

ICPSR 24881

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

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Data Collection Instrument for Part 6, Wave 6  
(1993): Child Survey

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**YOUTH DEVELOPMENT STUDY**

**1993**

This page **MUST BE COMPLETE** in order to receive your \$10 payment.

**NAME** (Please print) \_\_\_\_\_  
(First) (Middle) (Last)

**ADDRESS** \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**PHONE NUMBER** \_\_\_\_\_

**DETACH AND RETURN THIS PAGE WITH YOUR COMPLETED SURVEY.**

#### DIRECTIONS

- \* Instructions for completing the Life History Calendar are on the gold insert, which can be discarded after filling out the calendar.
  
- \* All individual responses will be kept strictly confidential.
  
- \* Please return the survey in the envelope provided.

LIFE HISTORY CALENDAR

A. FAMILY & LIVING ARRANGEMENTS	1992 MAR	APR	MAY	JUN	JUL	AUG
A1 Living with my parent(s) or guardian(s)						
A2 Living alone						
A3 Living with one or more roommates						
A4 Cohabiting <i>(living with boyfriend or girlfriend in an intimate relationship)</i>						
A5 Married						
A6 Separated						
A7 Divorced						
A8 I became a parent						
<b>B. SCHOOL &amp; WORK</b>						
B1 Attending school-- part or full-time						
B2 Not employed and looking for work						
B3 Employed part-time (less than 35 hrs/wk) <i>Include work during school vacations</i>						
B4 Employed full-time (35 hrs/wk or more) <i>Include work during school vacations</i>						
B5 Military service (ROTC, reserves, etc.)						
B6 Full-time homemaker						
B7 Volunteer work						



PLEASE

LIFE HIST

EXAM

If you lived with your parent(s) from March 1st to the end of August, then went away to school:

A. FAMILY & LIVING ARRANGEMENTS	1992		
	MAR	APR	MAY
A1 Living with my parent(s) or guardian(s)	X	_____	_____

If you lived at home until June 15, moved away during the summer, and then lived at home from September to May:

A. FAMILY & LIVING ARRANGEMENTS	1992		
	MAR	APR	MAY
A1 Living with my parent(s) or guardian(s)	X	_____	_____

If you lived with your parent(s) until mid-June, then moved elsewhere for about a month, and returned sometime in July:

A. FAMILY & LIVING ARRANGEMENTS	1992		
	MAR	APR	MAY
A1 Living with my parent(s) or guardian(s)	X	_____	_____

\* If the activity took place in any part of a month, fill in the s  
Use X's at the start and end of each activity.  
If the activity does not apply to you, leave the line blank.

READ ...

Y CALENDAR

ES \*

JUN	JUL	AUG	SEP	OCT	NOV	DEC	1993 JAN	FEB	MAR	APR	MAY
<del>_____</del>		X									

JUN	JUL	AUG	SEP	OCT	NOV	DEC	1993 JAN	FEB	MAR	APR	MAY
X			X	<del>_____</del>							X

JUN	JUL	AUG	SEP	OCT	NOV	DEC	1993 JAN	FEB	MAR	APR	MAY
X	X	<del>_____</del>								X	

ce for that month.



FAMILY

C1 How many of your children are living with you in your household?  
(Include your own children, by birth or adoption, and your spouse or partner's children. Do not include brothers, sisters, or other relatives.)

Number of Children: \_\_\_\_\_

C1A In what years were these children born?

- a First child born 19\_\_
- b Second child born 19\_\_
- c Third child born 19\_\_

C2 If you are married or conabiting, 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)

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

Job Title

Place of Employment

---

EDUCATION

D1 Did you graduate from high school?

- 1 Yes
- 2 No

D2 Have you received another degree?

D2A GED (General Education Diploma)?

- 1 Yes
- 2 No

D2B Any other certificate or diploma?

- 1 Yes → Please specify: \_\_\_\_\_
- 2 No

D3 Please indicate the type(s) of school you have attended since the end of the last school year (Spring of 1992).

(IF NONE, GO TO E1)

		No	Yes
a	high school	1	2
b	government training/job program	1	2
c	community college	1	2
d	vocational, technical, trade or business school	1	2
e	4-year college or university	1	2

D4 Please tell us the name and location of your school:  
(If more than one, please list all)

Name of school: \_\_\_\_\_

City, State: \_\_\_\_\_

**WORK**

E1 For each job you have held (part-time and full-time) since March of 1992, please fill in the information below:

JOB TITLE	NAME OF ORGANIZATION	HOURS PER WEEK	PAY RATE*	DATES	
				STARTED Month/YR	ENDED Month/YR

\* Please indicate how you are paid (dollars per hour, day, week, month or year). Indicate pre-tax earnings, for example, \$7.00/hour or \$12,000/year.

E2 Since you left high school, have you worked for any of the same employers that you had while you were still in high school?

- 1 No
- 2 Yes
- 3 Not applicable, I am still attending high school

E3 Have you had to work part-time because you could not find full-time employment?

- 1 No
- 2 Yes

E3A Are you currently employed?

- 1 No → GO TO F1
- 2 Yes

E4 How much money have you earned during the past two weeks (before taxes)?

\$ \_\_\_\_\_

E5 How did you locate your present job? (circle all that apply)

- a parents
- b other relatives
- c a friend about my age
- d a neighbor
- e an adult from school  
(teacher, professor, counselor, etc.)
- f placed or answered an ad
- g I asked if there were any job openings
- h my employer told me about it
- i employment agency
- j other organization
- k applied or took civil service test for a job with  
local, state, or federal government

E6 Did your employer give you any training when you began work?

- 1 No → GO TO E7
- 2 Yes ↓

E6A How long did the training take?  
(Mark ONE LINE only; for example, 30 minutes)

\_\_\_\_\_ minutes or

\_\_\_\_\_ hours or

\_\_\_\_\_ days

E7 Is there any continuing training or instruction on your current job?

- 1 No
- 2 Yes

E8 Do you think that the things you are learning in your job will be useful to you in your later life?

- 1 Extremely useful
- 2 Very useful
- 3 Somewhat useful
- 4 Not at all useful

E9 Do you supervise other workers on your job?

- 1 No
- 2 Yes

E9A If yes, how many? \_\_\_\_\_

E10 How is your 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.

**VOLUNTEERING**

F1 Have you ever done volunteer work (without pay)?

- 1 No → (GO TO G)
- 2 Yes ↓

F1A Thinking about the one volunteering experience that stands out most in your mind, please fill in the following information:

NAME OF ORGANIZATION	DUTIES	HOURS PER WEEK	DATES	
			STARTED Month/YR	ENDED Month/YR

F1B Thinking about this one volunteering experience that stands out most in your mind, please indicate how important each of the following reasons for volunteering was for you.

Reason	Not at all important							Extremely important						
	1	2	3	4	5	6	7	1	2	3	4	5	6	7
1. My friends volunteered.														
2. I was concerned about those less fortunate than myself.														
3. Volunteering made me feel better about myself.														
4. No matter how bad I'd been feeling, volunteering helped me forget about it.														
5. Volunteering let me learn through direct "hands on" experience.														
6. Volunteering allowed me to explore different career options.														
7. People I was close to wanted me to volunteer.														

F2 Have you done any volunteer work during the past year?

- 1 No → (GO TO G)  
 2 Yes →

F2A Have you had a regular volunteer job during the past year?

- 1 No → (GO TO F2B)  
 2 Yes →

F2A1 For each regular volunteer job you have held (part-time and full-time) since March of 1992, please fill in the information below:

NAME OF ORGANIZATION	DUTIES	HOURS PER WEEK	DATES	
			STARTED Month/YR	ENDED Month/YR

F2B Have you volunteered on a non-regular basis in the past year?

- 1 No → (GO TO 6)  
2 Yes →

F2B1 Please describe your activity and the organization that you volunteered for.

Examples: participated in a car wash for a church youth group, or a "clean up" on the banks of the Mississippi for Big Brothers/Big Sisters.

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G What is your birth date?

\_\_\_ month \_\_\_ day \_\_\_ year

We would like to send you a brief questionnaire, like this one, next year. Please tell us the names of two friends or relatives who would know where to reach you if you were to move. Please give us the names of people who do not live at your current address.

**PLEASE DO NOT LIST YOURSELF**

**PLEASE PRINT**

NAME \_\_\_\_\_  
(FIRST) (LAST)

ADDRESS \_\_\_\_\_  
(STREET)

(CITY) (STATE) (ZIP CODE)

PHONE (\_\_\_\_)-\_\_\_\_-\_\_\_\_

NAME \_\_\_\_\_  
(FIRST) (LAST)

ADDRESS \_\_\_\_\_  
(STREET)

(CITY) (STATE) (ZIP CODE)

PHONE (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**PLEASE RETURN YOUR QUESTIONNAIRE IN THE ENVELOPE PROVIDED.**  
**THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY.**