [he/she] spent the most time.

|  |    |
|--|----|
| ASSEMBLY WORK, SORTING, STUFFING   | 1  |
| ANIMAL CARE – E.G., DOG WALKING, VETERINARY HELPER   | 2  |
| CAMP COUNSELOR   | 3  |
| CASHIER – AT GROCERY, FAST FOOD PLACE, ETC.  | 4  |
| CHILD CARE, INCLUDING BABYSITTING, MOTHER’S HELPER   | 5  |
| CLEANING – E.G., JANITOR, MAID   | 6  |
| CLERICAL – E.G., FILING, RECEPTIONIST, SECRETARY, TYPIST<br>(INCLUDES: WORKING IN SCHOOL OFFICE) | 7  |
| COMPUTER SUPPORT – E.G., DATA ENTRY, PROGRAMMING, WEB PAGE DEVELOPMENT                           | 8  |
| DELIVERY – E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS  | 9  |
| FARM LABORER – ANIMALS AND FIELDS  | 10 |
| FINANCIAL SERVICES- BANKTELLER   | 11 |
| FOOD SERVICE – BUSBOY, WAITER, BAKER, COOK   | 12 |
| GARDENING AND GROUNDS MAINTENANCE – LAWN MOWING,<br>GROUNDSKEEPING, HORTICULTURE                 | 13 |
| GAS STATION ATTENDANT  | 14 |
| HEALTH CARE – PERSONAL CARE ATTENDANT, NURSE’S AIDE  | 15 |
| MARKETING ADVERTISING  | 16 |
| MECHANIC (AUTO REPAIR)   | 17 |
| RETAIL SALES   | 18 |
| SKILLED LABOR APPRENTICE – PLUMBER, CARPENTER, ELECTRICIAN                                       | 19 |
| SORTING, STUFFING  | 20 |
| SPORTS RELATED – CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD,<br>TEACHING A SPORT                   | 21 |
| STOCK CLERKS – GROCERY STORE, DRUG STORE   | 22 |
| USHER – MOVIE THEATER  | 23 |
| OTHER, SPECIFY _____   | 24 |
| DON’T KNOW   | -1 |
| REFUSED  | -2 |

NLTS

L4b. About how much was YOUTH paid for that job? PROBE: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER AND/OR CODE ONE.

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

{allow 99 per hour}  
 {allow 999 per week}  
 {allow 9999 per month}  
 {allow 99,999 per year}

L4c. How did [he/she] usually get to that job? CODE ONE RESPONSE. IF MENTIONS MORE THAN ONE, PROBE FOR MOST COMMON MODE OF TRANSPORTATION TO WORK.

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

L4d. About how many hours did [he/she] work per week when [he/she] had that job?

|                        |    |
|------------------------|----|
| _____                  |    |
| NUMBER OF HOURS A WEEK |    |
| DON'T KNOW             | -1 |
| REFUSED                | -2 |

{allow 168}

L4e. Did YOUTH have any other jobs at the same time?

|             |            |    |
|-------------|------------|----|
| GO TO<br>L5 | YES        | 1  |
|             | NO         | 2  |
|             | DON'T KNOW | -1 |
|             | REFUSED    | -2 |



L4f. About how many hours did [he/she] work per week including any other jobs [he/she] might have had at the same time?

|                        |    |
|------------------------|----|
| NUMBER OF HOURS A WEEK |    |
| DON'T KNOW             | -1 |
| REFUSED                | -2 |

{allow 168}

**IN SECONDARY SCHOOL IN PAST YEAR – FIRED FROM JOB**

L5. Has YOUTH been fired from a job at any time in the past 2 years?

|                    |            |    |
|--------------------|------------|----|
| GO TO<br>SECTION M | YES        | 1  |
|                    | NO         | 2  |
|                    | DON'T KNOW | -1 |
|                    | REFUSED    | -2 |

**THIS SECTION FOR THOSE WHO HAVE BEEN OUT OF HIGH SCHOOL A YEAR OR MORE  
OUT OF SECONDARY SCHOOL A YEAR OR MORE – YOUTH WORK STATUS—2 YEARS**

**CHECKPOINT:** ASK THIS SECTION IF D1a AND D2a NE 1 (OUT OF SCHOOL) OR OUT OF SCHOOL IN PRIOR WAVE.

L6a. At any time in the past 2 years did [he/she] do any work for pay, other than work around the house? CODE ONE.

|                    |            |    |
|--------------------|------------|----|
|                    | YES        | 1  |
| GO TO<br>SECTION M | NO         | 2  |
|                    | DON'T KNOW | -1 |
|                    | REFUSED    | -2 |

L6b. How many paid jobs has [he/she] had altogether in the past 2 years?

|            |    |
|------------|----|
| _____      |    |
| NUMBER     |    |
| DON'T KNOW | -1 |
| REFUSED    | -2 |

{allow 999}

L6c. What is the longest time [he/she] worked at a particular job in the past 2 years?

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

{allow 2 years}  
{allow 24 months}  
{allow 104 weeks}  
{allow 730 days}

**CHECKPOINT:** IF STILL IN HIGH SCHOOL IN PRIOR WAVE (FROM SAMPLE FILE) BUT NOT NOW (D1a AND D2a NE 1), GO TO L6d. ELSE GO TO L7a

NLTS

L6d. How many paid jobs has YOUTH had since leaving high school?

|            |    |
|------------|----|
| _____      |    |
| NUMBER     |    |
| DON'T KNOW | -1 |
| REFUSED    | -2 |

{allow 999}

NLTS

L6e. What is the longest amount of time [he/she] has worked at a particular job since leaving high school?

|         |            |    |
|---------|------------|----|
| NUMBER: | DAYS       | 1  |
|         | WEEKS      | 2  |
|         | MONTHS     | 3  |
|         | YEARS      | 4  |
|         | DON'T KNOW | -1 |
|         | REFUSED    | -2 |

{allow 5 years}  
{allow 60 months}

{allow 260 weeks}  
{allow 1,825 days}

**OUT OF SECONDARY SCHOOL A YEAR OR MORE - ALL CURRENT JOBS**

NLTS

L7a. Does YOUTH have a paid job **now**, other than work around the house?

|            |            |    |
|------------|------------|----|
| GO TO L11a | YES        | 1  |
|            | NO         | 2  |
|            | DON'T KNOW | -1 |
|            | REFUSED    | -2 |

NLTS

L7b. How many different paid jobs does [he/she] have now?

|            |    |
|------------|----|
| NUMBER     |    |
| DON'T KNOW | -1 |
| REFUSED    | -2 |

{allow 10}

**CHECKPOINT: IF L7b=1 [HAS ONE JOB] GO TO L8a.**

NLTS

L7c. Thinking about all the jobs [he/she] has, about how many hours a week does [he/she] usually work?

|           |            |    |
|-----------|------------|----|
| GO TO L8a | HOURS      |    |
| GO TO L7d | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

{allow 168}

NLTS

L7d. Taking all [his/her] jobs together, does [he/she] usually work full time or part time?  
IF ASKED, FULL TIME IS 35 HOURS OR MORE PER WEEK.

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

## OUT OF SECONDARY SCHOOL A YEAR OR MORE - ONE CURRENT JOB

NLTS

- L8a. [IF L7b > 1, SAY: My next questions are about the job where YOUTH spends the most time.] What kind of work does [he/she] do in this job? DO NOT READ CATEGORIES. IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place [he/she] does this work? What kinds of things does [he/she] do there?

|  |    |
|--|----|
| ACCOUNTING, BOOKEEPING, BILLING  | 01 |
| ASSEMBLY WORK, SORTING, STUFFING   | 02 |
| ANIMAL CARE – E.G., DOG WALKING, VETERINARY HELPER   | 03 |
| BANK TELLER  | 04 |
| CASHIER – AT GROCERY, FAST FOOD PLACE, RETAIL.   | 05 |
| CHILD CARE, IN HOME CHILDCARE INCLUDING BABYSITTING  | 06 |
| CLEANING – E.G., JANITOR, MAID, CUSTODIAN  | 07 |
| CLERICAL – E.G., ADMINISTRATIVE ASSISTANT, FILING, GENERAL OFFICE CLERK, RECEPTIONIST, SECRETARY, TYPIST | 08 |
| COMPUTER PROGRAMMING, INCLUDING WEB PAGE DEVELOPMENT   | 09 |
| COMPUTER SUPPORT – E.G., DATA ENTRY, TECHNICAL SUPPORT   | 10 |
| DELIVERY – E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS  | 11 |
| DISHWASHER   | 12 |
| FARM LABORER – ANIMALS AND FIELDS  | 13 |
| FOOD COUNTER, FOUNTAIN   | 14 |
| FOOD PREPARATION – BAKER, COOK, KITCHEN PREP   | 15 |
| GARDENING AND GROUNDS MAINTENANCE – LAWN MOWING, GROUNDSKEEPING, HORTICULTURE                            | 16 |
| GAS STATION ATTENDANT, CAR WASH  | 17 |
| GUARDS, POLICE, SECURITY   | 18 |
| HEALTH CARE AIDE– PERSONAL CARE ATTENDANT, NURSE'S AIDE  | 19 |
| MANAGER, SUPERVISOR OF FOOD OR SERVICE PROVIDERS   | 20 |
| MARKETING ADVERTISING  | 21 |
| MECHANIC (AUTO REPAIR)   | 22 |
| MOVIE THEATER TICKET TAKER, USHER  | 23 |
| NURSE  | 24 |
| PERFORMING ARTS, ENTERTAINMENT, VISUAL ARTS, DANCE, MUSICIAN   | 25 |
| RETAIL SALES   | 26 |
| SHIPPING AND RECEIVING   | 27 |
| SKILLED LABOR – PLUMBER, CARPENTER, ELECTRICIAN  | 28 |
| SPORTS RELATED – CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, RECREATION WORKER, TEACHING A SPORT           | 29 |
| STOCK AND INVENTORY CLERKS, BAGGER – GROCERY STORE, DRUG STORE   | 30 |
| TEACHER  | 31 |
| TEACHER'S AIDE, CHILDCARE CENTER TEACHER, TUTOR  | 32 |
| UNSKILLED LABOR – CONSTRUCTION, BUILDING TRADES, MAINTENANCE   | 33 |
| WAITER, WAITRESS, BUSBOY, RESTAURANT HOSTESS   | 34 |
| OTHER, SPECIFY _____   | 35 |
| DON'T KNOW   | -1 |
| REFUSED  | -2 |

NLTS

L8b. About how many hours a week does [he/she] usually work at this job? IF RESPONDENT SAYS HOURS VARY, ASK FOR HOURS IN A TYPICAL WEEK. IF RESPONDENT CAN'T ANSWER IN GENERAL, ASK FOR HOURS IN THE MOST RECENT WEEK [HE/SHE] WORKED AT THIS JOB.

|                              |             |    |
|------------------------------|-------------|----|
| GO TO CHECKPOINT BEFORE L8d. | _____ HOURS |    |
| GO TO L8c.                   | DON'T KNOW  | -1 |
|                              | REFUSED     | -2 |

{allow 168}

NLTS

L8c. Does YOUTH usually work full time or part time? IF ASKED, FULL TIME IS 35 HOURS OR MORE PER WEEK.

|           |            |    |
|-----------|------------|----|
|           | FULL TIME  | 1  |
|           | PART TIME  | 2  |
| GO TO L8e | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

**CHECKPOINT:** IF L8b < 35 OR L8c =2 (PART TIME), GO TO L8d. ELSE, GO TO L8e.

NLTS

L8d. Is YOUTH working part time because [he/she] wants to, or would [he/she] rather work full time?

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

L8e. About how long has YOUTH had this job?

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

{allow 9 years}  
 {allow 108 months}  
 {allow 468 weeks}  
 {allow 3,285 days}

L8f1. About how much is [he/she] paid at this job? PROBE IF IN DOUBT: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER AND/OR CODE ONE.

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

{allow 99 per hour}  
 {allow 999 per week}  
 {allow 9999 per month}  
 {allow 99,999 per year}

CHECKPOINT: IF L7b > 1 (MORE THAN 1 JOB NOW) AND L8f2 NE 1 (HOUR WAGE) ASK L8f2. ELSE GO TO CHECKPOINT BEFORE L8g.

L8f2. About how many hours a week does (fill he/she) usually work at this job?

|  |                        |    |
|--|------------------------|----|
|  | NUMBER OF HOURS A WEEK |    |
|  | DON'T KNOW             | -1 |
|  | REFUSED                | -2 |

CHECKPOINT: IF YOUTH HAS BEEN AT THE JOB FOR 6 MONTHS OR LESS (L8e=6 MONTHS OR LESS) GO TO L8i. ELSE GO TO L8g.

L8g. Is [he/she] paid more now than when [he/she] started this job?

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

L8h. Has [he/she] been promoted or taken on more responsibilities since [he/she] started this job?

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

NLTS

L8i. As part of this job, does YOUTH get ... READ LIST. CODE ONE CATEGORY PER ITEM.

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

**CHECKPOINT:** IF PARENT ASSERTS YOUTH DOES NOT HAVE A DISABILITY (SAMPLE FILE OR B1c=2), GO TO L8o. IF YOUTH'S DISABILITY ON SAMPLE FILE IS ONLY LD AND/OR SPEECH IMPAIRED OR B1a=13 OR 16 ONLY, GO TO L8k. ELSE GO TO L8j .

L8j. At [his/her] job, do most of the other workers have disabilities?

|           |            |    |
|-----------|------------|----|
| GO TO L8i | YES        | 1  |
|           | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

L8k1. Did [he/she] tell [his/her] employer that [he/she] has a disability... READ CATEGORIES. CODE ONE RESPONSE.

|            |                                    |    |
|------------|------------------------------------|----|
| GO TO L8i  | Before [he/she] got [his/her] job  | 1  |
|            | After [he/she] started the job, or | 2  |
| GO TO L8k2 | Has [he/she] not told them at all? | 3  |
| DON'T READ | DON'T KNOW                         | -1 |
| GO TO L8i  | REFUSED                            | -2 |

L8k2. Do you think YOUTH's employer is aware of [his/her] disability or special needs?

|           |            |    |
|-----------|------------|----|
| GO TO L8i | YES        | 1  |
|           | NO         | 2  |
| Go to L8o | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

L8l. Has [he/she] received any accommodations or other help from [his/her] employer because [he/she] has any kind of learning problem, disability, or other special need?

|           |            |    |
|-----------|------------|----|
| GO TO L8n | YES        | 1  |
|           | NO         | 2  |
| GO TO L8m | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

L8m. Has [he/she] asked or applied for any services, accommodations, or other help from [his/her] employer?

|           |            |    |
|-----------|------------|----|
| GO TO L8o | YES        | 1  |
|           | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

L8n. What accommodations or other help has [he/she] received? DO NOT READ CATEGORIES.

|          |   |          |
|----------|---|----------|
|          | <b>NONE</b>   | <b>0</b> |
| <b>1</b> | <b>MATERIALS/TECHNOLOGY ADAPTATIONS</b>   |          |
|          | LARGE PRINT OR BRAILLE MATERIALS OR LARGE PRINT COMPUTER  | 1        |
|          | WRITTEN MATERIALS ON TAPE   | 2        |
|          | COMPUTER HARDWARE ADAPTED FOR STUDENT'S NEEDS (E.G., ALTERNATIVE KEYBOARD, SWITCH INTERFACE, SPEECH RECOGNITION SOFTWARE, COMPUTER PERIPHERALS)             | 3        |
|          | HEADSETS TO ALLOW HANDS FREE PHONE USE OR TO MAGNIFY SOUND  | 4        |
|          | DIFFERENT EQUIPMENT (OTHER THAN COMPUTER) OR CHANGES TO EQUIPMENT USED ON THE JOB   | 5        |
|          | TTY OR TTD AVAILABLE  | 6        |
|          | ALTERED WORK STATION  | 7        |
| <b>2</b> | <b>HUMAN AIDES</b>  |          |
|          | A READER OR INTERPRETER   | 8        |
|          | JOB COACH—HELPS MONITOR PROGRESS, OFFERS ADVICE TO IMPROVE PERFORMANCE  | 9        |
|          | A PERSONAL AIDE OR ASSISTANT TO HELP ON THE JOB   | 10       |
| <b>3</b> | <b>ACCOMMODATIONS IN ASSIGNMENT OR SUPERVISION</b>  |          |
|          | MORE TRAINING, TRAINING TAILORED TO INDIVIDUAL NEEDS  | 11       |
|          | MORE OR DIFFERENT SUPERVISION OR MENTORING  | 12       |
|          | DIFFERENT EXPECTATIONS FOR PRODUCTIVITY OR PERFORMANCE  | 13       |
|          | INSTRUCTIONS ARE MODIFIED IN FORM OR IN THE WAY THEY ARE COMMUNICATED (E.G., PICTORIAL INSTRUCTIONS, VERBAL INSTRUCTIONS INSTEAD OF/IN ADDITION TO WRITTEN) | 14       |
| <b>4</b> | <b>SCHEDULING ACCOMMODATIONS</b>  |          |
|          | FLEXIBLE TIMES FOR ARRIVING AT AND LEAVING WORK   | 15       |
|          | SLOWER PACE FOR GETTING THE JOB DONE  | 16       |
|          | MORE BREAKS, LONGER BREAKS  | 17       |
|          | MORE PAID SICK LEAVE OR PAID TIME OFF FOR MEDICAL NEEDS, THERAPY APPOINTMENTS, ETC.   | 18       |
| <b>5</b> | <b>PHYSICAL ADAPTATIONS</b>   |          |
|          | REARRANGED EQUIPMENT OR FURNITURE TO IMPROVE ACCESSIBILITY  | 19       |
|          | MADE CHANGES TO THE BUILDING (E.G., WIDENED DOORS, MADE RESTROOMS ACCESSIBLE)   | 20       |
| <b>6</b> | <b>OTHER SUPPORTS</b>   |          |
|          | TRANSPORTATION ASSISTANCE (E.G., TO GET BETWEEN BUILDINGS AT THE WORK SITE)   | 21       |
|          | PARKING ACCOMMODATIONS  | 22       |
|          | EMERGENCY PLAN ACCOUNTS FOR DISABLED WORKER (E.G., EVACUATION PLAN)   | 23       |
|          | OTHER. SPECIFY: _____   | 24       |
|          | DON'T KNOW  | -1       |
|          | REFUSED   | -2       |



**CHECKPOINT: ALL DISABILITY CATEGORIES**

IF NO RESPONSES IN CATEGORY 3: Have there been any accommodations in the training or supervision [he/she] receives or in [his/her] work assignments?

IF NO RESPONSES IN CATEGORY 4: Have there been any accommodations in [his/her] work schedule, like getting to arrive or leave work at flexible times, or getting more time to get [his/her] work done?

**CHECKPOINT: IF DISABILITY IS ORTHOPEDIC, OTHER HEALTH IMPAIRED OTHER THAN ADD (OHI ON SAMPLE FILE AND NO ADD ON SAMPLE FILE OR B1a NE 2 AND B1A1 NE 1), MULTIPLE, VISUAL, OR DEAF/BLIND, PROBE:**

IF NO RESPONSES IN CATEGORY 2: Has there been any person assigned to help [him/her], like a person who helps [him/her] get around his work site or reads materials to him?

IF NO RESPONSES IN CATEGORY 1: Have there been any adaptations to the equipment [he/she] uses, like giving [him/her] a special workstation or different computers or other equipment, because of [his/her] disability?

IF NO RESPONSES IN CATEGORY 5: Have there been any adaptations to [his/her] workplace, like rearranging furniture to changing doorways or restrooms because of [his/her] disability?

IF NO RESPONSES IN CATEGORY 6: Has [he/she] had any services or supports to help [him/her] get around at work, like help with transportation or parking?

**CHECKPOINT: IF DISABILITY IS HEARING IMPAIRED, PROBE:**

IF NO RESPONSES IN CATEGORY 2. Has there been any person assigned to help [him/her], like a sign language interpreter?

L8o. How does [he/she] usually get to work? IF RESPONSE IS PROPER NAME, E.G., "WITH JIM" OR "ON BART", PROBE: Who is that? OR What is that? CODE ONE RESPONSE.

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

**OUT OF SECONDARY SCHOOL A YEAR OR MORE - YOUTH EMPLOYED NOW AND LOOKING FOR A JOB BEFORE CURRENT JOB**

L9a. About how long did [he/she] look for a job before [he/she] found this one?

|           |                                |    |
|-----------|--------------------------------|----|
| NUMBER OF | DAYS                           | 1  |
|           | WEEKS                          | 2  |
|           | MONTHS                         | 3  |
|           | YEARS                          | 4  |
|           | DIDN'T REALLY LOOK FOR THE JOB | 5  |
|           | DON'T KNOW                     | -1 |
|           | REFUSED                        | -2 |

{allow 5 years}  
 {allow 60 months}  
 {allow 260 weeks}  
 {allow 1,825 days}

NLTS

L9b. Did YOUTH find this job [him/her]self, or did [he/she] have help—like from an employment agency or someone [he/she] knows?

|                              |                     |    |
|------------------------------|---------------------|----|
| GO TO CHECKPOINT BEFORE L10a | FOUND [HIM/HER]SELF | 1  |
| GO TO L9c                    | HAD HELP            | 2  |
| GO TO CHECKPOINT BEFORE L10a | DON'T KNOW          | -1 |
|                              | REFUSED             | -2 |

NLTS

L9c. Who helped [him/her]? Was it.... READ CATEGORIES. CODE ALL THAT APPLY.

|   |   |    |
|---|---|----|
| GO TO L9d                               | Someone in an employment agency or other program, | 1  |
| GO TO CHECKPOINT BEFORE L10a            | A teacher or someone at school,                   | 2  |
|   | A family member,                                  | 3  |
|   | A friend or someone else you know?                | 4  |
| DON'T READ GO TO CHECKPOINT BEFORE L10a | DON'T KNOW  | -1 |
|   | REFUSED   | -2 |

NLTS

L9d. Has someone from the agency or program stayed in touch with [him/her] to check on how [he/she] is doing on the job?

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

**OUT OF SECONDARY SCHOOL A YEAR OR MORE - PREVIOUS JOB FOR THOSE AND WORKING NOW**

**CHECKPOINT:** IF L6b=1 (ONLY ONE JOB IN PREVIOUS 2 YEARS) GO TO L14. ELSE GO TO L10a.

NLTS

L10a. Did YOUTH have a paid job **before** the one [he/she] has now, other than work around the house? IF THE YOUTH HAD MORE THAN ONE PAID JOB AT THE SAME TIME BEFORE THE CURRENT JOB, WE WANT THE JOB AT WHICH [HE/SHE] SPENT THE MOST TIME.

|                   |            |    |
|-------------------|------------|----|
|                   | YES        | 1  |
| GO TO SECTION L14 | NO         | 2  |
|                   | DON'T KNOW | -1 |
|                   | REFUSED    | -2 |

L10b. In the job [he/she] had before, did [he/she] usually work more hours a week than the job [he/she] has now, about the same number of hours a week as now, or fewer hours a week than the job [he/she] has now? (IF STILL HAS THE JOB THAT STARTED BEFORE CURRENT JOB THAT WAS REPORTED IN L8, GO BACK TO L10a, CODE 2 AND GO TO L14.)

|   |    |
|---|----|
| MORE HOURS THAN NOW                           | 3  |
| SAME HOURS AS NOW                             | 2  |
| FEWER HOURS THAN NOW                          | 1  |
| STILL HAS JOB THAT STARTED BEFORE CURRENT JOB | 4  |
| DON'T KNOW                                    | -1 |
| REFUSED                                       | -2 |

TI will skip to L10a to correct it and then skip automatically to L14

NLTS

L10c. When [he/she] left that job was [his/her] pay ...READ CATEGORIES. CODE ONE RESPONSE.

|            |   |    |
|------------|---|----|
|            | More,                                     | 1  |
|            | Less, or                                  | 2  |
|            | About the same as [he/she] gets paid now? | 3  |
| DON'T READ | DON'T KNOW                                | -1 |
|            | REFUSED                                   | -2 |

NLTS

L10d. As part of that job, did [he/she] get... READ LIST. CODE ONE CATEGORY PER ITEM.

|    |                                 |    |    |     |    |
|----|---------------------------------|----|----|-----|----|
|    | YES                             | NO | DK | REF |    |
| a. | Paid vacation or sick leave,    | 1  | 2  | -1  | -2 |
| b. | Health insurance, and/or        | 1  | 2  | -1  | -2 |
| c. | Retirement benefits, like 401k? | 1  | 2  | -1  | -2 |

**CHECKPOINT:** IF PARENT ASSERTS YOUTH DOES NOT HAVE A DISABILITY (SAMPLE

FILE OR B1c=2), GO TO L10f. IF YOUTH'S DISABILITY ON SAMPLE FILE IS ONLY LD AND/OR SPEECH IMPAIRED OR B1a=13 OR 16 ONLY, GO TO L10f. ELSE TO L10e.

L10e. At [his/her] job, did most of the other workers have disabilities?

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

NLTS

L10f. When [he/she] left that job ... READ CATEGORIES. CODE ONE RESPONSE

|                 |                                    |    |
|-----------------|------------------------------------|----|
| GO TO L10g      | Did [he/she] quit,                 | 1  |
| GO TO SECTION M | Was [he/she] fired,                | 2  |
| GO TO L14       | Was [he/she] laid off, or          | 3  |
|                 | Was it a temporary job that ended? | 4  |
| DON'T READ      | DON'T KNOW                         | -1 |
| GO TO L14       | REFUSED                            | -2 |

NLTS

L10g. What was the main reason YOUTH quit? CODE ONE CODE.

|  |    |
|--|----|
| FOUND A BETTER JOB   | 1  |
| WANTED TO LOOK FOR A BETTER JOB  | 2  |
| WANTED TO START OWN BUSINESS/WORK FOR SELF                             | 3  |
| DIDN'T LIKE THE HOURS OR KIND OF WORK OR WORKING CONDITIONS            | 4  |
| WAGES TOO LOW  | 5  |
| DIDN'T GET ALONG WITH COWORKERS OR BOSS                                | 6  |
| WENT BACK TO SCHOOL  | 7  |
| JOB INTERFERED WITH SCHOOL   | 8  |
| ILLNESS OR DISABILITY INTERFERED WITH JOB                              | 9  |
| EMPLOYER WOULDN'T PROVIDE ACCOMMODATIONS NEEDED TO SUCCEED AT THE JOB. | 10 |
| PARENTS DIDN'T WANT YOUTH TO WORK                                      | 11 |
| FAMILY REASONS (E.G., PREGNANCY, HAD TO CARE FOR FAMILY MEMBER)        | 12 |
| MOVED  | 13 |
| TRANSPORTATION PROBLEMS, TOO HARD TO GET TO THE JOB                    | 14 |
| CAN MAKE MORE MONEY ON DISABILITY                                      | 15 |
| DON'T KNOW   | -1 |
| REFUSED  | -2 |

**CHECKPOINT:** GO TO L14.

**OUT OF SECONDARY SCHOOL A YEAR OR MORE - MOST RECENT JOB IF NO JOB NOW BUT WORKED IN LAST 2 YEARS**

NLTS

L11a. Please think about the last job YOUTH had. What kind of work did [he/she] do in that job? DO NOT READ CATEGORIES. IF TYPE OF WORK IS UNCLEAR, PROBE: Can you tell me a little about the place [he/she] did this work? What kinds of things did [he/she] do there?

|   |    |
|---|----|
| ACCOUNTING, BOOKEEPING, BILLING   | 01 |
| ASSEMBLY WORK, SORTING, STUFFING  | 02 |
| ANIMAL CARE – E.G., DOG WALKING, VETERINARY HELPER  | 03 |
| BANK TELLER   | 04 |
| CASHIER – AT GROCERY, FAST FOOD PLACE, RETAIL.  | 05 |
| CHILD CARE, IN HOME CHILDCARE INCLUDING BABYSITTING   | 06 |
| CLEANING – E.G., JANITOR, MAID, CUSTODIAN   | 07 |
| CLERICAL – E.G.,ADMINISTRATIVE ASSISTANT, FILING, GENERAL OFFICE CLERK, RECEPTIONIST, SECRETARY, TYPIST | 08 |
| COMPUTER PROGRAMMING, INCLUDING WEB PAGE DEVELOPMENT  | 09 |
| COMPUTER SUPPORT – E.G., DATA ENTRY, TECHNICAL SUPPORT  | 10 |
| DELIVERY – E.G., OF FOOD, PRESCRIPTIONS, NEWSPAPERS   | 11 |
| DISHWASHER  | 12 |
| FARM LABORER – ANIMALS AND FIELDS   | 13 |
| FOOD COUNTER, FOUNTAIN  | 14 |
| FOOD PREPARATION – BAKER, COOK, KITCHEN PREP  | 15 |
| GARDENING AND GROUNDS MAINTENANCE – LAWN MOWING, GROUNDSKEEPING, HORTICULTURE                           | 16 |
| GAS STATION ATTENDANT, CAR WASH   | 17 |
| GUARDS, POLICE, SECURITY  | 18 |
| HEALTH CARE AIDE– PERSONAL CARE ATTENDANT, NURSE'S AIDE   | 19 |
| MANAGER, SUPERVISOR OF FOOD OR SERVICE PROVIDERS  | 20 |
| MARKETING ADVERTISING   | 21 |
| MECHANIC (AUTO REPAIR)  | 22 |
| MOVIE THEATER TICKET TAKER, USHER   | 23 |
| NURSE   | 24 |
| PERFORMING ARTS, ENTERTAINMENT, VISUAL ARTS, DANCE, MUSICIAN  | 25 |
| RETAIL SALES  | 26 |
| SHIPPING AND RECEIVING  | 27 |
| SKILLED LABOR – PLUMBER, CARPENTER, ELECTRICIAN   | 28 |
| SPORTS RELATED – CADDY, UMPIRE, REFEREE, COACH, LIFEGUARD, RECREATION WORKER, TEACHING A SPORT          | 29 |
| STOCK AND INVENTORY CLERKS, BAGGER – GROCERY STORE, DRUG STORE  | 30 |
| TEACHER   | 31 |
| TEACHER'S AIDE, CHILDCARE CENTER TEACHER, TUTOR   | 32 |
| UNSKILLED LABOR – CONSTRUCTION, BUILDING TRADES, MAINTENANCE  | 33 |
| WAITER, WAITRESS, BUSBOY, RESTAURANT HOSTESS  | 34 |
| OTHER, SPECIFY _____  | 35 |
| DON'T KNOW  | -1 |
| REFUSED   | -2 |

NLTS

L11b. About how many hours a week did [he/she] usually work at that job? IF RESPONDENT SAYS HOURS VARIED OR CHANGED OVER THE TIME [HE/SHE] HAD THE JOB, ASK FOR HOUR WORKED IN A TYPICAL WEEK AT THE TIME [HE/SHE] LEFT THE JOB.

|                              |             |    |
|------------------------------|-------------|----|
| GO TO CHECKPOINT BEFORE L11d | _____ HOURS |    |
| GO TO L11c                   | DON'T KNOW  | -1 |
|                              | REFUSED     | -2 |

{allow 168}

NLTS

L11c. Did [he/she] usually work full time or part time? IF ASKED, FULL TIME IS 35 HOURS OR MORE PER WEEK.

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

**CHECKPOINT:** IF L11b < 35 OR L11c =2 (PART TIME), GO TO L11d. ELSE, GO TO L11e.

NLTS

L11d. Did YOUTH work part time because [he/she] wanted to, or would [he/she] rather have worked full time?

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

L11e. About how long did [he/she] have that job?

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

{allow 9 years}  
 {allow 108 months}  
 {allow 468 weeks}  
 {allow 3,285 days}

NLTS

L11f. When YOUTH left that job, about how much was [he/she] paid? PROBE IF NEEDED: Is that per hour? IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS. ENTER NUMBER AND/OR CODE ONE.

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

{allow 99 per hour}  
 {allow 999 per week}  
 {allow 9999 per month}  
 {allow 99,999 per year}

CHECKPOINT: IF YOUTH HAS BEEN AT THE JOB FOR 6 MONTHS OR LESS (L11e=6 MONTHS OR LESS) GO TO L11i. ELSE GO TO L11g.

L11g. Was [he/she] paid more when [he/she] left that job than when [he/she] started it?

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

L11h. Was [he/she] promoted or did [he/she] take on more responsibility since [he/she] started the job.

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

NLTS

L11i. As part of that job, did [he/she] get ... READ LIST. CODE ONE CATEGORY PER ITEM.

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

**CHECKPOINT:** IF PARENT ASSERTS YOUTH DOES NOT HAVE A DISABILITY (SAMPLE FILE OR B1c=2), GO TO L11o. IF YOUTH'S DISABILITY ON SAMPLE FILE IS ONLY LD AND/OR SPEECH IMPAIRED, GO TO L11k, ELSE TO L11j.

L11j. At [his/her] job, did most of the other workers have disabilities?

|            |            |    |
|------------|------------|----|
| GO TO L11I | YES        | 1  |
|            | NO         | 2  |
|            | DON'T KNOW | -1 |
|            | REFUSED    | -2 |

L11k1. At that job did YOUTH tell [his/her] employer that [he/she] has a disability... READ CATEGORIES. CODE ONE RESPONSE.

|             |                                    |    |
|-------------|------------------------------------|----|
| GO TO L11I  | Before [he/she] got [his/her] job  | 1  |
|             | After [he/she] started the job, or | 2  |
| GO TO L11k2 | Has [he/she] not told them at all? | 3  |
| DON'T READ  | DON'T KNOW                         | -1 |
| GO TO L11I  | REFUSED                            | -2 |

L11k2. Do you think YOUTH's employer was aware of [his/her] disability or special needs?

|            |            |            |    |
|------------|------------|------------|----|
| Go to L11o | GO TO L11I | YES        | 1  |
|            |            | NO         | 2  |
|            |            | DON'T KNOW | -1 |
|            |            | REFUSED    | -2 |

L11l. Had youth received any services, accommodations, or other help from [his/her] employer because [he/she] has any kind of learning problem, disability, or other special need?

|            |            |            |    |
|------------|------------|------------|----|
| GO TO L11m | GO TO L11n | YES        | 1  |
|            |            | NO         | 2  |
|            |            | DON'T KNOW | -1 |
|            |            | REFUSED    | -2 |

L11m. Had YOUTH asked or applied for any services, accommodations, or other help from [his/her] employer because [he/she] has any kind of learning problem, disability, or other special need?

|            |            |    |
|------------|------------|----|
| GO TO L11o | YES        | 1  |
|            | NO         | 2  |
|            | DON'T KNOW | -1 |
|            | REFUSED    | -2 |



L11n. What accommodations, or other help has [he/she] received? DO NOT READ CATEGORIES.

|          |   |          |
|----------|---|----------|
|          | <b>NONE</b>   | <b>0</b> |
| <b>1</b> | <b>MATERIALS/TECHNOLOGY ADAPTATIONS</b>   |          |
|          | LARGE PRINT OR BRAILLE MATERIALS OR LARGE PRINT COMPUTER  | 1        |
|          | WRITTEN MATERIALS ON TAPE   | 2        |
|          | COMPUTER HARDWARE ADAPTED FOR STUDENT'S NEEDS (E.G., ALTERNATIVE KEYBOARD, SWITCH INTERFACE, SPEECH RECOGNITION SOFTWARE, COMPUTER PERIPHERALS)             | 3        |
|          | HEADSETS TO ALLOW HANDSFREE PHONE USE OR TO MAGNIFY SOUND   | 4        |
|          | DIFFERENT EQUIPMENT (OTHER THAN COMPUTER) OR CHANGES TO EQUIPMENT USED ON THE JOB   | 5        |
|          | TTY OR TTD AVAILABLE  | 6        |
|          | ALTERED WORK STATION  | 7        |
| <b>2</b> | <b>HUMAN AIDES</b>  |          |
|          | A READER OR INTERPRETER   | 8        |
|          | JOB COACH—HELPS MONITOR PROGRESS, OFFERS ADVICE TO IMPROVE PERFORMANCE  | 9        |
|          | A PERSONAL AIDE OR ASSISTANT TO HELP ON THE JOB   | 10       |
| <b>3</b> | <b>ACCOMMODATIONS IN ASSIGNMENT OR SUPERVISION</b>  |          |
|          | MORE TRAINING, TRAINING TAILORED TO INDIVIDUAL NEEDS  | 11       |
|          | MORE OR DIFFERENT SUPERVISION OR MENTORING  | 12       |
|          | DIFFERENT EXPECTATIONS FOR PRODUCTIVITY OR PERFORMANCE  | 13       |
|          | INSTRUCTIONS ARE MODIFIED IN FORM OR IN THE WAY THEY ARE COMMUNICATED (E.G., PICTORIAL INSTRUCTIONS, VERBAL INSTRUCTIONS INSTEAD OF/IN ADDITION TO WRITTEN) | 14       |
| <b>4</b> | <b>SCHEDULING ACCOMMODATIONS</b>  |          |
|          | FLEXIBLE TIMES FOR ARRIVING AT AND LEAVING WORK   | 15       |
|          | SLOWER PACE FOR GETTING THE JOB DONE  | 16       |
|          | MORE BREAKS, LONGER BREAKS  | 17       |
|          | MORE PAID SICK LEAVE OR PAID TIME OFF FOR MEDICAL NEEDS, THERAPY APPOINTMENTS, ETC.   | 18       |
| <b>5</b> | <b>PHYSICAL ADAPTATIONS</b>   |          |
|          | REARRANGED EQUIPMENT OR FURNITURE TO IMPROVE ACCESSIBILITY  | 19       |
|          | MADE CHANGES TO THE BUILDING (E.G., WIDENED DOORS, MADE RESTROOMS ACCESSIBLE)   | 20       |
| <b>6</b> | <b>OTHER SUPPORTS</b>   |          |
|          | TRANSPORTATION ASSISTANCE (E.G., TO GET BETWEEN BUILDINGS AT THE WORK SITE)   | 21       |
|          | PARKING ACCOMMODATIONS  | 22       |
|          | EMERGENCY PLAN ACCOUNTS FOR DISABLED WORKER (E.G., EVACUATION PLAN)   | 23       |
|          | OTHER. SPECIFY:<br>_____  | 24       |
|          | DON'T KNOW  | -1       |
|          | REFUSED   | -2       |

**CHECKPOINT: ALL DISABILITY CATEGORIES**

IF NO RESPONSES IN CATEGORY 3: Have there been any accommodations in the training or supervision [he/she] receives or in [his/her] work assignments?

IF NO RESPONSES IN CATEGORY 4: Have there been any accommodations in [his/her] work schedule, like getting to arrive or leave work at flexible times, or getting more time to get [his/her] work done?

**CHECKPOINT: IF DISABILITY IS ORTHOPEDIC, OTHER HEALTH IMPAIRED OTHER THAN ADD (OHI ON SAMPLE FILE AND NO ADD ON SAMPLE FILE OR B1a NE 2 AND B1A1 NE 1), MULTIPLE, VISUAL, OR DEAF/BLIND, PROBE:**

IF NO RESPONSES IN CATEGORY 2: Has there been any person assigned to help [him/her], like a person who helps [him/her] get around his work site or reads materials to [him/her]?

IF NO RESPONSES IN CATEGORY 1: Have there been any adaptations to the equipment [he/she] uses, like giving [him/her] a special workstation or different computers or other equipment, because of [his/her] disability?

IF NO RESPONSES IN CATEGORY 5: Have there been any adaptations to [his/her] workplace, like rearranging furniture to changing doorways or restrooms because of [his/her] disability?

IF NO RESPONSES IN CATEGORY 6: Has [he/she] had any services or supports to help [him/her] get around at work, like help with transportation or parking?

**CHECKPOINT: IF DISABILITY IS HEARING IMPAIRED, PROBE:**

IF NO RESPONSES IN CATEGORY 2. Has there been any person assigned to help [him/her], like a sign language interpreter?

NLTS

L11o. How did [he/she] usually get to work then? IF RESPONSE IS PROPER NAME, E.G., "WITH JIM" OR "ON BART", PROBE: Who was that? OR What was that? CODE ONE RESPONSE.

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

**OUT OF SECONDARY SCHOOL A YEAR OR MORE - LOOKED FOR WORK BEFORE MOST RECENT JOB**

NLTS

L12a. Did YOUTH find that job [him/her]self, or did [he/she] have help, like from an employment agency or someone [he/she] knows?

|            |                     |    |
|------------|---------------------|----|
| GO TO L12d | FOUND [HIM/HER]SELF | 1  |
| GO TO L12b | HAD HELP            | 2  |
| GO TO L12d | DON'T KNOW          | -1 |
|            | REFUSED             | -2 |

NLTS

L12b. Who helped [him/her]? Was it .... READ CATEGORIES. CODE ALL THAT APPLY.

|            |   |    |
|------------|---|----|
| GO TO L12c | Someone in an employment agency or other program, | 1  |
| GO TO L12d | A teacher or someone at school,                   | 2  |
|            | A family member,                                  | 3  |
|            | A friend or someone else [he/she] knows?          | 4  |
| DON'T READ | DON'T KNOW  | -1 |
| GO TO L12d | REFUSED   | -2 |

NLTS

L12c. Did someone from the agency or program stay in touch with [him/her] to check on how [he/she] is doing on the job?

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

NLTS

L12d. When YOUTH left that job...READ CATEGORIES. CODE ONE RESPONSE.

|            |                                    |    |
|------------|------------------------------------|----|
| GO TO L12e | Did [he/she] quit,                 | 1  |
| GO TO L13a | Was [he/she] fired,                | 2  |
|            | Was [he/she] laid off, or          | 3  |
|            | Was it a temporary job that ended? | 4  |
| DON'T READ | DON'T KNOW                         | -1 |
| GO TO L13a | REFUSED                            | -2 |

NLTS

L12e. What was the main reason [he/she] quit? CODE ONE CODE.

|  |    |
|--|----|
| FOUND A BETTER JOB   | 1  |
| WANTED TO LOOK FOR A BETTER JOB  | 2  |
| WANTED TO START OWN BUSINESS/WORK FOR SELF                             | 3  |
| DIDN'T LIKE THE HOURS OR KIND OF WORK OR WORKING CONDITIONS            | 4  |
| WAGES TOO LOW  | 5  |
| DIDN'T GET ALONG WITH COWORKERS OR BOSS                                | 6  |
| WENT BACK TO SCHOOL  | 7  |
| JOB INTERFERED WITH SCHOOL   | 8  |
| ILLNESS OR DISABILITY INTERFERED WITH JOB                              | 9  |
| EMPLOYER WOULDN'T PROVIDE ACCOMMODATIONS NEEDED TO SUCCEED AT THE JOB. | 10 |
| PARENTS DIDN'T WANT YOUTH TO WORK                                      | 11 |
| FAMILY REASONS (E.G., PREGNANCY, HAD TO CARE FOR FAMILY MEMBER)        | 12 |
| MOVED  | 13 |
| TRANSPORTATION PROBLEMS, TOO HARD TO GET TO THE JOB                    | 14 |
| CAN MAKE MORE MONEY ON DISABILITY                                      | 15 |
| DON'T KNOW   | -1 |
| REFUSED  | -2 |

**OUT OF SECONDARY SCHOOL A YEAR OR MORE - NOT WORKING NOW—LOOKING FOR WORK**

NLTS

L13a. Is YOUTH looking for a paid job now?

|            |                           |    |
|------------|---------------------------|----|
| GO TO L13b | YES                       | 1  |
| GO TO L13d | NO                        | 2  |
| GO TO L13c | DON'T KNOW/DON'T REMEMBER | -1 |
|            | REFUSED                   | -2 |

NLTS

L13b. About how long has [he/she] been looking for work?

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

{allow 5 years}  
 {allow 60 months}  
 {allow 260 weeks}  
 {allow 1,825 days}

NLTS

L13c. What has [he/she] done in the past month to find a job?

|                             |   |    |
|-----------------------------|---|----|
| GO TO CHECKPOINT BEFORE L14 | NOTHING IN THE PAST MONTH                         | 0  |
|                             | CHECKED WITH A STATE OR PRIVATE EMPLOYMENT AGENCY | 1  |
|                             | CHECKED WITH A MILITARY RECRUITER                 | 2  |
|                             | CHECKED WITH AN EMPLOYER DIRECTLY                 | 3  |
|                             | CHECKED WITH FAMILY MEMBERS                       | 4  |
|                             | CHECKED WITH FRIENDS OR ACQUAINTANCES             | 5  |
|                             | PLACED OR ANSWERED ADS                            | 6  |
|                             | LOOKED IN THE NEWSPAPER                           | 7  |
|                             | CHECKED ON THE WEB OR COMPUTER JOB LISTINGS       | 8  |
|                             | USED A SCHOOL EMPLOYMENT AGENCY                   | 9  |
|                             | APPLIED FOR JOBS                                  | 10 |
|                             | OTHER. SPECIFY: _____                             | 11 |
|                             | DON'T KNOW  | -1 |
|                             | REFUSED   | -2 |

NLTS

L13d. Why has [he/she] decided not to look for work? CODE ALL THAT APPLY

|   |    |
|---|----|
| YOUTH DIDN'T WANT TO LOOK/IT WAS TOO HARD TO LOOK   | 1  |
| YOUTH IS HOMEMAKER, RAISING A FAMILY/WORKING IN THE HOME  | 2  |
| GOING TO SCHOOL/IN A TRAINING PROGRAM   | 3  |
| DOESN'T WANT TO WORK/DOESN'T NEED THE MONEY   | 4  |
| DOESN'T KNOW HOW TO FIND A JOB  | 5  |
| AVAILABLE JOBS AREN'T WORTH HAVING/DON'T INTEREST YOU   | 6  |
| TRIED TO GET A JOB AND COUNDLN'T/NO ONE WILL HIRE YOUTH   | 7  |
| AREN'T ANY JOBS AVAILABLE   | 8  |
| PARENTS DON'T WANT YOUTH TO WORK  | 9  |
| JOBS TOO HARD TO GET TO/TRANSPORATION PROBLEMS  | 10 |
| WOULD LOSE SSI/DISABILITY/UNEMPLOYMENT OR OTHER BENEFITS  | 11 |
| HAS A JOB THAT HASN'T STARTED YET/IS WAITING TO HEAR ABOUT A JOB/PROGRAM FOR WHICH [HE/SHE] HAS APPLIED | 12 |
| OTHER. SPECIFY: _____   | 13 |
| DON'T KNOW  | -1 |
| REFUSED   | -2 |

**CHECKPOINT:** IF L12d =2(FIRED AT JOB) GO TO SECTION M. ELSE GO TO L14.

**OUT OF SECONDARY SCHOOL A YEAR OR MORE - WORKED AT ALL IN PAST 2 YEARS  
AND NOT FIRED FROM JOBS DESCRIBED**

L14. Has YOUTH been fired from any job any time in the past 2 years?

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

## SECTION M. HOUSEHOLD CHARACTERISTICS

**CHECKPOINT:** IF YOUTH LIVES AT HOME (A6a=1, 2, 3, OR 4) AND STILL IN HIGH SCHOOL (D1a or D2a = 1) GO TO M2. IF YOUTH IS YOUNGER THAN 16 GO TO M4. ELSE GO TO M1.

My next questions are about YOUTH's household.

M1. Does YOUTH have a partner or spouse living with [him/her] now?

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

M2. Is YOUTH ... READ CATEGORIES.

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

**CHECKPOINT:** IF M1=1 Ask M3. ELSE ASK M4.

M3. Does [his/her] spouse or partner now have a paid job?

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

M4. Has YOUTH [IF FEMALE: had][IF MALE: fathered] any children in the last 2 years?

|                             |            |    |
|-----------------------------|------------|----|
| GO TO CHECKPOINT BEFORE M7a | Yes        | 1  |
|                             | No         | 2  |
|                             | DON'T KNOW | -1 |
|                             | REFUSED    | -2 |

M5. How many children has [he/she] [IF FEMALE: had] [IF MALE: fathered] in the last 2 years?

|            |    |
|------------|----|
| 1          | 1  |
| 2          | 2  |
| 3 or more  | 3  |
| DON'T KNOW | -1 |
| REFUSED    | -2 |

M6. [IF M5=1: Does this child] [IF M5 > 1: Do any of these children] have a disability, developmental delay, or other special need?

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

**CHECKPOINT:** IF YOUTH DOES NOT LIVE WITH PARENTS/ GUARDIANS [A6a NE 1, 2, 3 or 4] AND YOUTH HAS A CHILD (M4=1) OR SAMPLE FILE, GO TO M7a. ELSE GO TO CHECKPOINT BEFORE M7c.

NEILS, NSAF

M7a. My next questions are about government benefits [YOUTH] may have received. Has [he/she] received money from TANF (Temporary Assistance to Needy Families) or the state welfare program anytime in the past 2 years?

|                             |            |    |
|-----------------------------|------------|----|
| GO TO M7b                   | YES        | 1  |
| GO TO CHECKPOINT BEFORE M7c | NO         | 2  |
|                             | DON'T KNOW | -1 |
|                             | REFUSED    | -2 |



NEILS, ECLSK similar

M7b. Does [he/she] now receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program?

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

**CHECKPOINT:** IF A6a= 5, 6, 9, OR 10 (YOUTH LIVES ALONE, WITH SPOUSE, OR IN MILITARY OR IN GROUP HOME) GO TO M7c ELSE GO TO CHECKPOINT BEFORE M8a.

NEILS, NSAF

M7c. Has [he/she] received Food Stamps anytime in the past 2 years?

|                               |            |    |
|-------------------------------|------------|----|
| GO TO M7d                     | YES        | 1  |
| GO TO CHECKPOINT 1 BEFORE M8a | NO         | 2  |
|                               | DON'T KNOW | -1 |
|                               | REFUSED    | -2 |

NEILS, similar NSAF

M7d. Does [he/she] receive Food Stamps now?

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

**CHECKPOINT 1:** IF YOUTH IS 18 OR OLDER CONTINUE WITH CHECKPOINT 2. ELSE GO TO SECTION N.

**CHECKPOINT 2:** IF YOUTH HAS INSURANCE AS PART OF JOB (L8ib=1 OR L10db=1 OR L11ib=1), GO TO M8d. ELSE GO TO M8a.

NEILS, NSAF

M8a. Is YOUTH now covered by any kind of health insurance?

|           |            |    |
|-----------|------------|----|
| GO TO M8b | YES        | 1  |
| GO TO M9a | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

NEILS, NSAF

M8b. Is this private health insurance that [he/she] or a family member buys or gets as a benefit at a job?

|           |            |    |
|-----------|------------|----|
| GO TO M8d | YES        | 1  |
| GO TO M8c | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

M8c. Is [he/she] covered by government health insurance, such as \_\_\_\_\_. (FILL IN STATE NAMES FOR MEDICAID AND OTHER LOW-INCOME INSURANCE PROGRAMS)?

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

NEILS, NSAF

M8d. Is any of [his/her] health insurance with an HMO (Health Maintenance Organization)? IF ASKED, AT AN HMO YOU MUST GENERALLY RECEIVE CARE FROM HMO DOCTORS; OTHERWISE THE EXPENSE IS NOT COVERED UNLESS YOU WERE REFERRED BY THE HMO.

|           |            |    |
|-----------|------------|----|
| GO TO M8f | YES        | 1  |
|           | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

NEILS, NSAF

M8e. Is any of [his/her] health insurance coverage managed care?

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

M8f. Does [his/her] health insurance cover ... READ CATEGORIES. CODE ONE RESPONSE FOR EACH.

|    |                        | YES | NO | DON'T KNOW | REFUSED |
|----|------------------------|-----|----|------------|---------|
| a. | Dental care?           | 1   | 2  | -1         | -2      |
| b. | Vision care?           | 1   | 2  | -1         | -2      |
| c. | Prescription medicines | 1   | 2  | -1         | -2      |
| d. | Mental health care     | 1   | 2  | -1         | -2      |

**CHECKPOINT:** IF YOUTH IS MARRIED (M2 = 3) AND LIVES WITH SPOUSE (A6a=6) GO TO M9b. ELSE, GO TO M9a

NEILS, NHIS similar

M9a. Studies like these often group people according to income. Please tell me which group best describes YOUTH's total income in the last tax year, including salaries or other earnings, money from public assistance, retirement, and so on, before taxes. Was [his/her] income in the past year ...

|                       |                      |    |
|-----------------------|----------------------|----|
| GO TO M9c             | \$25,000 or less, or | 1  |
| GO TO M9d             | More than \$25,000?  | 2  |
| DON'T READ, GO TO M10 | DON'T KNOW           | -1 |
|                       | REFUSED              | -2 |

M9b. In studies like these, households are sometimes grouped according to income. Please tell me which group best describes the total income of YOUTH and [his/her] spouse in the last tax year, including salaries or other earnings, money from public assistance, retirement, and so on, before taxes. Was their household income in the past year ...

|                       |                      |    |
|-----------------------|----------------------|----|
| GO TO M9c             | \$25,000 or less, or | 1  |
| GO TO M9d             | More than \$25,000?  | 2  |
| DON'T READ, GO TO M10 | DON'T KNOW           | -1 |
|                       | REFUSED              | -2 |

M9c. Was it... READ CATEGORIES. CODE ONE CATEGORY.

|           |            |                          |    |
|-----------|------------|--------------------------|----|
| GO TO M10 |            | \$5,000 or less,         | 1  |
|           |            | \$5,001 to \$10,000,     | 2  |
|           |            | \$10,001 to \$15,000,    | 3  |
|           |            | \$15,001 to \$20,000, or | 4  |
|           |            | \$20,001 to \$25,000?    | 5  |
|           | DON'T READ | DON'T KNOW               | -1 |
|           | REFUSED    | -2                       |    |

M9d. Was it ... READ CATEGORIES. CODE ONE CATEGORY.

|                       |                      |    |
|-----------------------|----------------------|----|
| GO TO M9e             | \$50,000 or less, or | 1  |
| GO TO M9f             | More than \$50,000?  | 2  |
| DON'T READ, GO TO M10 | DON'T KNOW           | -1 |
|                       | REFUSED              | -2 |

M9e. Was it... READ CATEGORIES. CODE ONE CATEGORY.

|            |  |                          |    |
|------------|--|--------------------------|----|
| GO TO M10  |  | \$25,001 to \$30,000,    | 1  |
|            |  | \$30,001 to \$35,000,    | 2  |
|            |  | \$35,001 to \$40,000,    | 3  |
|            |  | \$40,001 to \$45,000, or | 4  |
|            |  | \$45,001 to \$50,000?    | 5  |
| DON'T READ |  | DON'T KNOW               | -1 |
|            |  | REFUSED                  | -2 |

M9f Was it ... READ CATEGORIES. CODE ONE CATEGORY.

|  |                          |            |
|--|--------------------------|------------|
|  | \$50,001 to \$55,000,    | 1          |
|  | \$55,001 to \$60,000,    | 2          |
|  | \$60,001 to \$65,000,    | 3          |
|  | \$65,001 to \$70,000,    | 4          |
|  | \$70,001 to \$75,000, or | 5          |
|  | Over \$75,000?           | 6          |
|  | DON'T READ               | DON'T KNOW |
|  | REFUSED                  | -2         |

VR

M10. My next question is about household transportation. How difficult is it for YOUTH to get where [he/she] needs to go? Would you say it is ... READ CATEGORIES. CODE ONE.

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

M11. Has there been any time during the last 12 months that YOUTH didn't have phone service at home for more than a few days, other than because of bad weather or moving?

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

## SECTION N. CLOSING AND TRACING QUESTIONS

CHECKPOINT: IF PARENT ALREADY ANSWERED TRACING ITEMS (I5 THROUGH I13) GO TO END. ELSE GO TO N1.

N1. We'll be eager to talk with you again in two years to see how you and [YOUTH] are doing then. We want to make sure we don't lose track of you. Do you have an e-mail address?

|                             |            |    |
|-----------------------------|------------|----|
| GO TO N2a                   | YES        | 1  |
| GO TO CHECKPOINT BEFORE N2b | NO         | 2  |
|                             | DON'T KNOW | -1 |
|                             | REFUSED    | -2 |

N2a. What is your e-mail address? ENTER E-MAIL ADDRESS OR CODE.

\_\_\_\_\_ EMAIL ADDRESS

|            |    |
|------------|----|
| DON'T KNOW | -1 |
| REFUSED    | -2 |

CHECKPOINT: IF ADDRESS IS IN FILE, GO TO N2b. IF NO ADDRESS IN FILE, GO TO N2c.

N2b. I have your mailing address as [READ ADDRESS FROM FILE]. Is that correct?

|           |            |    |
|-----------|------------|----|
| GO TO N3  | YES        | 1  |
| GO TO N2c | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

N2c. IF NO ADDRESS IN FILE OR IF ADDRESS IS NOT CORRECT: What is your street address?

Address: \_\_\_\_\_

|            |    |
|------------|----|
| DON'T KNOW | -1 |
| REFUSED    | -2 |

N3. Could you please tell me the name of someone who is likely to know where you are if you move? RECORD NAME OR INDICATE REFUSAL: What is their address? RECORD ADDRESS. What is their phone number? RECORD PHONE NUMBER. What is their e-mail address? RECORD E-MAIL ADDRESS.

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

Address: \_\_\_\_\_

|           |            |    |
|-----------|------------|----|
|           | DON'T KNOW | -1 |
| GO TO END | REFUSED    | -2 |

Phone: \_\_\_\_\_

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

E-MAIL: \_\_\_\_\_

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

N4. What is this person's relationship to [YOUTH]?

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

**CHECKPOINT:** IF RESPONDENT IS FOSTER PARENT (S11a OR S12a = 5) , ASK N5a. ELSE GO TO N5c.

N5a. Is there someone else who would know where [YOUTH] has moved if [he/she] is no longer in your foster care? PROBE FOR SOCIAL WORKER ASSIGNED TO CHILD.

|           |            |    |
|-----------|------------|----|
| GO TO N5c | YES        | 1  |
|           | NO         | 2  |
|           | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

N5b. What is their name and address? RECORD NAME AND ADDRESS. What is their phone number? RECORD PHONE NUMBER. What is their e-mail address? RECORD E-MAIL ADDRESS.

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

Address: \_\_\_\_\_

|           |            |    |
|-----------|------------|----|
| GO TO END | DON'T KNOW | -1 |
|           | REFUSED    | -2 |

Phone: \_\_\_\_\_

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

E-MAIL: \_\_\_\_\_

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

GO TO END

N5c. Is there someone else who also would know where you are if you move?

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

N6. What is their name and address? RECORD NAME AND ADDRESS. What is their phone number? RECORD PHONE NUMBER. What is their email address? RECORD E-MAIL ADDRESS.

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

Address: \_\_\_\_\_

|           |            |    |
|-----------|------------|----|
|           | DON'T KNOW | -1 |
| GO TO END | REFUSED    | -2 |

Phone: \_\_\_\_\_

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

E-MAIL: \_\_\_\_\_

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

N7. What is this person's relationship to [YOUTH]? CODE ONE.

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

END: Thank you so much for taking time to answer these questions and help us with this important study. We'll be sending you newsletters and updates on the study's findings as the study continues. Thank you again.