

# Childhood Retrospective Circumstances Study

2014

The Panel Study of Income Dynamics  
The Institute for Social Research  
426 Thompson Street  
Ann Arbor, MI 48106

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## Introduction

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#### Page

Q1\_INTRO. This interview asks about your experiences in childhood and takes about 20 minutes. Once you complete and submit the interview, you will be mailed \$20 in appreciation for your participation. This interview is completely voluntary and confidential. You may choose to not answer any question for any reason, and you may stop the interview at any time. The answers that you give will be kept confidential to the maximum extent allowable under federal and state law.

Here are the basics for "navigating" this survey:

- When you finish answering all questions on a screen, click on the "Next" button. To return to an earlier screen, click the "Previous" button
  - You may skip any item that you do not wish to answer by clicking "Next"
  - The best way to do this survey is to complete it all in 1 session. But if you have to stop temporarily, simply close your browser, and when you login again, your answers will be saved and you will start at the place where you left off
  - This survey works best when completed on a computer, notebook, or tablet rather than on a smartphone
- [Click "Next" to proceed.](#)

#### Page

Q4\_ADDRESS. When you have submitted your survey, you will receive \$20 from the University of Michigan in appreciation of your help. Please indicate below where you would like your check mailed.

1. Same address where invitation to participate was mailed	→ GO TO SECTION A	2. Different address	9. N/A	→ GO TO SECTION A
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↓

#### Page

Q4A. Is this address for your payment in the United States or somewhere else?

1. United States	9. N/A	7. Other country (Q13_CNTRY. (String 30))
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↓

#### Page

Please fill in the address for your payment below.

Q5_INCO. In Care Of	<input type="text" value="String 40"/>
Q6_ADDR1. Address 1	<input type="text" value="String 40"/>
Q7_APTSTE. Apt#	<input type="text" value="String 10"/>
Q8_ADDR2. Address 2	<input type="text" value="String 40"/>
Q9_CITY. City	<input type="text" value="String 40"/>
Q10_STATE. State	<input type="text" value="String 30"/>
Q12_ZIP. Zip	<input type="text" value="Numeric 9"/>

#### Page

Please fill in the address for your payment below.

Q5_INCO. In Care Of	<input type="text" value="String 40"/>
Q6_ADDR1. Address 1	<input type="text" value="String 40"/>
Q7_APTSTE. Apt#	<input type="text" value="String 10"/>
Q8_ADDR2. Address 2	<input type="text" value="String 40"/>
Q9_CITY. City	<input type="text" value="String 40"/>
Q15_FORPROV. Province	<input type="text" value="String 30"/>
Q16_FORZIP. Postal code	<input type="text" value="Alphanumeric 10"/>

## Section A. Parent/Guardian Separations, Residential Moves, School Changes

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Page

These questions are about events that may have happened in your childhood.

A1B. Before you were age 17, what **man** spent the most time raising you?

1. Biological <b>father</b>	2. Adoptive <b>father</b>	3. <b>Stepfather</b>	4. Other <b>male</b> relative	5. Other <b>male</b> non-relative	7. No <b>man</b> raised me	9. N/A
GO TO A1A			↓		GO TO A1A	

Page

A1BSPEC. Some of our questions will refer to the **man** who raised you. We don't need his name, but please enter an initial for how you'd like us to refer to him in these questions.

String 255

Page

A1A. Before you were age 17, what **woman** spent the most time raising you?

1. Biological <b>mother</b>	2. Adoptive <b>mother</b>	3. <b>Stepmother</b>	4. Other <b>female</b> relative	5. Other <b>female</b> non-relative	7. No <b>woman</b> raised me	9. N/A
GO TO A2A RULE			↓		GO TO A2A RULE	

Page

A1ASPEC. Some of our questions will refer to the **woman** who raised you. We don't need her name, but please enter an initial for how you'd like us to refer to her in these questions.

String 255

[MOTHER] Fill:

A1A=BIO, ADPT:	your <b>mother</b>
A1A=STEP:	your <b>stepmother</b>
A1A=OTHER & A1ASPEC=response:	<b>[A1ASPEC]</b>
A1A=OTHER & A1ASPEC=non-response:	the <b>woman</b> who raised you

[FATHER] Fill

A1B=BIO, ADPT:	your <b>father</b>
A1B=STEP:	your <b>stepfather</b>
A1B=OTHER & A1BSPEC= response:	<b>[A1BSPEC]</b>
A1B=OTHER & A1BSPEC=non-response:	the <b>man</b> who raised you

A2A RULE:

No parents	Mom only	Dad only	Dad & Mom	Stepdad & Mom	Dad & Stepmom
A1B and A1A = NONE, N/A	A1B=NONE, N/A and A1A=BIO, ADPT, STEP, OTHER	A1B=BIO, ADPT, STEP, OTHER and A1A=NONE, N/A	A1B and A1A = BIO, ADPT, OTHER	A1B=STEP and A1A=BIO, ADPT, STEP, OTHER	A1B=BIO, ADPT, STEP, OTHER and A1A=STEP
GO TO A5	GO TO A2A2	GO TO A2A4	↓	GO TO A2A1	

Page

A2A. Now think about [**MOTHER**] and [**FATHER**]. Were they ever married to each other or in a marriage-like relationship when you were growing up?

1. Yes  5. No → GO TO A2A2  9. N/A → GO TO A2B

↓

Page

A2A1. [A1A or A1B=STEP: Now think about [**MOTHER**] and [**FATHER**].] How satisfied would you say they were with their relationship [A1A or A1B=STEP: when you were growing up]?

1. Very satisfied  2. Satisfied  3. Somewhat satisfied  4. Not at all satisfied  9. N/A

GO TO A2B

Page

A2A2. When you were growing up, was [**MOTHER**] ever married or in a marriage-like relationship with someone [A1A and A1B = BIO, ADPT, STEP, OTHER: other than [**FATHER**]]?

1. Yes  5. No  9. N/A

↓

IF A1B=BIO, ADPT, STEP, OTHER THEN GO TO A2A4;  
IF A1B=NONE, N/A THEN GO TO A5

Page

A2A3. How satisfied would you say she was with her relationship?

If she had more than one, think about her most significant relationship.

1. Very satisfied  2. Satisfied  3. Somewhat satisfied  4. Not at all satisfied  9. N/A

IF A1B=BIO, ADPT, STEP, OTHER THEN GO TO A2A4;

IF A1B=NONE, N/A THEN GO TO A5

Page

A2A4. When you were growing up, was [**FATHER**] ever married or in a marriage-like relationship with someone [A1A and A1B = BIO, ADPT, STEP, OTHER: other than [**MOTHER**]]?

1. Yes  5. No  9. N/A

↓

GO TO A5

Page

A2A5. How satisfied would you say he was with his relationship?

If he had more than one, think about his most significant relationship.

1. Very satisfied  2. Satisfied  3. Somewhat satisfied  4. Not at all satisfied  9. N/A

GO TO A5

Page

A2B. Still thinking about [**MOTHER**] and [**FATHER**], did they separate or divorce during your childhood, that is, before you were 17?

1. Yes  5. No  9. N/A

↓

GO TO A5



Page

A7B - A7J. At what age did you next move?

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Parents/guardians separated																
Moving																

1. One year or younger	2	–	16	excludes previous ages	97. Did not move again	99. N/A
------------------------	---	---	----	------------------------	------------------------	---------

GO TO NEXT AGE A7C - A7J; THEN GO TO A8



Page

A8. How many schools did you attend before age 17, including home schooling?

Enter a number from 1 to 10.

1 – 10	99. N/A	→ GO TO SECTION B	<1 or >10: Please enter a number from 1 to 10.
--------	---------	-------------------	--



Page

A9A. At what age did you go to this first school?

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Parents/guardians separated																
Moving																
School changes																

The ages you report will be highlighted in the calendar at the top of the screen. The purpose of the calendar is to help you remember when certain events happened. The calendar will appear on several screens in this survey.

1. One year or younger	2	–	16	99. N/A	→ GO TO SECTION B
------------------------	---	---	----	---------	-------------------



Page

A9B - A9J. At what age did you go to this next school?

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Parents/guardians separated																
Moving																
School changes																

1. One year or younger	2	–	16	excludes previous ages	99. N/A	→ GO TO SECTION B
------------------------	---	---	----	------------------------	---------	-------------------

GO TO NEXT AGE A9C - A9J; THEN GO TO SECTION B

## Section B. Health Conditions

[TOC](#)*Page*

B1. These next questions ask about your health during childhood, that is, before age 17. Would you say that your health during that time was excellent, very good, good, fair or poor?

1. Excellent 2. Very good 3. Good 4. Fair 5. Poor 9. N/A

B2. When you were growing up, before you were 17 years old, did you miss a month or more of school because of a health problem?

1. Yes 5. No 9. N/A

*Page*

B3. Before you were 17 years old, did you have measles?

1. Yes 5. No 9. N/A

B4. Before you were 17 years old, did you have mumps?

1. Yes 5. No 9. N/A

B5. Before you were 17 years old, did you have chicken pox?

1. Yes 5. No 9. N/A

*Page*

B6. Before you were 17 years old, did you have difficulty seeing, even with eye glasses?

1. Yes 5. No 9. N/A

B6A. Before you were 17 years old, did you have difficulty hearing?

1. Yes 5. No 9. N/A

↓ GO TO B7 RULE

*Page*

B6B. Did you use a hearing aid?

1. Yes 5. No 9. N/A

B7 RULE:

A1B and A1A = NONE, N/A	→ GO TO B8	ALL OTHERS
		↓

*Page*

B7. Did [**MOTHER**] [A1A and A1B = BIO, ADPT, STEP, OTHER: or] [**FATHER**] smoke during your childhood?

A1A and A1B = BIO, ADPT, STEP, OTHER

A1A or A1B = NONE, N/A

1. Yes, one of them 2. Yes, both of them

1. Yes 5. No 9. N/A

5. No, none of them 9. N/A



For B8 – B53A

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Parent/guardian separated/divorced																
Moving																
School changes																

The purpose of the calendar is to help you remember when certain events happened.

Page

B8. Before you were 17 years old, did you have asthma?

1. Yes 5. No 9. N/A

↓

GO TO B10

Page

B9. At what age were you first diagnosed with asthma? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 – 16 97. I was never diagnosed 99. N/A

Page

B9A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 – 16 96. Older than 16 - enter age: 97. I still have it 99. N/A

GO TO B10

↓

GO TO B10

B9A\_B9B

17-120

999. N/A

<17: Please enter an age 17 or older.

Page

B10. Before you were 17 years old, did you have diabetes?

1. Yes 5. No 9. N/A

↓

GO TO B12

Page

B11. At what age were you first diagnosed with diabetes? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 – 16 97. I was never diagnosed 99. N/A

Page

B11A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 – 16 96. Older than 16 - enter age: 97. I still have it 99. N/A

GO TO B12

↓

GO TO B12

B11A\_B11B

17-120

999. N/A

<17: Please enter an age 17 or older.

Page

B12. Before you were 17 years old, did you have a respiratory disorder such as bronchitis, wheezing, hay fever, shortness of breath, or sinus infection?

1. Yes 5. No 9. N/A

↓

GO TO B14

Page

B13. At what age were you first diagnosed with a respiratory disorder such as bronchitis, wheezing, hay fever, shortness of breath, or sinus infection? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 – 16 97. I was never diagnosed 99. N/A

Page

B13A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
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GO TO B14

↓

GO TO B14

B13A_B13B	17–120	999. N/A	<17: Please enter an age 17 or older.
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Page

B14. Before you were 17 years old, did you have a speech impairment?

1. Yes	5. No	9. N/A
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↓

GO TO B16

Page

B15. At what age were you first diagnosed with a speech impairment? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	97. I was never diagnosed	99. N/A
------------------------	---	---	----	---------------------------	---------

Page

B15A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
------------------------	---	---	----	--------------------------------	---------------------	---------

GO TO B16

↓

GO TO B16

B15A_B15B	17–120	999. N/A	<17: Please enter an age 17 or older.
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Page

B16. Before you were 17 years old, did you have an allergic condition?

1. Yes	5. No	9. N/A
--------	-------	--------

↓

GO TO B18

Page

B17. At what age were you first diagnosed with an allergic condition? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	97. I was never diagnosed	99. N/A
------------------------	---	---	----	---------------------------	---------

Page

B17A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
------------------------	---	---	----	--------------------------------	---------------------	---------

GO TO B18

↓

GO TO B18

B17A_B17B	17–120	999. N/A	<17: Please enter an age 17 or older.
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Page

B18. Before you were 17 years old, did you have heart trouble?

1. Yes	5. No	9. N/A
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↓

GO TO B20

Page

B19. At what age were you first diagnosed with heart trouble? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	97. I was never diagnosed	99. N/A
------------------------	---	---	----	---------------------------	---------

Page

B19A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
------------------------	---	---	----	--------------------------------	---------------------	---------

GO TO B20



GO TO B20

B19A\_B19B    17–120    999. N/A    <17: Please enter an age 17 or older.

Page

B20. Before you were 17 years old, did you have chronic ear problems or infections?

1. Yes	5. No	9. N/A
--------	-------	--------



GO TO B22

Page

B21. At what age were you first diagnosed with chronic ear problems or infections? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	97. I was never diagnosed	99. N/A
------------------------	---	---	----	---------------------------	---------

Page

B21A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
------------------------	---	---	----	--------------------------------	---------------------	---------

GO TO B22



GO TO B22

B21A\_B21B    17–120    999. N/A    <17: Please enter an age 17 or older.

Page

B22. Before you were 17 years old, did you have epilepsy or seizures?

1. Yes	5. No	9. N/A
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GO TO B24

Page

B23. At what age were you first diagnosed with epilepsy or seizures? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	97. I was never diagnosed	99. N/A
------------------------	---	---	----	---------------------------	---------

Page

B23A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
------------------------	---	---	----	--------------------------------	---------------------	---------

GO TO B24



GO TO B24

B23A\_B23B    17–120    999. N/A    <17: Please enter an age 17 or older.

Page

B24. Before you were 17 years old, did you have severe headaches or migraines?

1. Yes	5. No	9. N/A
--------	-------	--------



GO TO B26

Page

B25. At what age were you first diagnosed with severe headaches or migraines? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	97. I was never diagnosed	99. N/A
------------------------	---	---	----	---------------------------	---------

Page

B25A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
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GO TO B26

↓

GO TO B26

B25A_B25B	17–120	999. N/A	<17: Please enter an age 17 or older.
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Page

B26. Before you were 17 years old, did you have stomach problems?

1. Yes	5. No	9. N/A
--------	-------	--------

↓

GO TO B28

Page

B27. At what age were you first diagnosed with stomach problems? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	97. I was never diagnosed	99. N/A
------------------------	---	---	----	---------------------------	---------

Page

B27A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
------------------------	---	---	----	--------------------------------	---------------------	---------

GO TO B28

↓

GO TO B28

B27A_B27B	17–120	999. N/A	<17: Please enter an age 17 or older.
-----------	--------	----------	---------------------------------------

Page

B28. Before you were 17 years old, did you have high blood pressure?

1. Yes	5. No	9. N/A
--------	-------	--------

↓

GO TO B30

Page

B29. At what age were you first diagnosed with high blood pressure? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	97. I was never diagnosed	99. N/A
------------------------	---	---	----	---------------------------	---------

Page

B29A. Until what age did you have it? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
------------------------	---	---	----	--------------------------------	---------------------	---------

GO TO B30

↓

GO TO B30

B29A_B29B	17–120	999. N/A	<17: Please enter an age 17 or older.
-----------	--------	----------	---------------------------------------

Page

B30. Before you were 17 years old, did you have drug or alcohol problems?

1. Yes	5. No	9. N/A
--------	-------	--------

↓

GO TO B34

Page

B30A. Was it drugs, alcohol, or both?

1. Drugs	2. Alcohol	3. Both	9. N/A
----------	------------	---------	--------

Page

B30B. At what age did you first start having drug or alcohol problems? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 – 16 99. N/A

Page

B30C. Until what age did you have these drug or alcohol problems? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 – 16 96. Older than 16 - enter age: 97. I still have it 99. N/A

GO TO B31

↓

GO TO B31

B30C\_B30D 17-120 999. N/A <17: Please enter an age 17 or older.

Page

B31. Before you were 17 years old, did you ever see a psychiatrist or psychologist for help with your drug or alcohol problems?

1. Yes 5. No 9. N/A

↓

GO TO B34

Page

B32. How old were you the **first time** before age 17 that you saw a psychiatrist or psychologist for help with your drug or alcohol problems? If you don't know the exact age, please use your best guess.

1. One year or younger 2 – 16 99. N/A

Page

B33. How old were you the **last time** before age 17 that you saw a psychiatrist or psychologist for help with your drug or alcohol problems? If you don't know the exact age, please use your best guess.

1. One year or younger 2 – 16 99. N/A

Page

B34. Before you were 17 years old, did you have depression?

1. Yes 5. No 9. N/A

↓

GO TO B38

Page

B34B. At what age did you first start having depression? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 – 16 99. N/A

Page

B34C. Until what age did you have depression? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 – 16 96. Older than 16 - enter age: 97. I still have it 99. N/A

GO TO B35

↓

GO TO B35

B34C\_B34D 17-120 999. N/A <17: Please enter an age 17 or older.

Page

B35. Before you were 17 years old, did you ever see a psychiatrist or psychologist for help with your depression?

↓ GO TO B37A

Page

B36. How old were you the **first time** before age 17 that you saw a psychiatrist or psychologist for help with your depression. If you don't know the exact age, please give us your best guess.

–

Page

B37. How old were you the **last time** before age 17 that you saw a psychiatrist or psychologist for help with your depression. If you don't know the exact age, please give us your best guess.

–

Page

B37A. Before age 17 were you prescribed medication for your depression?

Page

B38. Before you were 17 years old, did you have anxiety?

↓ GO TO B42

Page

B38B. At what age did you first start having anxiety? If you don't know the exact age, please give us your best guess.

–

Page

B38C. Until what age did you have anxiety? If you don't know the exact age, please give us your best guess.

–

GO TO B39

↓

GO TO B39

B38C\_B38D   <17: *Please enter an age 17 or older.*

Page

B39. Before you were 17 years old, did you ever see a psychiatrist or psychologist for help with your anxiety?

↓ GO TO B41A

Page

B40. How old were you the **first time** before age 17 that you saw a psychiatrist or psychologist for help with your anxiety. If you don't know the exact age, please give us your best guess.

–

Page

B41. How old were you the **last time** before age 17 that you saw a psychiatrist or psychologist for help with your anxiety. If you don't know the exact age, please give us your best guess.

–

Page

B41A. Before age 17 were you prescribed medication for your anxiety?

1. Yes	5. No	9. N/A
--------	-------	--------

Page

B42. Before you were 17 years old, did you have panic attacks?

1. Yes	5. No	9. N/A
--------	-------	--------

↓ GO TO B46

Page

B42B. At what age did you first start having panic attacks? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	99. N/A
------------------------	---	---	----	---------

Page

B42C. Until what age did you have panic attacks? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
------------------------	---	---	----	--------------------------------	---------------------	---------

GO TO B43

↓

GO TO B43

B42C\_B42D    17–120    999. N/A    <17: *Please enter an age 17 or older.*

Page

B43. Before you were 17 years old, did you ever see a psychiatrist or psychologist for help with your panic attacks?

1. Yes	5. No	9. N/A
--------	-------	--------

↓ GO TO B45A

Page

B44. How old were you the **first time** before age 17 that you saw a psychiatrist or psychologist for help with your panic attacks. If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	99. N/A
------------------------	---	---	----	---------

Page

B45. How old were you the **last time** before age 17 that you saw a psychiatrist or psychologist for help with your panic attacks. If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	99. N/A
------------------------	---	---	----	---------

Page

B45A. Before age 17 were you prescribed medication for your panic attacks?

1. Yes	5. No	9. N/A
--------	-------	--------

Page

B46. Before you were 17 years old, did you have attention deficit disorder?

1. Yes	5. No	9. N/A
--------	-------	--------

↓ GO TO B50

Page

B46B. At what age did you first start having attention deficit disorder? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 - 16 99. N/A

Page

B46C. Until what age did you have attention deficit disorder? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 - 16 96. Older than 16 - enter age: 97. I still have it 99. N/A

GO TO B47

↓

GO TO B47

B46C\_B46D 17-120 999. N/A <17: Please enter an age 17 or older.

Page

B47. Before you were 17 years old, did you ever see a psychiatrist or psychologist for help with your attention deficit disorder?

1. Yes 5. No 9. N/A

↓

GO TO B49A

Page

B48. How old were you the **first time** before age 17 that you saw a psychiatrist or psychologist for help with your attention deficit disorder. If you don't know the exact age, please give us your best guess.

1. One year or younger 2 - 16 99. N/A

Page

B49. How old were you the **last time** before age 17 that you saw a psychiatrist or psychologist for help with your attention deficit disorder. If you don't know the exact age, please give us your best guess.

1. One year or younger 2 - 16 99. N/A

Page

B49A. Before age 17 were you prescribed medication for your attention deficit disorder?

1. Yes 5. No 9. N/A

Page

B50. Before you were 17 years old, did you have any other emotional or psychological problems?

1. Yes 5. No 9. N/A

↓

GO TO B54

Page

B50B. At what age did you first start having emotional or psychological problems? If you don't know the exact age, please give us your best guess.

1. One year or younger 2 - 16 99. N/A



Page

B50C. Until what age did you have emotional or psychological problems? If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	96. Older than 16 - enter age:	97. I still have it	99. N/A
------------------------	---	---	----	--------------------------------	---------------------	---------

GO TO B51



GO TO B51

B50C\_B50D   <17: Please enter an age 17 or older.

Page

B51. Before you were 17 years old, did you ever see a psychiatrist or psychologist for help with your emotional or psychological problems?

1. Yes	5. No	9. N/A
--------	-------	--------



GO TO B53A

Page

B52. How old were you the **first time** before age 17 that you saw a psychiatrist or psychologist for help with your emotional or psychological problems. If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	99. N/A
------------------------	---	---	----	---------

Page

B53. How old were you the **last time** before age 17 that you saw a psychiatrist or psychologist for help with your emotional or psychological problems. If you don't know the exact age, please give us your best guess.

1. One year or younger	2	–	16	99. N/A
------------------------	---	---	----	---------

Page

B53A. Before age 17 were you prescribed medication for your emotional or psychological problems?

1. Yes	5. No	9. N/A
--------	-------	--------

Page

B54. Thinking about when you were 13 years old, how tall were you at that age?

1. Enter height in feet and inches
------------------------------------



2. Enter height in meters	9. N/A
---------------------------	--------



GO TO B55

Page

ENTER height in feet and inches.

If you don't know the exact height, please give us your best guess.

B54Ft. Feet (2-7)	<input type="text" value="2-7"/>	B54Inch. Inches (0-11)	<input type="text" value="0-11"/>	B54Meter. Meters (0.60-2.10)	<input type="text" value="0.60-2.10"/>
-------------------	----------------------------------	------------------------	-----------------------------------	------------------------------	--

<2 or >7: Please enter a number from 2 to 7.

>11: Please enter a number from 0 to 11.

<0.6 or >2.1: Please enter a number from 0.60 to 2.10.

Page

ENTER height in meters.

If you don't know the exact height, please give us your best guess.

Page

B55. Thinking about when you were 13 years old, how much did you weigh?





GO TO SECTION C

Page

ENTER weight in pounds.  
If you don't know the exact weight,  
please give us your best guess.

B55Pound. Pounds (50-400)

<50 or >400: *Please enter a  
number from 50 to 400.*

Page

ENTER weight in kilograms.  
If you don't know the exact weight, please give  
us your best guess.

B55Kilo. Kilograms (36.0-180.0)

<36 or >180.9: *Please enter a  
number from 36.0 to 180.0.*



Page

Before you were age 17, how often was [MOTHER] unemployed and actively looking for a job:

1. 0 times	2. 1-2 times	3. 3-5 times	4. More than 5 times	9. N/A

Please select one answer for each row below.

IF C4=DECEASED, GO TO C11A

C10A. From when you were born **until age 5?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	-----------------------	-----------------------	--

IF C5=DECEASED, GO TO C12A

C11A. When you were between **age 6 and 12?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	-----------------------	-----------------------	--

IF C6=DECEASED, GO TO C13A

C12A. When you were between **age 13 and 16?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	-----------------------	-----------------------	--

Page

Before you were age 17, was there ever a time when your family was struggling financially to make ends meet:

1. Yes	5. No	9. N/A

Please select one answer for each row below

C13A. From when you were born **until age 5?**

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

C13B. When you were between **age 6 and 12?**

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

C13C. When you were between **age 13 and 16?**

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

Page

Before you were age 17, was there ever a period of 3 months or more when your family was on welfare or received food stamps:

1. Yes	5. No	9. N/A

Welfare includes General Assistance and other programs for financial aid to people who are poor, or have a physical disability or mental health condition, but does not include government health insurance or any unemployment programs or benefits.

Please select one answer for each row below.

C14A. From when you were born **until age 5?**

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

C14B. When you were between **age 6 and 12?**

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

C14C. When you were between **age 13 and 16?**

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

Page

C15. When you were a child before age 17, compared to the average family at that time, how was the financial situation of the family that you lived with?

If your family lived separately and had different financial situations, answer for the family you lived with the longest time.

1. A lot better off than the average family	2. Somewhat better off than the average family
3. Same as the average family	4. Somewhat worse off than the average family
5. A lot worse off than the average family	9. N/A

## Section D. Neighborhood Quality

[TOC](#)*Page*

Think back to the neighborhood in which you lived the longest when you were between **age 6 and 12**.  
How true is each of the following statements about this neighborhood:

Please select one answer for each row below.

	1. Very true	2. Somewhat true	3. Not very true	4. Not true at all	9. N/A
D1B. It was safe being out alone in my neighborhood at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D2B. My neighborhood was safe for children during the daytime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D3B. My neighborhood was safe for children during the nighttime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D4B. My neighbors were willing to help each other out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D5B. My neighborhood was close-knit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D6B. My neighborhood was clean and attractive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D7B. People in my neighborhood took good care of their homes and property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

D1CA. Now think back to the neighborhood where you lived the longest when you were between **age 13 and 16**.

Is this the same neighborhood that you just described or a different neighborhood?

1. Same neighborhood → GO TO SECTION E  2. Different neighborhood  9. N/A

*Page*

Think back to the neighborhood in which you lived the longest when you were between **age 13 and 16**.  
How true is each of the following statements about this neighborhood:

Please select one answer for each row below.

	1. Very true	2. Somewhat true	3. Not very true	4. Not true at all	9. N/A
D1C. It was safe being out alone in my neighborhood at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D2C. My neighborhood was safe for children during the daytime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D3C. My neighborhood was safe for children during the nighttime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D4C. My neighbors were willing to help each other out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D5C. My neighborhood was close-knit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D6C. My neighborhood was clean and attractive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D7C. People in my neighborhood took good care of their homes and property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## Section E. Friendships

[TOC](#)*Page*When you were between **age 6 and 12**:

Please select one answer for each row below.

	1. Often	2. Sometimes	3. Not very often	4. Never	9. N/A
E1. How often were you lonely for friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E2. How often did you have a group of friends that you felt comfortable spending time with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	1. Yes	5. No	9. N/A		
E3. Did you have a best friend?	<input type="radio"/>	<input type="radio"/>			

*Page*When you were between **age 13 and 16**:

Please select one answer for each row below.

	1. Often	2. Sometimes	3. Not very often	4. Never	9. N/A
E4. How often were you lonely for friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E5. How often did you have a group of friends that you felt comfortable spending time with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	1. Yes	5. No	9. N/A		
E6. Did you have a best friend?	<input type="radio"/>	<input type="radio"/>			
E7. Did you have a romantic partner or someone that you dated for a while, like a boyfriend or girlfriend?	<input type="radio"/> ↓	<input type="radio"/> GO TO SECTION F	<input type="radio"/> GO TO SECTION F		

*Page*E8. For the most important romantic relationship you had when you were between **age 13 and 16**, would you say it was mostly positive, mostly negative, or neutral?

1. Mostly positive	2. Mostly negative	3. Neutral	9. N/A
--------------------	--------------------	------------	--------

## Section F. School Experiences

[TOC](#)

Page

F1. Before age 17, did you ever have to repeat a grade?

1. Yes	5. No	9. N/A
--------	-------	--------

↓ GO TO F2

Page

F1A. How many times?

1 - 97	99. N/A	<1 or >97: <i>Please enter a number from 1 to 97.</i>
--------	---------	---

Page

F1B. What grade did you repeat [F1A&gt;1: the first time you repeated a grade]?

1. First grade	2. Second grade	3. Third grade	4. Fourth grade	
5. Fifth grade	6. Sixth grade	7. Seventh grade	8. Eighth grade	
9. Ninth grade	10. Tenth grade	11. Eleventh grade	12. Twelfth grade	99. N/A

F1C RULE:

F1A = 1, N/A	→ GO TO F2	ALL OTHERS
		↓

Page

F1C. What grade did you repeat the last time you repeated a grade?

1. First grade	2. Second grade	3. Third grade	4. Fourth grade	
5. Fifth grade	6. Sixth grade	7. Seventh grade	8. Eighth grade	
9. Ninth grade	10. Tenth grade	11. Eleventh grade	12. Twelfth grade	99. N/A

Page

When you were between **age 6 and 12**:

Please select one answer for each row below.

	1. A lot	2. Sometimes	3. Rarely	4. Never	9. N/A
F2. How often were you picked on or bullied by kids <u>at school</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F3. How often were you picked on or bullied by kids <u>outside of school</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F4. How often did you feel happy at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F5. How often did you feel worried about your physical safety at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F5A. How often did you pick on or bully kids <u>at school</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F5B. How often did you pick on or bully kids <u>outside of school</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Page

When you were between **age 13 and 16**:

Please select one answer for each row below.

	1. A lot	2. Sometimes	3. Rarely	4. Never	9. N/A
F6. How often were you picked on or bullied by kids <u>at school</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F7. How often were you picked on or bullied by kids <u>outside of school</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F8. How often did you feel happy at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F9. How often did you feel worried about your physical safety at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F9A. How often did you pick on or bully kids <u>at school</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
F9B. How often did you pick on or bully kids <u>outside of school</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



## Section G. Crime

[TOC](#)

The next questions are about your dealings with the criminal justice system.

Page

G1. Before you were age 17, were you ever the victim of a crime?

1. Yes  5. No  9. N/A

↓

GO TO G7

Page

G2. How many times were you a victim of a crime before age 17?

1 - 97  99. N/A <1 or >97: *Please enter a number from 1 to 97.*

Page

G3. How old were you [G2=2-97: the first time]?

1 - 16  99. N/A >16: *Please enter an age less than or equal to 16.*

Page

G4. What was the crime that was committed against you [G2 > 1: the first time]?

If there were multiple offenses, what was the main or most serious offense?

1. Assault (battery, rape, aggravated assault, attempted manslaughter)

2. Robbery (taking something using a weapon or physical force)

3. Theft (taking something without force, such as burglary, larceny, shoplifting)

5. Destroying property (vandalism, arson, malicious destruction) or another property offense (trespassing, breaking & entering)

10. Other felony  11. Other misdemeanor  99. N/A

G5 RULE:

G2 = 1, N/A → GO TO G7  ALL OTHERS  
↓

Page

G5. How old were you the last time you were a victim of crime?

1 - 16  99. N/A >16: *Please enter an age less than or equal to 16.*

Page

G6. What was the crime that was committed against you the last time?

If there were multiple offenses, what was the main or most serious offense?

1. Assault (battery, rape, aggravated assault, attempted manslaughter)

2. Robbery (taking something using a weapon or physical force)

3. Theft (taking something without force, such as burglary, larceny, shoplifting)

5. Destroying property (vandalism, arson, malicious destruction) or another property offense (trespassing, breaking & entering)

10. Other felony  11. Other misdemeanor  99. N/A

Page

G7. Before you were age 26, were you ever **arrested or taken into custody** by the police?

1. Yes    5. No    9. N/A



GO TO G20

Page

G8. How many times were you arrested **before you were 26**?

1 - 97    99. N/A   <1 or >97: *Please enter a number from 1 to 97.*

Page

G9. How old were you [G8=1, N/A: when / G8=2-97: the first time] this happened?

1 - 25    99. N/A   >25: *Please enter an age less than or equal to 25.*

Page

G10. What were you charged with [G8 > 1: the first time]?

If there were multiple offenses, what was the main or most serious offense?

1. Assault (battery, rape, aggravated assault, manslaughter)			
2. Robbery (taking something using a weapon or physical force)			
3. Theft (taking something without force, such as burglary, larceny, shoplifting)			
4. Receiving, possessing, or selling stolen property			
5. Destroying property (vandalism, arson, malicious destruction) or another property offense (trespassing, breaking & entering)			
6. Possessing, selling or using illegal drugs			
7. Major traffic offense (driving while intoxicated, driving under the influence, driving while impaired, reckless driving, driving without a license)			
8. Drinking or purchasing alcohol while under age			
9. Possessing or selling illegal firearm	10. Other felony	11. Other misdemeanor	99. N/A

G11 RULE:

<input type="text"/> G8 = 1, N/A	→ GO TO G13	<input type="text"/> ALL OTHERS
↓		

Page

G11. How old were you the last time this happened?

1 - 25    99. N/A   >25: *Please enter an age less than or equal to 25.*

Page

G12. What were you charged with the last time?

If there were multiple offenses, what was the main or most serious offense?

1. Assault (battery, rape, aggravated assault, manslaughter)			
2. Robbery (taking something using a weapon or physical force)			
3. Theft (taking something without force, such as burglary, larceny, shoplifting)			
4. Receiving, possessing, or selling stolen property			
5. Destroying property (vandalism, arson, malicious destruction) or another property offense (trespassing, breaking & entering)			

6. Possessing, selling or using illegal drugs			
7. Major traffic offense (driving while intoxicated, driving under the influence, driving while impaired, reckless driving, driving without a license)			
8. Drinking or purchasing alcohol while under age			
9. Possessing or selling illegal firearm	10. Other felony	11. Other misdemeanor	99. N/A

Page

G13. **Before you were age 26**, were you ever **convicted** of a crime, including in juvenile court?

Include a guilty plea as a conviction.

1. Yes	5. No	9. N/A
--------	-------	--------

↓ GO TO G19

Page

G14. How many times did this happen?

1 - 97	99. N/A	<1 or >97: Please enter a number from 1 to 97.
--------	---------	--

Page

G15. How old were you [G14=1, N/A: when / G14=2-97: the first time] you were convicted, or found delinquent?

1 - 25	99. N/A	>25: Please enter an age less than or equal to 25.
--------	---------	--

Page

G16. What were you **convicted of doing**, or for what **were you found delinquent** [G14 > 1: the first time]?  
If there were multiple offenses, what was the main or most serious offense?

1. Assault (battery, rape, aggravated assault, manslaughter)			
2. Robbery (taking something using a weapon or physical force)			
3. Theft (taking something without force, such as burglary, larceny, shoplifting)			
4. Receiving, possessing, or selling stolen property			
5. Destroying property (vandalism, arson, malicious destruction) or another property offense (trespassing, breaking & entering)			
6. Possessing, selling or using illegal drugs			
7. Major traffic offense (driving while intoxicated, driving under the influence, driving while impaired, reckless driving, driving without a license)			
8. Drinking or purchasing alcohol while under age			
9. Possessing or selling illegal firearm	10. Other felony	11. Other misdemeanor	99. N/A

G17 RULE:

G14 = 1, N/A	→ GO TO G19	ALL OTHERS
↓		

Page

G17. How old were you the last time this happened?

1 - 25	99. N/A	>25: Please enter an age less than or equal to 25.
--------	---------	--

Page

G18. What were you **convicted of doing**, or for what **were you found delinquent** the last time?

If there were multiple offenses, what was the main or most serious offense?

1. Assault (battery, rape, aggravated assault, manslaughter)		
2. Robbery (taking something using a weapon or physical force)		
3. Theft (taking something without force, such as burglary, larceny, shoplifting)		
4. Receiving, possessing, or selling stolen property		
5. Destroying property (vandalism, arson, malicious destruction) or another property offense (trespassing, breaking & entering)		
6. Possessing, selling or using illegal drugs		
7. Major traffic offense (driving while intoxicated, driving under the influence, driving while impaired, reckless driving, driving without a license)		
8. Drinking or purchasing alcohol while under age		
9. Possessing or selling illegal firearm	10. Other felony	11. Other misdemeanor 99. N/A

Page

G19. **Before you were age 26**, were you ever sentenced to probation?

1. Yes	5. No	9. N/A
--------	-------	--------

Page

G20. Have you been **arrested** since you turned **age 26**?

1. Yes	5. No	7. I am not 26 yet	9. N/A
--------	-------	--------------------	--------

↓

GO TO SECTION H

Page

G21. How many times have you been arrested since you were 26?

1 - 97	99. N/A	<1 or >97: <i>Please enter a number from 1 to 97.</i>
--------	---------	---

Page

G22. Were you ever sentenced to jail or prison?

1. Yes	5. No	9. N/A
--------	-------	--------

↓

GO TO SECTION H

Page

G23. Altogether, how long did you serve in jail or prison?

Amount of time	1 - 97	99. N/A	<1 or >97: <i>Please enter a number from 1 to 97.</i>
----------------	--------	---------	---

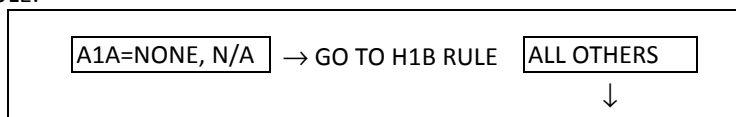
G23Per.

Unit of time	2. Days	3. Weeks	5. Months	6. Years	9. N/A
--------------	---------	----------	-----------	----------	--------

## Section H. Parent/Guardian Mental Health

[TOC](#)

H1A RULE:

*Page*Before you were age 17, did [**MOTHER**]:

Please select one answer for each row below.

H1A. Ever have trouble holding a job?

1. Yes	5. No	9. N/A
--------	-------	--------

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

H3A. Often get into physical fights?

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

*Page*H6A. Before you were age 17, did [**MOTHER**] ever have anxiety attacks where all of a sudden she felt frightened, anxious, or panicky?

1. Yes	5. No	9. N/A
--------	-------	--------

↓ GO TO H11A

*Page*

H7A. Was this during all, most, some, or only a little of your childhood, before you were age 17?

1. All	2. Most	3. Some	4. A little	9. N/A
--------	---------	---------	-------------	--------

Please select one answer for each row below.

H8A. Did she ever get professional treatment for her anxiety attacks?

1. Yes	5. No	9. N/A
--------	-------	--------

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

H9A. Was she ever hospitalized for her anxiety attacks?

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

H10A. Did her anxiety attacks interfere a lot with her life or activities?

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

*Page*H11A. Before you were age 17, did [**MOTHER**] ever have periods lasting 2 weeks or more where she was sad or depressed most of the time?

1. Yes	5. No	9. N/A
--------	-------	--------

↓ GO TO H17A

*Page*

H12A. Was this during all, most, some, or only a little of your childhood, before you were age 17?

1. All	2. Most	3. Some	4. A little	9. N/A
--------	---------	---------	-------------	--------

Please select one answer for each row below.

H13A. During the time her depression was at its worst, did she also have other symptoms like low energy, changes in sleep or appetite, and problems with concentration?

1. Yes	5. No	9. N/A
--------	-------	--------

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

H14A. Did she ever get professional treatment for her depression?

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

H15A. Was she ever hospitalized for her depression?

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

H16A. Did her depression ever interfere a lot with her life or activities?

<input type="radio"/>	<input type="radio"/>	
-----------------------	-----------------------	--

Page

H17A. Before you were age 17, did [MOTHER] have a problem with alcohol or drugs?

1. Yes	5. No	9. N/A
--------	-------	--------

↓ GO TO H1B RULE

Page

H18A. Was this during all, most, some, or only a little of your childhood, before you were age 17?

1. All	2. Most	3. Some	4. A little	9. N/A
--------	---------	---------	-------------	--------

Please select one answer for each row below.

	1. Yes	5. No	9. N/A
H19A. Did she ever get professional treatment for her <u>alcohol or drug problem</u> ?	<input type="radio"/>	<input type="radio"/>	
H20A. Was she ever hospitalized for her <u>alcohol or drug problem</u> ?	<input type="radio"/>	<input type="radio"/>	
H21A. Did her <u>alcohol or drug problem</u> ever interfere a lot with her life or activities?	<input type="radio"/>	<input type="radio"/>	

H1B RULE:

A1B=NONE, N/A	→ GO TO SECTION J	ALL OTHERS
		↓

Page

Before you were age 17, did [FATHER]:

1. Yes	5. No	9. N/A

Please select one answer for each row below.

H1B. Ever have trouble holding a job?	<input type="radio"/>	<input type="radio"/>	
H3B. Often get into physical fights?	<input type="radio"/>	<input type="radio"/>	

Page

H6B. Before you were age 17, did [FATHER] ever have anxiety attacks where all of a sudden he felt frightened, anxious, or panicky?

1. Yes	5. No	9. N/A
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↓ GO TO H11B

Page

H7B. Was this during all, most, some, or only a little of your childhood, before you were age 17?

1. All	2. Most	3. Some	4. A little	9. N/A
--------	---------	---------	-------------	--------

Please select one answer for each row below.

	1. Yes	5. No	9. N/A
H8B. Did he ever get professional treatment for his <u>anxiety attacks</u> ?	<input type="radio"/>	<input type="radio"/>	
H9B. Was he ever hospitalized for his <u>anxiety attacks</u> ?	<input type="radio"/>	<input type="radio"/>	
H10B. Did his <u>anxiety attacks</u> interfere a lot with his life or activities?	<input type="radio"/>	<input type="radio"/>	

Page

H11B. Before you were age 17, did [FATHER] ever have periods lasting 2 weeks or more where he was sad or depressed most of the time?

1. Yes  5. No  9. N/A

↓ GO TO H17B

Page

H12B. Was this during all, most, some, or only a little of your childhood, before you were age 17?

1. All  2. Most  3. Some  4. A little  9. N/A

Please select one answer for each row below.

	1. Yes	5. No	9. N/A
H13B. During the time his <u>depression</u> was at its worst, did he also have other symptoms like low energy, changes in sleep or appetite, and problems with concentration?	<input type="radio"/>	<input type="radio"/>	
H14B. Did he ever get professional treatment for his <u>depression</u> ?	<input type="radio"/>	<input type="radio"/>	
H15B. Was he ever hospitalized for his <u>depression</u> ?	<input type="radio"/>	<input type="radio"/>	
H16B. Did his <u>depression</u> ever interfere a lot with his life or activities?	<input type="radio"/>	<input type="radio"/>	

Page

H17B. Before you were age 17, did [FATHER] have a problem with alcohol or drugs?

1. Yes  5. No  9. N/A

↓ GO TO SECTION J

Page

H18B. Was this during all, most, some, or only a little of your childhood, before you were age 17?

1. All  2. Most  3. Some  4. A little  9. N/A

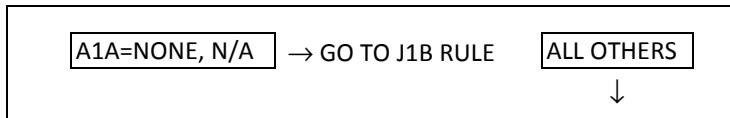
Please select one answer for each row below.

	1. Yes	5. No	9. N/A
H19B. Did he ever get professional treatment for his <u>alcohol or drug problem</u> ?	<input type="radio"/>	<input type="radio"/>	
H20B. Was he ever hospitalized for his <u>alcohol or drug problem</u> ?	<input type="radio"/>	<input type="radio"/>	
H21B. Did his <u>alcohol or drug problem</u> interfere a lot with his life or activities?	<input type="radio"/>	<input type="radio"/>	

## Section J. Communication and Relationship with Parents/Guardians, Family Conflict

[TOC](#)

J1A RULE:

*Page*J1A. Before you were age 17, how would you rate the communication between you and **[MOTHER]**?

1. Excellent	2. Very good	3. Good	4. Fair	5. Poor	9. N/A
--------------	--------------	---------	---------	---------	--------

*Page*

Before you were age 17:

Please select one answer for each row below.

	1. A lot	2. Some	3. A little	4. Not at all	9. N/A
J2A. How much did <b>[MOTHER]</b> understand your problems and worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J3A. How much could you confide in her about things that were bothering you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J4A. How much tension did you have in your relationship with <b>[MOTHER]</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

*Page*J5A. Before you were age 17, how would you rate your relationship with **[MOTHER]**?

1. Excellent	2. Very good	3. Good	4. Fair	5. Poor	9. N/A
--------------	--------------	---------	---------	---------	--------

*Page*

Before you were age 17:

Please select one answer for each row below.

	1. Very	2. Somewhat	3. Not very	4. Not at all	9. N/A
J6A. How emotionally close were you with <b>[MOTHER]</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J7A. How strict was <b>[MOTHER]</b> with her rules for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

*Page*

Before you were age 17:

Please select one answer for each row below.

	1. A lot	2. Some	3. A little	4. None at all	9. N/A
J8A. How much love and affection did <b>[MOTHER]</b> give you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J9A. How much effort did <b>[MOTHER]</b> put into watching over you and making sure you had a good upbringing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



Page

Before you were age 17, how often did **[MOTHER]**:

Please select one answer for each row below

	1. Often	2. Sometimes	3. Not very often	4. Never	9. N/A
J10A. Push, grab, or shove you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J11A. Throw something at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J12A. Slap or hit you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J13A. Physically harm you in any other way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

J1B RULE

A1B=NONE, N/A	→ GO TO J14 RULE	ALL OTHERS
		↓

Page

J1B. Before you were age 17, how would you rate the communication between you and **[FATHER]**?

1. Excellent	2. Very good	3. Good	4. Fair	5. Poor	9. N/A
--------------	--------------	---------	---------	---------	--------

Page

Before you were age 17:

Please select one answer for each row below.

	1. A lot	2. Some	3. A little	4. Not at all	9. N/A
J2B. How much did <b>[FATHER]</b> understand your problems and worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J3B. How much could you confide in him about things that were bothering you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J4B. How much tension did you have in your relationship with <b>[FATHER]</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Page

J5B. Before you were age 17, how would you rate your relationship with **[FATHER]**?

1. Excellent	2. Very good	3. Good	4. Fair	5. Poor	9. N/A
--------------	--------------	---------	---------	---------	--------

Page

Before you were age 17:

Please select one answer for each row below.

	1. Very	2. Somewhat	3. Not very	4. Not at all	9. N/A
J6B. How emotionally close were you with <b>[FATHER]</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J7B. How strict was <b>[FATHER]</b> with his rules for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Page

J8B. Before you were age 17, how much love and affection did **[FATHER]** give you?

1. A lot	2. Some	3. A little	4. None at all	9. N/A
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NOTE: There is intentionally no J9B

Page

Before you were age 17, how often did **[FATHER]**:

Please select one answer for each row below.

	1. Often	2. Sometimes	3. Not very often	4. Never	9. N/A
J10B. Push, grab, or shove you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J11B. Throw something at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J12B. Slap or hit you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J13B. Physically harm you in any other way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

J14 RULE:

A1A and A1B = BIO, ADPT, STEP, OTHER	ALL OTHERS	→ GO TO J18
↓		

Page

J14. Before you were age 17, how often did **[MOTHER]** and **[FATHER]** push, grab, or shove EACH OTHER?

1. Often	2. Sometimes	3. Not very often	4. Never	7. My parents/guardians were never together	9. N/A
↓				GO TO J18	↓

Page

Before you were age 17, how often did **[MOTHER]** and **[FATHER]**:

Please select one answer for each row below.

	1. Often	2. Sometimes	3. Not very often	4. Never	9. N/A
J15. Throw something at EACH OTHER?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J16. Slap or hit EACH OTHER?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J17. Physically harm EACH OTHER in any other way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Page

J18. Before you were age 17, how often did your siblings push, grab, or shove you?

1. Often	2. Sometimes	3. Not very often	4. Never	7. I have no siblings	9. N/A
↓				GO TO SECTION K	↓

Page

Before you were age 17, how often did your siblings:

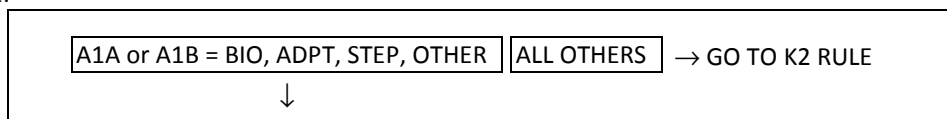
Please select one answer for each row below.

	1. Often	2. Sometimes	3. Not very often	4. Never	9. N/A
J19. Throw something at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J20. Slap or hit you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
J21. Physically harm you in any other way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## Section K. Young Adult Mentoring

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K1 RULE:

*Page*

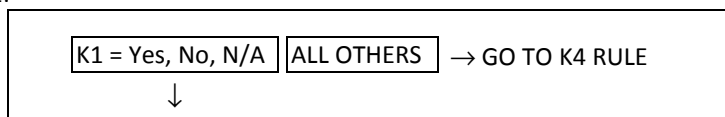
K1. **When you were between age 17 and 30**, was there a **family member** other than [A1A=BIO, ADPT, STEP, OTHER: **MOTHER**] [A1A and A1B = BIO, ADPT, STEP, OTHER: and] [A1B=BIO, ADPT, STEP, OTHER: **FATHER**] who provided you with positive support or mentoring that helped you succeed in your work life?

1. Yes	5. No	7. I have never worked	9. N/A
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K3. **When you were between age 17 and 30**, was there a **family member** other than [A1A=BIO, ADPT, STEP, OTHER: **MOTHER**] [A1A and A1B = BIO, ADPT, STEP, OTHER: and] [A1B=BIO, ADPT, STEP, OTHER: **FATHER**] who provided you with positive support or mentoring that helped you succeed in your interpersonal relationships, such as marriage or a marriage-like relationship?

1. Yes	5. No	7. I've never been married/had a marriage-like relationship	9. N/A
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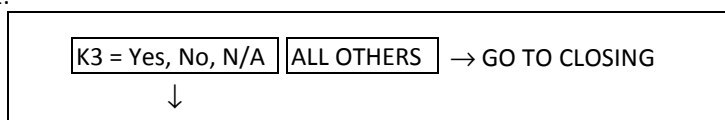
K2 RULE:

*Page*

K2. **When you were between age 17 and 30**, was there an **adult outside of your family** who provided you with positive support or mentoring that helped you succeed in your work life?

1. Yes	5. No	9. N/A
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K4 RULE:

*Page*

K4. **When you were between age 17 and 30**, was there an **adult outside of your family** who provided you with positive support or mentoring that helped you succeed in your interpersonal relationships, such as marriage or a marriage-like relationship?

1. Yes	5. No	9. N/A
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## Closing

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*Page*

END. Thank you for your participation.

Once you submit, you can expect your \$20 check to arrive in the mail in about 2 weeks.

For questions about the survey please email [uofmstudy2014@umich.edu](mailto:uofmstudy2014@umich.edu) or call 1-866-796-5166.

*Page*

END2. Thank you for answering our questions.