ICPSR 24881

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

Jeylan T. Mortimer *University of Minnesota*

Data Collection Instrument for Part 16, Wave 14 (2003): Child Survey

Inter-university Consortium for Political and Social Research P.O. Box 1248 Ann Arbor, Michigan 48106 www.icpsr.umich.edu

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YOUTH DEVELOPMENT STUDY

2003

This page MUST BE COMPLETE in order to receive your \$50 payment

| Name (Please print) | | | |
|---|--------|--------|----------|
| | First | Middle | Last |
| Previous/Maiden Name (if applicable) | | | |
| Address | | | |
| | Street | | |
| | | | |
| | City | State | Zip code |
| Phone Number | | Email | |

Welcome to the University of Minnesota

YOUTH DEVELOPMENT STUDY

2003

All responses will be kept strictly confidential

LIFE HISTORY CALENDAR, 2002 - 2003

Please see insert for instructions on completing the Life History Calendar

| A. FAMILY & LIVING ARRANG | GEMENTS | 2002 JUL | AUG | SEP | ОСТ |
|---|---------------------------------|--------------------|-----|-----|-----|
| A1 Living with spouse/partner | | | | | |
| A2 Living with children (including | spouse's or partner's children) | | | | |
| A3 Cohabiting (unmarried and livin relationship) | g with partner in an intimate | | | | |
| A4 Living with one or more roomme setting (including dormitories, milital | | | | | |
| A5 Living alone (with no other adul | ts or children) | | | | |
| A6 Living with parent(s) or guardian | | | | | |
| B. SCHOOL & WORK | | | • | | |
| B1 Attending school – part or full-ti | me | | | | |
| B2 Not employed and looking for w | ork | | | | |
| B3 Employed part-time (less than 35 hrs/wk) | Job 1 | | | | |
| | Job 2 | | | | |
| | Job 3 | | | | |
| B4 Employed full-time (35 hrs/wk o | r more) | | | | |
| B5 Military service (Army, Navy, re | serves) | | | | |
| B6 Full-time homemaker | | | | | |
| B7 Volunteer work | | | | | |

| NOV | DEC | 2003 JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | 2003 OCT |
|-----|-----|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|--------------------|
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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>—</u> | Highest level achieved so far | Highest level I plan to <u>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 | a I ha b high c gov d con e voc f 4-y g pro | pe(s) of school have you attended since the not attended school wernment training/job program namunity college stational, technical, trade or business schear college or university fessional or graduate school her type(s) of schools (please specify): | GO TO QUESTION D1 | , PAGE 4 |
| | C2. | A Please give the name and location | on of your school: (If more | e than one, please list |
| | Nar | me of school: | | |
| | City | y, State: | | |
| | Naı | me of school: | | |
| | City | y, 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, or extremely important? **Circle only one option for each item.**

| | Not at all Important | Somewhat <u>Important</u> | Very <u>Important</u> | Extremely Important |
|---|-------------------------|------------------------------|--------------------------|------------------------|
| Good pay | 1 | 2 | 3 | 4 |
| Having the opportunity to get on the job training | 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 |
| Being able to do different things rather than the same things over and over | 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 |
| I can decide what time to come to work and when to leave | 1 | 2 | 3 | 4 |
| I can work without frequent checking by a supervisor | 1 | 2 | 3 | 4 |
| I can avoid getting dirty on the job | 1 | 2 | 3 | 4 |
| Generous family benefits (such as leaves, childcare assistance) | 1 | 2 | 3 | 4 |
| Retirement benefits (401K or 403B plan, IRA, pension, etc.) | 1 | 2 | 3 | 4 |

| D2 | What is your long-term career goal (including l | homemaker)? |
|----|---|----------------------|
| | Occupation | Type of Organization |

- D3 How certain are you that you will achieve this goal?
 - 1 I have already achieved it
 - 2 3 Very certain
 - Somewhat certain
 - 4 Not very certain

Since July of 2002, have any of the following interfered with your work or career plans? Are you concerned that any might interfere in the <u>future</u>? <u>Circle all that apply</u>

| | Has interfered since July of 2002 | Concerned about the future | Not a concern |
|--|-----------------------------------|----------------------------|---------------|
| Lack of ability to get training or degree | A | В | C |
| Lack of money to complete education or get started in my chosen career field | A | В | С |
| I am considered "overqualified" | A | В | C |
| Illness, accident, or disability | A | В | C |
| Lack of openings in my field | A | В | C |
| Relocation is difficult or impossible | A | В | C |
| Marriage | A | В | C |
| Children | A | В | C |
| Caring for a sick parent or relative | A | В | C |
| Discrimination against persons of my race or ethnic background | A | В | C |
| Discrimination against persons of my gender | A | В | C |
| Transportation problems – difficulty in getting to or from work | A | В | С |

D5 For each job you have held (part-time and full-time) since July of 2002, please fill in the chart:

- Please indicate how you are paid (dollars per hour, day, week, month <u>or</u> year). Indicate before tax earnings (e.g. \$8.75 per hour <u>or</u> \$18,000 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 <u>separate</u> line.
- Include jobs that started prior to July of 2002, but continued after that date.
- If you are currently working at a job, write "still employed" in the end date column.

| JOB TITLE | NAME OF ORGANIZATION | HOURS PER WEEK | PAY RATE | TIPS/ BONUSES/ COMMISSION | DATES | |
|------------------------------|-----------------------------|-------------------|-------------------|---------------------------|-----------------------|---------------------|
| PLEASE DO NOT ABBREVIATE | PLEASE DO NOT ABBREVIATE | | | | STARTED Month/Year | ENDED Month/Year |
| EXAMPLE 1: Cashier | Al's Corner Market | 15 | \$8.25 per hour | NA | AUGUST 1999 | STILL EMPLOYED |
| EXAMPLE 2: Real Estate Agent | Ace Realty | 40 | \$30,000 per year | \$100 per week | JANUARY 2002 | AUGUST 2003 |
| Job 1: | | | | | | |
| Job 2: | | | | | | |
| Job 3: | | | | | | |
| Job 4: | | | | | | |
| Job 5: | | | | | | |
| Job 6: | | | | | | |

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 c | urrently employed (either part-time or full-time)? |
|-----|-----------|---|
| | 1 | No ──→ GO TO E1, PAGE 10 |
| | 2 | Yes |
| D7 | Which of | your current jobs is your <u>primary</u> 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 y | 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 Used a placement service at college, business, or professional school |
| | | q Job fair |
| | | r Internship s Other (please specify) |
| | | S Office (picase specify) |
| D9 | How is y | your <u>primary</u> job related to your future work? |
| | 1 | It is <u>not</u> linked to my long-term career objectives. |
| | 2 | It will probably continue as a long-term career. |
| | 3 | It will not continue as a long-term career, but it provides skills or knowledge that will prepare |
| | | me for my career. |
| | 4 | I don't know. |
| D10 | Did your | current employer give you any training when you began work? |
| | 1 | No GO TO QUESTION D11, PAGE 8 |
| | 2 | Yes |
| | D10A | How long did the training take? Mark ONE LINE only; for example, 10 days. |
| | | hours or |
| | | days or |
| | | months |

| | 1 2 | No Yes |
|-----|----------------|---|
| D12 | What days job? | of the week, and how many hours each day, did you work during the past week in your primary |
| | | 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 sup | pervise other workers on your primary job? |
| | 1 | No |
| | 2 | Yes — |
| | | |
| | D14A | If yes, how many? |
| D15 | How se | cure is your primary job? |
| | 1 | Not at all secure |
| | 2 | Somewhat secure |
| | 3 | Secure |
| | 4 | Very secure |
| D16 | Is your prin | nary 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 |
| | | |

D11 Is there any <u>continuing</u> training or instruction on your current job?

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

| D18 Are you responsible to a supervisor or manager? 1 No 2 Yes D19 All things considered, how satisfied are you with your job as a whole? 1 Extremely dissatisfied 2 Very dissatisfied 3 Somewhat dissatisfied 4 Somewhat satisfied 5 Very satisfied 6 Extremely satisfied 6 Extremely satisfied 7 Work has interfered with your personal relationships off the job? Are you concerned that it might interfere in the future? Circle all that apply. Work has interfered since July of 2002, 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. Work has interfered since July of 2002 | D17 | Are yo | ou self-emplo | oyed? | | | | | |
|--|-------|------------------|---|---------------|-----------------|------------------|--|---------------------------|---------------|
| D18 Are you responsible to a supervisor or manager? 1 | | | No | | | _ | | | |
| 1 | | 2 | Yes | | GO TO D1 | 9 | | | |
| 2 Yes D19 All things considered, how satisfied are you with your job as a whole? 1 Extremely dissatisfied 2 Very dissatisfied 3 Somewhat dissatisfied 4 Somewhat satisfied 5 Very satisfied 6 Extremely satisfied 6 Extremely satisfied 7 Very satisfied 8 Extremely satisfied 8 Extremely satisfied 9 Extremely satisfied 10 E | D18 | Are yo | _ | le to a super | rvisor or man | age | r? | | |
| 1 Extremely dissatisfied 2 Very dissatisfied 3 Somewhat dissatisfied 4 Somewhat dissatisfied 5 Very satisfied 6 Extremely satisfied 6 Extremely satisfied 7 Occoremed that it might interfere in the future? Circle all that apply. Work has interfered since July of 2002 Ability to find a spouse / partner A B Relationship with spouse / partner A B Relationship with spouse / partner A B Relationship with your children A B Relationship with parents or siblings A B Relationship with friends A B Relationship with green or siblings A B Relationship with green or siblings A B Relationship with friends A B Relationship with friends A B Relationship with green or siblings A B Relationship with green or siblings A B Relationship with friends A B Relationship with friends A B Relationship with green or siblings A B Relationship with green or siblings A B Relationship with green or siblings A B Relationship with friends A B Relationship with friends A B Relationship with green or siblings A B Re | | | | | | | | | |
| 1 Extremely dissatisfied 2 Very dissatisfied 3 Somewhat dissatisfied 4 Somewhat satisfied 5 Very satisfied 5 Very satisfied 6 Extremely satisfied D20 Since July of 2002. 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. Work has interfered since July of 2002 Work has interfered since July of 2002 Ability to find a spouse / partner ABRelationship with spouse / partner ABRelationship with spouse / partner ABRelationship with your children ABRelationship with your children ABRelationship with parents or siblings ABRelationship with friends ABRELATION BBRELATION B | | 2 | Yes | | | | | | |
| 2 Very dissatisfied 3 Somewhat dissatisfied 4 Somewhat statisfied 5 Very satisfied 5 Very satisfied 6 Extremely satisfied D20 Since July of 2002, 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. Work has interfered since July of 2002 Work has interfered since July of 2002 Ability to find a spouse / partner ABRelationship with spouse / partner ABRelationship with your children ABRelationship with your children ABRelationship with parents or siblings ABRelationship with friends ABRelationship with friends ABRelationship with friends ABRelationship with friends ABRELATION BBRELATION | D19 | All th | nings conside | ered, how sa | atisfied are yo | ou w | with your job as a whole? | | |
| 3 Somewhat dissatisfied 4 Somewhat satisfied 5 Very satisfied 6 Extremely satisfied D20 Since July of 2002, 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. Work has about the future concerned interfered since July of 2002 Ability to find a spouse / partner A B Relationship with spouse / partner A B Relationship with your children A B Relationship with parents or siblings A B Relationship with friends A B D21 About how many employees are there at your workplace (at your location)? 1 Less than 25 2 25 - 49 3 50 - 74 8 1000 - 4999 5 100 - 249 10 10,000 or more employees D22 About how many employees are there in your whole organization? 1 Less than 25 6 250 - 499 5 100 - 249 7 500 - 9999 5 100 - 249 7 500 - 9999 7 5000 - 9999 7 5000 - 9999 8 10 10,000 or more employees | | | | | isfied | | | | |
| 4 Somewhat satisfied 5 Very satisfied 6 Extremely satisfied 6 Extremely satisfied 6 Extremely satisfied Concerned that it might interfere in the future? Circle all that apply. Work has interfered since July of 2002 | | | | | 1 | | | | |
| 5 Very satisfied 6 Extremely satisfied D20 Since July of 2002, 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. Work has interfered since July of 2002 Ability to find a spouse / partner A B Relationship with spouse / partner A B Relationship with your children Relationship with parents or siblings A B Relationship with friends A B Relationship with friends A B Relationship with friends A B D21 About how many employees are there at your workplace (at your location)? 1 Less than 25 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 D22 About how many employees are there in your whole organization? 1 Less than 25 6 250 - 499 7 500 - 999 5 100 - 249 7 500 - 999 3 50 - 74 8 1000 - 4999 4 75 - 99 9 5000 - 9999 5 100 - 249 8 1000 - 4999 3 50 - 74 8 1000 - 4999 8 1000 - 4999 | | | | | | | | | |
| D20 Since July of 2002, 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. Work has been depicted about the future Not | | | | | cu | | | | |
| Concerned that it might interfere in the future? Circle all that apply. Work has interfered since about the future of 2002 Ability to find a spouse / partner A B Relationship with spouse / partner A B Relationship with spouse / partner A B Relationship with your children A B Relationship with parents or siblings A B Relationship with friends A B D21 About how many employees are there at your workplace (at your location)? 1 Less than 25 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 D22 About how many employees are there in your whole organization? 1 Less than 25 6 250 - 499 7 500 - 999 3 50 - 74 8 1000 - 4999 4 75 - 99 7 500 - 999 3 50 - 74 8 1000 - 4999 3 50 - 74 8 1000 - 4999 3 50 - 74 8 1000 - 4999 | | | | | ed | | | | |
| Interfered since A | D20 | | | | | | | ships off the job? Are yo | ou |
| Relationship with spouse / partner A B Decision to have a child or timing of having a child A B Relationship with your children A B Relationship with parents or siblings A B Relationship with friends A B D21 About how many employees are there at your workplace (at your location)? 1 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 D22 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 | | | | | | | interfered since | | Not a concern |
| Decision to have a child or timing of having a child Relationship with your children Relationship with parents or siblings Relationship with friends A B Relationship with friends A B Relationship with friends A B D21 About how many employees are there at your workplace (at your location)? 1 Less than 25 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 D22 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 | Abili | ty to fin | d a spouse / | partner | | | A | В | C |
| Relationship with your children A B Relationship with parents or siblings A B Relationship with friends A B D21 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 D22 About how many employees are there in your whole organization? 1 Less than 25 2 25 – 49 7 500 – 999 3 50 – 74 8 1000 – 4999 8 1000 – 4999 | Relat | ionship | with spouse | / partner | | | A | В | C |
| Relationship with parents or siblings Relationship with friends A B Relationship with friends A B D21 About how many employees are there at your workplace (at your location)? 1 Less than 25 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 D22 About how many employees are there in your whole organization? 1 Less than 25 2 25 - 49 7 500 - 999 3 50 - 74 8 1000 - 4999 3 50 - 74 8 1000 - 4999 | Decis | sion to h | ave a child o | or timing of | having a chi | ld | A | В | C |
| Relationship with friends A B D21 About how many employees are there at your workplace (at your location)? 1 Less than 25 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 D22 About how many employees are there in your whole organization? 1 Less than 25 2 25 - 49 7 500 - 999 3 50 - 74 8 1000 - 4999 | Relat | ionship | with your ch | ildren | | | A | В | C |
| D21 About how many employees are there at your workplace (at your location)? 1 Less than 25 2 25 - 49 3 50 - 74 4 75 - 99 5 100 - 249 D22 About how many employees are there in your whole organization? 1 Less than 25 2 25 - 49 7 500 - 999 5 100 - 249 D22 About how many employees are there in your whole organization? 1 Less than 25 2 25 - 49 7 500 - 999 3 50 - 74 8 1000 - 4999 | Relat | ionship | with parents | or siblings | | | A | В | C |
| 1 Less than 25 2 25 - 49 3 50 - 74 4 75 - 99 5 100 - 249 D22 About how many employees are there in your whole organization? 1 Less than 25 2 25 - 49 3 50 - 74 8 1000 - 4999 10 10,000 or more employees D22 About how many employees are there in your whole organization? 1 Less than 25 2 25 - 49 7 500 - 999 3 50 - 74 8 1000 - 4999 | Relat | ionship | with friends | | | | A | В | C |
| D22 About how many employees are there in your whole organization? 1 Less than 25 2 25 - 49 7 500 - 999 3 50 - 74 8 1000 - 4999 | D21 | 1 2 3 4 | Less than 25 25 – 49 50 – 74 75 – 99 | | | 6 7 8 9 | 250 – 499 500 – 999 1000 – 4999 5000 – 9999 | | |
| 2 25 - 49 7 500 - 999 3 50 - 74 8 1000 - 4999 | D22 | About | how many e | | are there in yo | our v | whole organization? | 0 | |
| 3 50 – 74 8 1000 – 4999 | | | | 5 | | | | | |
| | | | | | | | | | |
| 4 75 – 99 9 5000 – 9999 | | | | | | | 5000 – 4999 5000 – 9999 | | |
| 5 100 – 249 10 10,000 or more employees | | | | | | | | s | |

E. FINANCES

| E1 | <u>During the past year</u> , what share of your household <u>living</u> expenses were covered by each of the follows sources? Please make sure it all adds up to 100%. | | | | | | | | | | |
|----|--|-------------------|---------------------|------------------------------|-------------|---------------|-----------------------------|---------|--|--|--|
| | Source | | | | Percent | (%) Contril | oution | | | | |
| | Your own earnings and/or savings | | | | | | | | | | |
| | Spouse or Partner | | _ | | _ | | | | | | |
| | Both Parents | | | | _ | | _ | | | | |
| | Your Mother Only | y | | | | | _ | | | | |
| | Your Father Only | | | | _ | | _ | | | | |
| | Step-Parents | | | | _ | | _ | | | | |
| | Other relatives (pl | ease specif | у |) | | | _ | | | | |
| | Governmental ass food stamps, cash, assistance, etc.) | | | | | | - | | | | |
| | Other (please spec | ify |) |) | _ | | = | | | | |
| | TOTAL = | | | | | <u>100%</u> | | | | | |
| E2 | Many young adults obligations during the | | | oblems. How muc | ch stress l | have you fel | t in meeting your fi | nancial | | | |
| | 1 | ns past year 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| | not at all stressful | 2 | 3 | moderately stressful | 3 | O | extremely stressful | | | | |
| E3 | How difficult is it fo car payments, credit | | y your bills | on time? These b | ills migh | t include ins | urance, rent, mortga | iges, | | | |
| | 1 not at all difficult | 2 | 3 | 4 moderately difficult | 5 | 6 | 7 extremely difficult | | | | |
| E4 | How much burden d | o you feel f | from debt (f | From credit cards, | mortgage | es, personal | loans, etc.)? | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| | no burden at all | | | a moderate burden | | | extremely high burden | | | | |
| E5 | How much mone (before taxes and | | | ı paid employmen | nt during | the past two | weeks | | | | |
| | \$ | | | _ | | | | | | | |
| E6 | What was the inc | ome for yo | ur <u>entire ho</u> | usehold in 2002, | before ta | xes? | | | | | |
| | \$ | | | _ | | | | | | | |

| E7 | Do you have a savings account? 1 No 2 Yes | E7A | How much money do you have saved? \$ |
|---------------|---|------------|---|
| E8 | In deciding how much of their income to spend or syour own (family's) saving and spending, which of 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 | | |
| E9 | Do you have one or more retirement accounts (Pension, IRA, 401K, 403B, etc)? 1 No GO TO E10 2 Yes E9B Who has made contributions a Your employer b Your Spouse/partner c Myself d Your parents e Other, please specify: | · | What is the approximate value of your retirement accounts? \$ |
| E10 | Do you have other investments (Not retirement or 1 | · savings) | E10A What is the approximate value of your other investments? \$ |
| E11 to a l | About the place where you (and your family) are call and lord, or do you live in someone else's (like your parts). | | |
| | 1. My Own Home 2. I Rent 3. I | | Someone Else's 4. Not applicable |
| E12 | Since July of 2002, have you or your partner paid of 1 No 2 Yes | Γ | E12A How much? |

| | 1 2 | No GO TO E14 Yes |
|-----|---------------------|--|
| | | 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 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) other, please specify |
| E14 | 1 2 3 E14A | Pendents (including your spouse and children) have health insurance? No GO TO E15 Yes Not Applicable, I have no dependents 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 |
| E15 | \$500 or mo | ng shared housing or food, did you give financial help to your mother or father amounting to ore since July of 2002? No Yes E15A How Much? \$ |
| | 1 2 | No Yes E16A How much? \$ |

E13 Do you currently have health insurance of any kind?

| E17 Have you received a personal loan (\$500 or more) from a relative or friend within the last 2 |
|---|
|---|

| 1 2 | No Yes | > | E17A | How much? |
|-----|-----------|-------------|------|-----------|
| | | | | \$ |
| | | | | |

E18 Do you now have any of these types of loans? Please circle one for each.

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

F. VOLUNTEERING

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

F1

| | 1 2 3 | | GO TO F2 y volunteer job olunteer experience (e.g. or | ne day clean-up or fu | ndraiser) | |
|------------|-------------------------|--|---|-----------------------|-------------------------------|-------------------|
| | F1A | | <u>nr</u> or <u>non-regular</u> volunteer fill in the information belo | | | since July |
| | NAM | IE OF | DUTIES | For Re | gular Volunteer Job | os Only |
| (P | | IZATION ot abbreviate.) | (Please do not abbreviate.) | HOURS PER | DA | |
| (- | ase do noi abbieviate.) | | | WEEK | STARTED Month/Year | ENDED Month/Ye |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| F2 | Are there | e any organizations No Yes | s that you belong to, and/or | donate money to, but | <u>do not</u> volunteer you | ır time? |
| F3 | | | er people outside of organizelp a needy person directly? | | <u>v of 2002</u> , did you gi | ve some of |
| | 1 2 | No ——— Yes | GO TO G1, PAGE 15 | | | |
| | F3A | A. FamilyB. FriendsC. NeighborsD. Co-workersE. People on the | | | ircle all that apply) | |
| | | | | | | |

G. FAMILY RELATIONSHIPS

| G1 | Have you | ever been mar | ried? |
|----|-----------|-----------------|---|
| | 1 2 | No → Yes | GO TO G3 |
| | G1A | When did yo | ou get married? |
| | | Month | <u>Year</u> |
| | | | (second marriage) (third marriage) |
| G2 | Have you | ever been divo | orced? |
| | 1 2 | No → Yes | GO TO G3 |
| | G2A | When did yo | ou get divorced? |
| | | Month | <u>Year</u> |
| | | | (second divorce) (third divorce) |
| G3 | Do you ha | ave any childre | n? |
| | 1 2 | No ——— Yes | GO TO G6, PAGE 17 |
| | G3A | When were th | nese children born? Indicate their relation to you? |
| | | | |

| | Month | Year | Birth | Adopted | Stepchild | Other |
|--------------------|-------|------|-------|---------|-----------|-------|
| 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 | | | | | | |

G3B Do you have full, partial/joint, or no custody of each of your children listed above? **Please check only one for each child.**

| | Full Custody | Partial or Joint Custody | No Custody |
|--------------------|--------------|-----------------------------|------------|
| 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

G5

| | Fifth child | d born | | | | | | | | | |
|-----------------|--------------------------------|---|-----------|-----------------|------------------|-----------------|-------------------|-----------|-----------|---------------|---------------------|
| | Sixth chil | ld born | | | | | | | | | |
| | Seventh of | child bo | rn | | | | | | | | |
| | Eighth ch | ild borr | ı | | | | | | | | |
| | Ninth chi | ld born | | | | | | | | | |
| | Tenth chi | ld born | | | | | | | | | |
| All tl | nings consi | dered, | on a sca | le from | 0 to 10 v | vhere 0 i | s really | bad and | 10 is pe | erfect, | |
| How | would you | describ | e your re | elationsh | ip with y | our <u>olde</u> | st child? | Circle | one. | | |
| 0 Rea | 1 lly bad | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 Perfect | |
| How | would you | describ | e your re | elationsh | ip with y | our seco | nd child | ? Circle | one. | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| Rea | lly bad | | | | | | | | | Perfect | No more Children |
| How | would you | describ | e your re | elationsh | ip with y | our third | <u>l</u> child? (| Circle on | ie. | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| Rea | lly bad | | | | | | | | | Perfect | No more Children |
| | would you ? Circle o | | e your re | elationsh | ip with y | our <u>your</u> | ngest (if | you have | not alre | ady answere | ed for this |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NA |
| Rea | lly bad | | | | | | | | | Perfect | No more Children |
| | | | your you | ingest ch | ild, did y | ou or yo | our spous | e/partnei | r take an | y time off fr | om work |
| 1 2 | No — Yes | younth child born ghth child born inth child you describe your relationship with your second child? Circle one. I 2 3 4 5 6 7 8 9 10 NA inth child you describe your relationship with your second child? Circle one. I 2 3 4 5 6 7 8 9 10 NA inth child you describe your relationship with your second child? Circle one. I 2 3 4 5 6 7 8 9 10 NA inth child you describe your relationship with your second child? Circle one. I 2 3 4 5 6 7 8 9 10 NA inth child you describe your relationship with your second child? Circle one. I 2 3 4 5 6 7 8 9 10 NA inth child you describe your relationship with your second child? Circle one. I 2 3 4 5 6 7 8 9 10 NA inth ch | | | | | | | | | |
| | G5A | How | much ti | me did <u>y</u> | <u>ou</u> take o | off work' | ? | | | | |
| | G5B | How | much ti | me did y | our spou | se/partne | er take of | ff work? | | | |

| | 1 2 | No – Yes | → GO TO | QUESTION G9 | | | |
|--------------------|-----------------------|--------------------------------------|-------------------------------------|------------------------------------|------------------------|------------------------|-----------------|
| | G6A | Is your s | pouse/partner cu | arrently (circle all th | at apply): | | |
| | | b une c in t d a fu e word f word | rking full-time (| ice | | | |
| | G6B | What | is his/her main o | occupation? Please to | ell us the name | of his/her job: | |
| | | Occupat | <u>ion</u> | | Type of O | <u>Organization</u> | |
| G7 | What lev | elemer high so | ntary or junior h | General Equivalency | | | |
| | 4 5 6 7 8 | Associ some c Bachel Master | ate degree college | ear college or univer | sity) | | |
| G8 | All thing | s consider | ed, how satisfie | d are you with your i | elationship wit | h your spouse or parti | ner? |
| | Ve Dissat | ery tisfied | Somewhat Dissatisfied | Neither Satisfied nor Dissatisfied | Somewhat Satisfied | Very Satisfied | |
| | 1 | [| 2 | 3 | 4 | 5 | |
| G9 <u>right</u> | nowinclu | iding your | rself.) | | · | people who live in yo | our household |
| | | | | hold: | | | |
| G10 | | | ationship to each ner" "roommate | | ır household <u>ri</u> | ght now, including yo | urself (such as |
| | 1 | | | | 6 | | |
| | 2 | | | | 7 | | |
| | 3 | | | | 8 | | |
| | 4 | | | | 9 | | |
| | 5 | | | | 10 | | |

Are you <u>currently</u> married or cohabiting in an intimate relationship?

G6

H. LIFE EVENTS

The following question have to do with offensive or inappropriate behavior by your coworkers or supervisors. Please indicate whether you have experienced these behaviors on any job you have held since July of 2002. If you have experienced these behaviors, please indicate whether you reported them to any of the persons or agencies listed.

If you have not held a job since July of 2002, please go to question H4, PAGE 19

| At any job you have held since July of 2002, have you experienced | | | Who did notify? (Check all that apply) | | | | | |
|---|-----|----|--|-----------|------------|----------------------|-------|--|
| | Yes | No | Nobody | Co-worker | Supervisor | Government Agency | Other | |
| Offensive jokes, remarks, or gossip about <u>other</u> men or women? | | | | | | | | |
| Offensive jokes, remarks, or gossip directed at you? | | | | | | | | |
| Direct questioning about your private life? | | | | | | | | |
| Staring or invasion of your personal space? | | | | | | | | |
| Unwanted touching? | | | | | | | | |
| Stared or leered at you in a way that made you uncomfortable | | | | | | | | |
| Pictures, posters or other materials that <u>you</u> found offensive? | | | | | | | | |
| Physical assault by co- worker, boss, or supervisor? | | | | | | | | |

| 1 | No |
|---|-----|
| 2 | Yes |

None of the above experiences have happened to me --- GO TO H4, PAGE 19

| H3. | Have you consulted an attorney about any of the above experiences? |
|-----|--|
| | |

Would you consider any of the above experiences sexual harassment?

No **→ GO TO H4, PAGE 19** 2 Yes

3

1

H2.

H3A. Did you file a lawsuit?

6

No - GO TO H4, PAGE 19 2 Yes

H₃B If yes, what was the outcome of the suit?

| 1 | Nothing |
|---|---|
| 2 | Reached a settlement before trial |
| 3 | Dismissed before trial without settlement |
| 4 | Won in court |
| 5 | Lost in court |

Other (please specify):_____

H4 Below is a list of events that many people experience. Please indicate which events have happened to you recently by placing an "X" under the year(s) or check "event did not happen".

| | 2002 | 2003 | Event did not happen |
|--|------|------|----------------------------|
| 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 | | | |

I. MYSELF

How strongly do you agree or disagree with each of the following statements? **Circle one number for each I**1

| | 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):

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

Think about your goals, both things you want to improve and the things you are satisfied with and want to maintain. How do you go about accomplishing what you want in life? Please circle A or B below, indicating the one statement in each pair that <u>best</u> describes your behavior.

.

| <u>A</u> | <u>B</u> |
|---|---|
| A. I always focus on the most important goal at a given time. | B. I am always working on several goals at once. |
| A. When I can't carry on as I used to, I direct my attention, like usual, to all my goals. | B. When I can't carry on as I used to, I direct my attention to my most important goal |
| A. When I can no longer do something in my usual way, I think about what I am able to do under the circumstances. | B. When I can no longer do something in my usual way, I don't think about it very long. |
| A. Even when I really consider what I want in life, I wait and see what happens instead of committing myself to just one or two particular goals. | B. When I think about what I want in life, I commit myself to one or two important goals. |
| A. When I can't do something as well as I used to, I accept the change and don't ask for help. | B. When I can't do something as well as I used to, I ask someone else to do them for me. |
| A. I consider exactly what is important to me. | B. I take things as they come and carry on from there. |
| A. I think about exactly how I can best realize my plans. | B. I don't think long about how to realize my goals, I just try to achieve them. |
| A. Only I know the best way to get ahead, I don't look to other people as models. | B. When I want to get ahead, I use other successful persons as role models. |
| A. I make every effort to achieve a given goal. | B. I prefer to wait for a while to see if things will work out by themselves. |
| A. When something doesn't work as well as usual, I don't spend much time thinking about it. | B. When something doesn't work as well as usual, I look at how others do those things and try and emulate them. |
| A. When things don't go so well, I leave it without pursuing it further. | B. When things don't work so well, I pursue my most important goal first |
| A. When things don't work the way they used to, I look for other ways to make things work. | B. When things don't work the way they used to, I accept the way things are now and don't try and change them. |

21

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

| | None of the time | A little of the time | Some of the 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 |

| J1 | What is your birth date? | | |
|----|--------------------------|-----|------|
| | Month | Day | Year |

Thank you for completing the 2003 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 Or Others Who Live With You

| 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 | - | - | |
| Fmail | | | |

CONGRATULATIONS!

You have now completed the YDS 2003 Survey THANK YOU VERY MUCH FOR YOUR CONTINUED PARTICIPATION

PLEASE RETURN YOUR QUESTIONNAIRE IN THE ENVELOPE PROVIDED

Youth Development Study, Department of Sociology, College of Liberal Arts 1014 Social Science Building, 267-19th Ave South, Minneapolis, MN 55455