

ICPSR 24881

**Youth Development Study,
1988-2004 [St. Paul, Minnesota]**

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Data Collection Instrument for Part 15, Wave
13 (2002): Child Survey

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YOUTH DEVELOPMENT STUDY

2002

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Welcome to the
University of Minnesota

YOUTH DEVELOPMENT STUDY

2002

All responses will be kept strictly confidential

LIFE HISTORY CALENDAR, 2000 - 2002

Please see insert for instructions on completing the Life History Calendar

A. FAMILY & LIVING ARRANGEMENTS	2000 MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	2000 DEC	2001 JAN	FEB	MAR	APR
A1 Living with spouse/partner														
A2 Living with children (<i>including spouse's or partner's children</i>)														
A3 Cohabiting (<i>unmarried and living with partner in an intimate relationship</i>)														
A4 Living with one or more roommates, or in an institutional setting (<i>including dormitories, military barracks, prison, etc.</i>)														
A5 Living alone (<i>with no other adults or children</i>)														
A6 Living with parent(s) or guardian(s)														
B. SCHOOL & WORK														
B1 Attending school – part or full-time														
B2 Not employed and looking for work														
B3 Employed part-time (<i>less than 35 hrs/wk</i>)	<i>Job 1</i>													
	<i>Job 2</i>													
	<i>Job 3</i>													
B4 Employed full-time (<i>35 hrs/wk or more</i>)														
B5 Military service (<i>Army, Navy, reserves...</i>)														
B6 Full-time homemaker														
B7 Volunteer work														

MAY	JUN	JUL	AUG	SEP	OCT	NOV	2001 DEC	2002 JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	2002 OCT
Job 1																	
Job 2																	
Job 3																	

C. EDUCATION

C1 What is the highest level of education you have completed?
 What is the highest level of education that you plan to obtain in the future?

Check only one education level in each column.

		<u>Highest level achieved so far</u>	<u>Highest level I plan to obtain</u>
1	Elementary or junior high school	_____	_____
2	High school or GED (General Equivalency Diploma)	_____	_____
3	Technical or vocational school	_____	_____
4	Associate degree	_____	_____
5	Some college	_____	_____
6	Bachelor's degree (4-year college or university)	_____	_____
7	Master's degree	_____	_____
8	Ph.D. or professional degree	_____	_____

C2 What type(s) of school have you attended since March of 2000? **Circle all that apply.**

- a high school
- b government training/job program
- c community college
- d vocational, technical, trade or business school
- e 4-year college or university
- f professional or graduate school
- g I have not attended school → **GO TO D1, PAGE 4**

C2A Please give the name and location of your school: (If more than one, please list all)

Name of school: _____

City, State: _____

Name of school: _____

City, State: _____

D. EMPLOYMENT

D1 When you are looking for work, how important are the following things to you?

	Not at all Important	Somewhat Important	Very Important	Extremely Important
Good pay	1	2	3	4
Time off when I need it	1	2	3	4
A steady job, with little chance of being laid off	1	2	3	4
Good chances of getting ahead	1	2	3	4
A chance to be helpful to others or useful to society	1	2	3	4
A chance to work with people rather than things	1	2	3	4
A chance to make my own decisions at work	1	2	3	4
A job that is easy	1	2	3	4
A job where I have a lot of responsibility	1	2	3	4
The ability to work from home	1	2	3	4
A job that uses my skills and abilities	1	2	3	4
A job that people regard highly	1	2	3	4
A chance to learn a lot of new things at work	1	2	3	4
A supervisor who is supportive of my personal life or family responsibilities	1	2	3	4
Co-workers who are supportive of my personal life or family responsibilities	1	2	3	4
Health insurance benefits	1	2	3	4
Generous family benefits (such as leaves, childcare assistance)	1	2	3	4

D2 What is your long-term career goal (including homemaker)?

Occupation _____ Type of Organization _____

D3 How certain are you that you will achieve this goal?

- 1 I have already achieved it
- 2 Very certain
- 3 Somewhat certain
- 4 Not very certain

D4 Since March 2000, have any of the following interfered with your work or career plans? Are you concerned that any might interfere in the future? **Circle all that apply**

	<u>Has interfered since March of 2000</u>	<u>Concerned about the future</u>	<u>Not a concern</u>
Lack of ability to get training or degree	A	B	C
Lack of money to complete education or get started in my chosen career field	A	B	C
I am considered "overqualified"	A	B	C
Illness, accident, or disability	A	B	C
Lack of openings in my field	A	B	C
Relocation is difficult or impossible	A	B	C
Marriage	A	B	C
Children	A	B	C
Caring for a sick parent or relative	A	B	C
Discrimination against persons of my race or ethnic background	A	B	C
Discrimination against persons of my gender	A	B	C
Transportation problems – difficulty in getting to or from work	A	B	C

D5 For each job you have held (part-time and full-time) since March of 2000, please fill in the chart:

- Please indicate how you are paid (dollars per hour, day, week, month or year). Indicate before tax earnings (e.g. \$7.00 per hour or \$13,000 per year).
- If your job changed between part-time (less than 35 hours per week) and full-time, please list each time period on a separate line.
- Include jobs that started prior to March of 2000, but continued after that date.

JOB TITLE	NAME OF ORGANIZATION	HOURS PER WEEK	PAY RATE	TIPS/ BONUSES/ COMMISSION	DATES	
					STARTED Month/Year	ENDED Month/Year
<i>PLEASE DO NOT ABBREVIATE</i>	<i>PLEASE DO NOT ABBREVIATE</i>					
<i>EXAMPLE 1: Auto Mechanic</i>	<i>Mississippi River Car Repair</i>	<i>35</i>	<i>\$27,000 per year</i>	<i>NA</i>	<i>AUGUST 1999</i>	<i>STILL EMPLOYED</i>
<i>EXAMPLE 2: Restaurant Server</i>	<i>Bastille Restaurant and Bakery</i>	<i>15</i>	<i>\$6.25 per hour</i>	<i>\$250 per week</i>	<i>JANUARY 2001</i>	<i>AUGUST 2002</i>
<i>Job 1:</i>						
<i>Job 2:</i>						
<i>Job 3:</i>						
<i>Job 4:</i>						
<i>Job 5:</i>						
<i>Job 6:</i>						

THE FOLLOWING QUESTIONS ARE ABOUT YOUR CURRENT JOB. IF YOU HAVE MORE THAN ONE JOB, PLEASE REFER TO YOUR PRIMARY OR MAIN JOB.

D6 Are you currently employed (either part-time or full-time)?

- 1 No —————> **GO TO E1, PAGE 16**
- 2 Yes

D7 Which of your current jobs is your primary job? (From the Chart on Page 6)

- 1 Job 1
- 2 Job 2
- 3 Job 3
- 4 Job 4
- 5 Job 5
- 6 Job 6

D8 How did you go about finding your primary job? **Please circle all that apply**

- a Talked to my spouse or partner
- b Talked to my parents or other relatives
- c Talked to a friend
- d Talked to a neighbor
- e Talked to someone from school (teacher, professor, counselor, etc.)
- f A coworker told me about it
- g An employer told me about it
- h Other contacts made through work
- i Placed an ad in the newspaper
- j Responded to an ad in the newspaper
- k I asked about job openings at place of employment
- l Went through employment agency
- m Took a civil service test
- n Used the internet
- o Used a headhunter
- p Other (please specify)_____

D9 How is your primary job related to your future work?

- 1 It is not linked to my long-term career objectives.
- 2 It will probably continue as a long-term career.
- 3 It provides skills or knowledge that will prepare me for a career.
- 4 I don't know.

D10 Did your current employer give you any training when you began work?

- 1 No —————> **GO TO D11, PAGE 8**
- 2 Yes

D10A How long did the training take? **Mark ONE LINE only; for example, 2 days.**

- _____ hours or
- _____ days or
- _____ months

D11 Is there any continuing training or instruction on your current job?

- 1 No
- 2 Yes

D12 What days of the week, and how many hours each day, did you work during the past week in your primary job?

	Day Work	Night Work
	Number of Hours	Number of Hours
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

D13 How often does your work schedule change from week to week?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

D14 Do you supervise other workers on your primary job?

- 1 No → **GO TO D15**
- 2 Yes

D14A If yes, how many? _____

D15 How secure is your primary job?

- 1 Very secure
- 2 Secure
- 3 Somewhat secure
- 4 Not at all secure

D16 Is your primary job: **Circle all that apply.**

- a Temporary
- b Limited by a term or contract
- c Seasonal
- d Through a temp agency
- e None of these

D17 Do you have to think of new ways of doing things or solving problems on your job?

- 1 Almost always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

D18 When you arrive at work, how well can you predict what kinds of things are going to happen that day?

- 1 I can predict exactly
- 2 I can predict well
- 3 It's hard to predict
- 4 I can't predict at all

D19 How much control do you have over the way you spend your time at work (over the order and the amount of time you work on the various parts of your job)?

- 1 Complete control
- 2 A great deal of control
- 3 A fair amount of control
- 4 Some, but not much control
- 5 Almost no control at all

D20 Overall, how much freedom do you have to make important decisions about what you do at work and how you do it?

- 1 Complete freedom
- 2 A great deal of freedom
- 3 A fair amount of freedom
- 4 Some, but not much freedom
- 5 Almost none at all

THE FOLLOWING QUESTIONS ARE ABOUT YOUR CURRENT JOB. IF YOU HAVE MORE THAN ONE JOB, REFER TO YOUR PRIMARY JOB.

D21 Are you self-employed?

- 1 Yes → **GO TO D29, PAGE 10**
- 2 No

D22 Are you responsible to a supervisor or manager?

- 1 No → **GO TO D29, PAGE 10**
- 2 Yes

- D23 How closely are you supervised?
- 1 Another person decides what I do and how I do it
 - 2 Another person decides what I do, but I decide how I do it
 - 3 I have some freedom to decide what I do and how I do it
 - 4 I am my own boss as long as I stay within the general policies of my employer
- D24 How free do you feel to disagree with your manager or supervisor?
- 1 Very free
 - 2 Somewhat free
 - 3 Not very free
 - 4 Not at all free
- D25 To do well on your job, how important is it that you do exactly what you are told?
- 1 Extremely important
 - 2 Very important
 - 3 Fairly important
 - 4 Not important
- D26 How often is your manager or supervisor willing to listen to your problems and help find solutions?
- 1 Almost always
 - 2 Often
 - 3 Sometimes
 - 4 Seldom
 - 5 Never
- D27 How close do you feel to your manager or supervisor?
- 1 Extremely close
 - 2 Quite close
 - 3 Fairly close
 - 4 Not close at all
- D28 How supportive is your manager or supervisor regarding your personal life or family responsibilities?
- 1 Extremely supportive
 - 2 Quite supportive
 - 3 Fairly supportive
 - 4 Not supportive at all
- D29 How supportive are your co-workers regarding your personal life or family responsibilities?
- 1 Extremely supportive
 - 2 Quite supportive
 - 3 Fairly supportive
 - 4 Not supportive at all
 - 5 Not applicable, I work alone
- D30 Would you consider your pay "good pay" for the work you do?
- 1 Yes, definitely
 - 2 Yes, it is pretty good
 - 3 I am not sure
 - 4 No, the pay is not good

D31 The following questions relate to your primary job. **Circle one number for each question.**

	<u>Almost Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
How often do you feel bored at work, or that time is dragging?	1	2	3	4	5
How often are you held responsible for things that are really outside your control?	1	2	3	4	5
How often is there time pressure on your job?	1	2	3	4	5
How often are you interested enough in your job to do more work than your job requires?	1	2	3	4	5
How often do you feel that your work is meaningful and important?	1	2	3	4	5
How often are you exposed to excessive heat, cold, or noise at work?	1	2	3	4	5
How often are you disturbed by "interruptions" that interfere with your work?	1	2	3	4	5

D32 How true about your primary job is each statement below?
Please circle one number for each question.

	<u>Not True at All</u>	<u>Somewhat True</u>	<u>True</u>	<u>Very True</u>
My job gives me a chance to learn a lot of new things.	1	2	3	4
I am very much involved personally in my job.	1	2	3	4
To satisfy some people on my job, I have to upset others.	1	2	3	4
There is little opportunity for advancement on my job.	1	2	3	4
I have to work too many hours on this job.	1	2	3	4
I have too much work to do everything well.	1	2	3	4
My job requires that I work very hard.	1	2	3	4
My job uses my skills and abilities.	1	2	3	4
Sometimes I am unclear about what I have to do on my job.	1	2	3	4
The most important things that happen to me involve my job.	1	2	3	4
I feel drained of my energy when I get off work.	1	2	3	4
My job gives me a chance to be helpful to others.	1	2	3	4

D33 Overall, how challenging do you consider your primary job?

- 1 Very challenging
- 2 Somewhat challenging
- 3 Only a little bit challenging
- 4 Not at all challenging

D34 Are the challenges in your primary job:

- 1 Mainly mental
- 2 Mainly physical
- 3 Both mental and physical
- 4 Neither, my job is not challenging

D35 When you have a problem at work, what do you usually do? **Circle one number for each.**

	<u>Almost Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
Give more attention to planning and setting priorities	1	2	3	4	5
Discuss the problem with my supervisor or co-workers	1	2	3	4	5
Throw myself into work, work harder and longer	1	2	3	4	5
Seek out additional information	1	2	3	4	5
Pray or turn to spiritual resources	1	2	3	4	5
I exercise or work out	1	2	3	4	5
Lose my temper for a moment	1	2	3	4	5
Express my irritation about the situation to co-workers to let off steam	1	2	3	4	5
Seek advice and support from family and friends	1	2	3	4	5
Take work home	1	2	3	4	5
Try to distract myself with some fun	1	2	3	4	5
Go out with family and friends	1	2	3	4	5
Tell myself that the problem is not all that important	1	2	3	4	5
Try to reassure myself that everything is going to work out in time	1	2	3	4	5

D36 All things considered, how satisfied are you with your job as a whole?

- 1 Extremely satisfied
- 2 Very satisfied
- 3 Somewhat satisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 6 Extremely dissatisfied

D37 About how many employees are there at your workplace (at your location)?

- | | | | |
|---|--------------|----|--------------------------|
| 1 | Less than 25 | 6 | 250 – 499 |
| 2 | 25 – 49 | 7 | 500 – 999 |
| 3 | 50 – 74 | 8 | 1000 – 4999 |
| 4 | 75 – 99 | 9 | 5000 – 9999 |
| 5 | 100 – 249 | 10 | 10,000 or more employees |

D38 About how many employees are there in your whole organization?

- | | | | |
|---|--------------|----|--------------------------|
| 1 | Less than 25 | 6 | 250 – 499 |
| 2 | 25 – 49 | 7 | 500 – 999 |
| 3 | 50 – 74 | 8 | 1000 – 4999 |
| 4 | 75 – 99 | 9 | 5000 – 9999 |
| 5 | 100 – 249 | 10 | 10,000 or more employees |

D39 Does your current employer have the following policies? **Circle one response for each**

- | | | | |
|---|-----|----|------------|
| At least 3 months of leave (either paid or unpaid) to care for a child | Yes | No | Don't Know |
| Paid leave that lasts for 2 months or more to care for a child | Yes | No | Don't Know |
| Child care center sponsored or subsidized by your employer | Yes | No | Don't Know |
| Information and referral service for finding child care or elder care | Yes | No | Don't Know |
| Flexible spending account for dependent care (also called a reimbursement account, a pre-tax account or an expense account) | Yes | No | Don't Know |

D40 Are you currently using any of these policies? **Circle one response for each**

- | | | |
|--|-----|----|
| Unpaid leave to care for a child | Yes | No |
| Paid leave to care for a child | Yes | No |
| Child care center sponsored or subsidized by your employer | Yes | No |
| Information and referral service for finding child care or elder care | Yes | No |
| Flexible spending account for dependent care (also called a reimbursement account, a pre-tax account, or an expense account) | Yes | No |

D41 Does your current employer allow the following work arrangements? **Circle one response for each**

- | | | | |
|--|-----|----|------------|
| Flextime (setting your own hours) | Yes | No | Don't Know |
| Telecommuting (working at home) | Yes | No | Don't Know |
| Compressed work week (working full-time over 3 or 4 days a week) | Yes | No | Don't Know |
| Reduced hours schedule (allowing workers to switch to part-time and keep basically the same job) | Yes | No | Don't Know |
| Job-sharing (2 workers sharing 1 full-time job) | Yes | No | Don't Know |

D42 Are you currently using any of these work arrangements? **Circle one response for each**

- | | | |
|--|-----|----|
| Flextime (setting your own hours) | Yes | No |
| Telecommuting (working at home) | Yes | No |
| Compressed work week (working full-time over 3 or 4 days a week) | Yes | No |
| Reduced hours schedule (allowing workers to switch to part-time and keep basically the same job) | Yes | No |
| Job-sharing (2 workers sharing 1 full-time job) | Yes | No |

WORK AND RELATIONSHIPS

D43 How often do you get together with people from work in your time off the job?

- 1 More than once a week
- 2 Once a week
- 3 Two or three times a month
- 4 Once a month
- 5 Several times a year
- 6 Rarely

D44 Do you consider any of the people you work with as your friends?

- 1 No → **GO TO D46**
- 2 Does not apply. I work alone. → **GO TO D48, PAGE 15**
- 3 Yes ↓

D44A If yes, about how many?

D45 How close do you feel to your closest friend at work?

- 1 Extremely close
- 2 Very close
- 3 Fairly close
- 4 Not close at all

D46 When people you work with are UPSET WITH YOU, how often do they...

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Almost Always</u>
Try to talk with you and work things out	1	2	3	4	5
Act cold, indifferent, or avoid you	1	2	3	4	5
Embarrass you in front of others	1	2	3	4	5
Criticize unfairly or make negative comments about you or your work	1	2	3	4	5
Share negative information about you with other people	1	2	3	4	5
Do things that disrupt your work or productivity	1	2	3	4	5
Repeatedly question your judgment or decisions	1	2	3	4	5
Try to make you feel a little less important or valued	1	2	3	4	5

D47 When people you work with UPSET YOU, how often do you...

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Almost Always</u>
Try to talk with them and work things out	1	2	3	4	5
Act cold, indifferent, or avoid them	1	2	3	4	5
Embarrass them in front of others	1	2	3	4	5
Criticize unfairly or make negative comments about them or their work	1	2	3	4	5
Share negative information about them with other people	1	2	3	4	5
Do things that disrupt their work or productivity	1	2	3	4	5
Repeatedly question their judgment or decisions	1	2	3	4	5
Try to make them feel a little less important or valued	1	2	3	4	5

D48 Since March 2000, has your work interfered with your personal relationships off the job? Are you concerned that it might interfere in the future? **Circle all that apply.**

	<u>Work has interfered since March of 2000</u>	<u>Concerned about the future</u>	<u>Not a concern</u>
Ability to find a spouse / partner	A	B	C
Relationship with spouse / partner	A	B	C
Decision to have a child or timing of having a child	A	B	C
Relationship with your children	A	B	C
Relationship with parents or siblings	A	B	C
Relationship with friends	A	B	C

D49 Below is a list of possible behaviors that may cause problems in the workplace. For each, please indicate the number of times you have done each during the last year.

	How many times in the past year have you...				
	0	1	2	3 - 4	5 +
Called into work sick when you weren't really sick					
Got to work late or left early without a good reason					
Expressed frustration about a situation at work by swearing, slamming things down, crumpling up paper					
Gave away goods or services for nothing or less than the market price					
Claimed to have worked more hours than you actually worked on a time sheet/card					
Been drunk or high at work					
Took things from your employer or coworkers					

E. FINANCES

E1 During the past year, what share of your household living expenses were covered by each of the following sources?
Please make sure it all adds up to 100%.

<u>Source</u>	<u>Percent (%) Contribution</u>
Your own earnings and/or savings	_____
Spouse or Partner	_____
Both Parents	_____
Your Mother	_____
Your Father	_____
Step-Parents	_____
Other relatives (please specify _____)	_____
Governmental assistance (unemployment insurance, food stamps, cash, housing, or energy/heating assistance, etc.)	_____
Other	_____
TOTAL =	<u>100%</u>

E2 Among friends and family, people often give or receive goods (such as clothes and home appliances) or services (lawn mowing, plumbing repairs, etc.) without pay. Please indicate how often in a typical month you do the following. If you do not do the activity, please record a "0."

	Gave to Someone	Received from Someone
Food/meals		
Household Items (microwaves, dishes, etc)		
Kids Stuff (clothing, diapers, toys)		
Babysitting (child care, carpooling)		
Household Maintenance (repairs, snow removal)		
Other _____ (please specify)		

E3 Many young adults experience financial problems. How much stress have you felt in meeting your financial obligations during this past year?

1	2	3	4	5	6	7
not at all stressful			moderately stressful			extremely stressful

E4 How difficult is it for you to pay your bills on time? These bills might include insurance, rent, mortgages, car payments, credit cards, etc.

1	2	3	4	5	6	7
not at all stressful			moderately stressful			extremely stressful

E5 How much burden do you feel from debt (from credit cards, mortgages, personal loans, etc.)?

- 1 2 3 4 5 6 7
no burden a moderate extremely
at all burden high burden

E5A How much money did you earn through paid employment during the past two weeks
(before taxes and including tips)?

E5B What was your household income in 2001 (annual income before taxes)?

\$ _____

E6 Do you have a savings account?

- 1 No
2 Yes

_____ →

E6A How much money do you have saved?

\$ _____

E7 In deciding how much of their income to spend or save, people are likely to have different time frames. In your own (family's) saving and spending, which of the following periods is most important to you?

- 1 Next few weeks
2 Next few months
3 Next year
4 Next few years
5 Next 5 – 10 years
6 Longer than 10 years

E8 Do you have one or more retirement accounts (Pension, IRA, 401K, 403B, etc)?

- 1 No → **GO TO E9**
2 Yes →

E8A What is the approximate value of your retirement accounts?

\$ _____

E8B Who has made contributions to your retirement fund(s)? **Circle all that apply.**

- a Your employer
b Your Spouse/partner
c Myself
d Your parents
e Other, please specify: _____

E9 Do you have other investments (**Not retirement or savings**)?

- 1 No → **GO TO E10, PAGE 18**
2 Yes →

E9A What is the approximate value of your other investments?

\$ _____

E10 Do you currently have health insurance of any kind?

- 1 No → **GO TO E11**
- 2 Yes

E10A Do you get this insurance through (**Circle all that apply**):

- A Your own employer or union
- B a family member's employer or union
- C a policy I purchased or a family member purchased for me
- D a public program such as Medicare, Medical Assistance, Medicaid, PrePaid Medical Assistance Plan (PMAP, Minnesota Health Care Programs), MinnesotaCare, General Assistance Medical Care (GAMC), or Minnesota Comprehensive Health Association (MCHA)
- E other, please specify _____

E11 Do your dependents (including your spouse and children) have health insurance?

- 1 No → **GO TO E12**
- 2 Not Applicable, I have no dependents
- 3 Yes

E11A Do you get their insurance through (**Circle all that apply**):

- A your own employer or union
- B a family member's employer or union
- C a policy I purchased or a family member purchased
- D a public program such as Medicare, Medical Assistance, Medicaid, PrePaid Medical Assistance Plan (PMAP, Minnesota Health Care Programs), MinnesotaCare, General Assistance Medical Care (GAMC), or Minnesota Comprehensive Health Association (MCHA)
- E other, please specify _____

E12 Not counting shared housing or food, did you give financial help to your mother or father amounting to \$500 or more within the last 2 years?

- 1 No
- 2 Yes →

E12A How Much? \$ _____

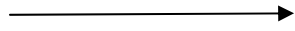
E13 Not counting shared housing or food, did your father or mother give you financial help amounting to \$500 or more within the last 2 years?

- 1 No
- 2 Yes →

E13A How much? \$ _____

E14 Have you received a personal loan (\$500 or more) from a relative or friend within the last 2 years?

- 1 No
- 2 Yes



E14A How much? \$ _____

E15 Have you ever obtained any of these types of loans? **Please circle one for each.**

Education loan	Yes	No
Home mortgage	Yes	No
Car loan	Yes	No
Business loan	Yes	No
Home equity loan	Yes	No
Other loan from a financial institution	Yes	No
Other (please specify)	Yes	No

E16 Considering only your educational loans, how much was borrowed or financed, not counting the finance charges?

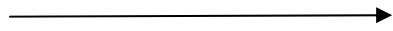
\$ _____ Don't Know Not Applicable (no education loan)

E17 Do you own your home, or do you pay rent where you (and your family) are currently living?
Please circle one

Own Home Rent Not applicable

E18 During the past year, have you or your partner paid child support?

- 1 No
- 2 Yes



E18A How much? \$ _____

F. VOLUNTEERING

F1 Have you done any volunteering in the past year? **Circle all that apply.**

- 1 No **————> GO TO F2**
- 2 Regular, steady volunteer job
- 3 Non-regular volunteer experience (e.g. one day clean-up or fundraiser)

F1A For each regular or non-regular volunteer job you have held (part-time or full-time) since March of 2000 please fill in the information below: **(Please do not abbreviate.)**

NAME OF ORGANIZATION (Please do not abbreviate.)	DUTIES (Please do not abbreviate.)	<i>For Regular Volunteer Jobs Only</i>		
		HOURS PER WEEK	DATES	
			STARTED Month/Year	ENDED Month/Year
1.				
2.				
3.				
4.				
5.				

F2 Are there any organizations that you belong to, and/or donate money to, but do not volunteer your time?

- 1 No
- 2 Yes

F3 Sometimes people help other people outside of organized groups. Since March of 2000, did you give some of your time or money to help a needy person directly?

- 1 No **————> GO TO G1, PAGE 21**
- 2 Yes

F3A I have helped the following people since March of 2000: **(Please circle all that apply)**

- 1 Family
- 2 Friends
- 3 Neighbors
- 4 Co-workers
- 5 People on the street
- 6 Other (please specify) _____

G. FAMILY RELATIONSHIPS

G1 Have you ever been married?

- 1 No → **GO TO G3**
- 2 Yes

G1A When did you get married?

<u>Month</u>	<u>Year</u>	
_____	_____	
_____	_____	(second marriage)
_____	_____	(third marriage)

G2 Have you ever been divorced?

- 1 No → **GO TO G3**
- 2 Yes

G2A When did you get divorced?

<u>Month</u>	<u>Year</u>	
_____	_____	
_____	_____	(second divorce)
_____	_____	(third divorce)

G3 Do you have any children?

- 1 No → **GO TO G9, PAGE 24**
- 2 Yes

G3A When were these children born?

Please mark all categories that apply to each child listed.

Custody

	Month	Year	Birth	Adopted	Stepchild	Other	Full	Partial / Shared	None
First child born									
Second child born									
Third child born									
Fourth child born									
Fifth child born									
Sixth child born									
Seventh child born									
Eighth child born									
Ninth child born									
Tenth child born									

G4 All things considered, on a scale from 0 to 10 where 0 is really bad and 10 is perfect,

How would you describe your relationship with your oldest child? **Circle one.**

0 1 2 3 4 5 6 7 8 9 10
Really bad Perfect

How would you describe your relationship with your second child? **Circle one.**

0 1 2 3 4 5 6 7 8 9 10 NA
Really bad Perfect No more Children

How would you describe your relationship with your third child? **Circle one.**

0 1 2 3 4 5 6 7 8 9 10 NA
Really bad Perfect No more Children

How would you describe your relationship with your youngest (if you have not already answered for this child)? **Circle one.**

0 1 2 3 4 5 6 7 8 9 10 NA
Really bad Perfect No more Children

G5 After the birth/arrival of your youngest child, did you or your spouse/partner take any time off from work to care for your child?

1 No → **GO TO G6, PAGE 23**
2 Yes

G5A How much time did you take off work?

G5B How much time did your spouse/partner take off work?

G6 Many parents rely upon other people to help them take care of their children. For those listed below who assist you, please indicate the number of hours per week, and any cost. If there is no cost, please record a 0 in the Cost column.

	Hours per week	Cost per week (0 = no cost)	All things considered, how satisfied are you with this arrangement?			
			Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
Spouse/partner			1	2	3	4
Parents/in-laws			1	2	3	4
Other relative/friend			1	2	3	4
Nanny or babysitter			1	2	3	4
Family/Home day care			1	2	3	4
Child care center			1	2	3	4
Before / After-school program			1	2	3	4
Child cares for self			1	2	3	4
I care for child while I work			1	2	3	4

G7 How strongly do you agree or disagree with each of the following statements?
Circle one number for each

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>	
I feel I am doing a good job as a parent.	1	2	3	4	
I seem to have more disagreements with my children than most parents do.	1	2	3	4	
I feel good about the opportunities I have been able to provide for my children.	1	2	3	4	
I do a good job disciplining my children when necessary.	1	2	3	4	
I do a good job making my children feel loved.	1	2	3	4	
I do a good job communicating with my children.	1	2	3	4	
I honestly believe I have all the skills necessary to be a good parent.	1	2	3	4	
It seems to me that family life with my children has been more difficult than most people's.	1	2	3	4	
I would make a fine role model for a new parent to learn how to be a good parent.	1	2	3	4	
I often feel helpless in dealing with my children.	1	2	3	4	
I feel sure my children are well cared for in childcare.	1	2	3	4	Not Applicable

G8 How often do the following occur in your relationship with your children? **Circle one number for each.**

	<u>Never</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Often</u>	<u>Almost Always</u>
I enjoy doing things with my children.	1	2	3	4	5
I feel stress or pressure in my relationships with my children.	1	2	3	4	5
I receive warmth and affection from my children.	1	2	3	4	5
Because of my children, I do not have enough time to take care of myself.	1	2	3	4	5
I feel other people disapprove of my parenting.	1	2	3	4	5
My work keeps me away from my children more than I would like.	1	2	3	4	5
Parenting leaves me feeling drained and exhausted.	1	2	3	4	5
I enjoy talking with my children.	1	2	3	4	5
I am very happy that I am a parent.	1	2	3	4	5

G9 Are you currently married or cohabiting in an intimate relationship?

- 1 No → **GO TO G15, PAGE 25**
 2 Yes

G9A Is your spouse/partner currently (**circle all that apply**):

- a attending school
 b unemployed and looking for work
 c in the military service
 d a full-time homemaker
 e working part-time (less than 35 hours per week)
 f working full-time (35 hours or more per week)
 g not applicable → **GO TO G10**
-

G9B What is his/her main occupation? Please tell us the name of his/her job:

Occupation

Type of Organization

G10 What level of education has your spouse or partner completed?

- 1 elementary or junior high school
 2 high school or GED (General Equivalency Diploma)
 3 technical or vocational school
 4 Associate degree
 5 some college
 6 Bachelor's degree (4 year college or university)
 7 Master's degree
 8 Ph.D. or professional degree

G11 All things considered, how satisfied are you with your relationship with your spouse or partner?

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

G12 How important to you are the things you do with your spouse or partner?

Not at all Important	Not too Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

G13 How do you feel about the fairness in your relationship in each of the following areas?

	Very Unfair to <u>Me</u>	Somewhat <u>Unfair to Me</u>	<u>Fair to Both</u>	Somewhat Unfair to <u>Him or Her</u>	Very Unfair to <u>Him or Her</u>	
Household chores	1	2	3	4	5	
Working for pay	1	2	3	4	5	
Spending Money	1	2	3	4	5	
Taking Care of Children	1	2	3	4	5	No children 6

G14 How often do the following occur in your relationship with your spouse or partner?

	<u>Never</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Often</u>	<u>Almost Always</u>
My spouse/partner influences what I think and do	1	2	3	4	5
My spouse/partner insists on knowing who I am with and where I am	1	2	3	4	5
I receive warmth and affection from my spouse/partner	1	2	3	4	5
I have felt stress or pressure in this relationship	1	2	3	4	5
My work keeps me from being with my spouse/partner	1	2	3	4	5
I receive support and encouragement from my spouse/partner	1	2	3	4	5
I have serious disagreements with my spouse/partner	1	2	3	4	5

G15 How many people live in your current household? (Include only those people who live in your household right now--include yourself.)

Number of people in my household: _____

H. LIFE EVENTS

H1 Was there ever any significant event or experience that changed the course or direction of your life?

- 1 No **GO TO H8, PAGE 27**
- 2 Yes

H2 What was this event or experience? **Please describe it in detail.**

H3 How did it change the course or direction of your life?

H4 Would you describe this as a “chance” occurrence, that is, something you didn’t really control?

- 1 No
- 2 Yes

H5 Have you ever experienced any other “life changing” event that you would describe as a “chance” event or experience?

- 1 No **GO TO H8, PAGE 27**
- 2 Yes

H6 What was this event or experience? **Please describe it in detail.**

H7 How did this event or experience influence the direction of your life?

H8 Below is a list of events that many people experience. Please indicate which events have happened during the past 3 years by placing an “X” under the year(s).

	Event did not happen	2000	2001	2002
Serious personal injury or illness				
Break-up of a serious romantic relationship				
Serious trouble with boss, supervisor or co-worker				
Being fired from work				
Took on a mortgage or major loan				
I was arrested				
I spent time in jail				
I was assaulted, beaten up, robbed, or raped				
I attempted suicide				
Death of my spouse or romantic partner				
Death of another close family member				
Death of a close friend				
Death of a pet				
Parental separation or divorce				
A parent remarried				

H9 Everyone breaks some rules during his/her lifetime. Some break them regularly, others less often. Below is a list of rule-breaking behaviors. For each, please give your best estimate of the number of times you have done each one during the last year.

	How many times in the past year have you...				
	0	1	2	3 - 4	5 +
Parked your car illegally					
Failed to pay a parking ticket					
Driven 20 miles or more over the speed limit					
Had an accident while driving (whether you were responsible or not)					
Driven a car or motor vehicle after you've had too much to drink					
Taken something from a store without paying for it					
Hit or threatened to hit someone					
Sold or gave alcohol to kids under 21					
Been in a physical fight/fist fight					

I. MYSELF

I1 How strongly do you agree or disagree with each of the following statements?
Circle one number for each

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel I have a number of good qualities.	1	2	3	4
I certainly feel useless at times.	1	2	3	4
I feel I do not have much to be proud of.	1	2	3	4
There is really no way I can solve some of the problems I have.	1	2	3	4
I take a positive attitude toward myself.	1	2	3	4
On the whole, I am satisfied with myself.	1	2	3	4
Sometimes I feel that I'm being pushed around in life.	1	2	3	4
I have little control over the things that happen to me.	1	2	3	4
I am useful to society.	1	2	3	4
I can do just about anything I really set my mind to do.	1	2	3	4
I am helpful to others.	1	2	3	4
What happens to me in the future mostly depends on me.	1	2	3	4
I often feel helpless in dealing with the problems of life.	1	2	3	4
There is little I can do to change many of the important things in my life.	1	2	3	4
At times I think I am no good at all.	1	2	3	4
I wish I could have more respect for myself.	1	2	3	4

I2 In general, would you say your health is (**Circle one number**):

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

**I3 DURING THE PAST MONTH, HOW MUCH OF THE TIME:
Circle one number for each.**

	No time	A little time	Some time	Most of the time	All of the time
Have you felt that the future looks hopeful and promising?	1	2	3	4	5
Have you been under any strain, stress, or pressure?	1	2	3	4	5
Have you generally enjoyed the things you do?	1	2	3	4	5
Have you felt tired, worn out, or exhausted?	1	2	3	4	5
Have you felt downhearted and blue?	1	2	3	4	5
Have you felt tense or “high strung”?	1	2	3	4	5
Have you felt cheerful, lighthearted?	1	2	3	4	5
Have you felt depressed?	1	2	3	4	5
Have you been in low or very low spirits?	1	2	3	4	5
Have you felt lonely?	1	2	3	4	5
Has your daily life been full of things that are interesting to you?	1	2	3	4	5
Do you wake up feeling fresh and rested?	1	2	3	4	5

TIME USE

14 How much time do you spend on the following tasks or activities in an average week? For example, if you watch television 1 hour per night, you would report 7 hours per week. If you do not do the activity at all, please record a “0.”

	Typical Week
	Number of Hours Per Week
Indoor household chores (cleaning, cooking, etc.)	
Outdoor household chores (gardening, lawn care, shoveling snow, etc.)	
Repairs and renovations (of house, car, etc.)	
Care for my child/children	
Caring for a sick or elderly relative	
Studying and attending classes (as a student)	
Clubs and organizations (political, religious, civic, PTA, etc.)	
Watching television	
Reading (books, magazines, newspapers, etc.)	
Active sports and exercise (walking, jogging, swimming, basketball, etc.)	
On the internet (email with family and friends, chat groups, games, shopping, etc.)	
Other recreational activities (spectator sports, movies, concerts, etc.)	

- 15 People often feel more or less like “an adult” in different situations or areas of their lives. We would like to know more about your experience of becoming an adult. In answering the following questions, please consider how you usually feel in these situations and place an “X” in the appropriate box.

	Not at all like an adult	Somewhat like an adult	Entirely like an adult	Does not apply/ Never do this
When I am at school				
When I am at work				
When I am participating in a community organization (civic, religious, etc.)				
When I am doing active sports or exercising				
When I am involved in other recreational activities (going to a museum, concert, sports event, etc.)				
When I am with my friends				
When I am taking care of my house/apartment				
When I am with my child/children				
When I am with my parent(s)				
When I am with a romantic partner				
When I am helping a family member or other relative				
When I am helping a friend or neighbor				
When I am doing volunteer work for a church, charity, or community group				
When I pay taxes				
When I save or invest money				
When I donate money				
When I vote				
When I limit my drinking because I am driving or serving as a “designated driver”				
When I do something I know is wrong				
When I do something that might be against the law				
Most of the time				

I6 Some people think that the events that often occur as people enter adulthood (for example, finishing schooling, finding a full-time job) should occur at certain ages. However, people disagree about what those ages should be. Please record whether you have experienced each event listed below.

- If you HAVE experienced the event, indicate how “early,” “on time,” or “late” you were when you did it.
- If you think the event WILL occur in the future, indicate how “early,” “on time,” or “late” you will be when it happens.
- If you NEVER want or expect to experience the event (for example, you know that you never want to become a parent), then mark "Event Not Expected."
- If you do not think being early, on time, or late are relevant considerations, mark “Timing Not Relevant.”

Has this event happened?			Estimate of timing for each event.						
	Yes	No	Very Early	Somewhat Early	Right on Time	Somewhat Late	Very Late	Event Not Expected	Timing Not Relevant
Live with a partner or spouse									
Get married									
Own a home									
Become a parent									
Complete school									
Get a full-time job									
Become financially independent of my parents/guardians									
Start a "career"									

I7 Please record your experiences with each activity listed below:

Compared to <u>five years ago</u>, do you now do more, less, or about the same amount of these activities?						
	Never did this	Much Less	Somewhat Less	About the Same	Somewhat More	Much More
“Partying” with friends in bars or nightclubs						
Breaking work rules (such as calling in sick when I’m not really sick)						
Breaking other rules (such as driving after I’ve had too much to drink)						

Compared to <u>other people about your age</u>, do you think you do more, less, or about the same amount of these activities?					
	Much Less	Somewhat Less	About the Same	Somewhat More	Much More
“Partying” with friends in bars or nightclubs					
Breaking work rules (such as calling in sick when I’m not really sick)					
Breaking other rules (such as driving after I’ve had too much to drink)					

J. POLITICAL PARTICIPATION

J1 In 2000 George W. Bush ran on the Republican ticket against Al Gore for the Democrats, and Ralph Nader as an independent candidate. Do you remember for sure whether or not you voted in that election?

- 1 Yes, I voted
- 2 No, I did not vote —————> **GO TO K1**
- 3 Not sure

J1A Which candidate did you vote for?

- 1 George W. Bush
- 2 Al Gore
- 3 Ralph Nader
- 4 Other (please specify): _____
- 5 Do not remember

K1 What is your birth date?

_____ **Month** _____ **Day** _____ **Year**

Thank you for completing the 2002 Youth Development Study Survey. Your continued participation is greatly appreciated!!

Please remember to fill out the back page with contact information.

PEOPLE WHO COULD HELP US FIND YOU

PLEASE PROVIDE THE NAMES OF 2 PEOPLE WHO COULD HELP US LOCATE YOU IN THE FUTURE.
IF POSSIBLE, LIST ONE FRIEND AND ONE RELATIVE.

PLEASE Do Not List Yourself

Name (Please print) _____
First Last

Address _____
Street

City State Zip code

Phone Number _____ - _____ - _____

Email _____

Name (Please print) _____
First Last

Address _____
Street

City State Zip code

Phone Number _____ - _____ - _____

Email _____

CONGRATULATIONS!

You have now completed the YDS 2002 Survey
THANK YOU VERY MUCH FOR YOUR CONTINUED PARTICIPATION

PLEASE RETURN YOUR QUESTIONNAIRE IN THE
ENVELOPE PROVIDED

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1014 Social Science Building, 267-19th Ave South, Minneapolis, MN 55455