

FORM **SPD-18008**
(1-5-98)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SURVEY OF PROGRAM DYNAMICS ADOLESCENT QUESTIONNAIRE

FIELD REPRESENTATIVE VERSION

INTRODUCTION

Hello. This is *(Name)* from the U.S. Bureau of the Census. Your family recently participated in the Survey of Program Dynamics. To complete the survey, I need to speak with _____ (and _____). Is (he/she) available now?

As part of the Survey of Program Dynamics, we are asking questions of adolescents 12–17 years old. Your parent or guardian participated in a different part of the study. The questions asked of you will be about household chores, school work, your relationship with your parents, dating, and other similar issues. Your participation is voluntary; however, it is very important that we interview as many young people as possible. This is not a test and there are no right or wrong answers. I left an answer booklet at your home when I visited. If you would like to go get it, I'll be happy to wait.

Take your time and please be sure to answer each question based on what you really think.

Your privacy is very important to us. No one except Census Bureau employees will be able to see your answers.

Parent gave consent to interview respondent? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> FR initials _____	Interview status Complete 1 <input type="checkbox"/> Incomplete/Partial 2 <input type="checkbox"/> No Contact 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Other – <i>Specify</i> ↗ 5 <input type="checkbox"/> _____
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Name	Telephone number (<i>Area code and number</i>) ()
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Control Number	R.O. <input type="checkbox"/> <input type="checkbox"/>	Sample B <input type="checkbox"/> <input type="checkbox"/>	PSU <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Segment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Seg. suffix <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serial No. <input type="checkbox"/> <input type="checkbox"/>	Serial suffix <input type="checkbox"/>	Address ID <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Line number <input type="checkbox"/> <input type="checkbox"/>	FR code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Age _____	Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female					

1. I will read a question followed by a series of answer choices. For each question, tell me which answer choice best applies to you.

The first questions are about family routines.

How many times a week do you usually eat dinner together as a family?

Read categories

- Never 1
- Less than once a week 2
- 1–2 times a week 3
- 3–5 times a week 4
- Everyday or almost everyday 5

2. During the school year, how many times a week do you usually get your home work done on time?

- Never 1
- Less than once a week 2
- 1–2 times a week 3
- 3–4 times a week 4
- Everyday or almost everyday 5
- Does not apply – not in school ... 97] → *SKIP to Item 5*

3. During the school year, how often are you usually late for school?

Read categories

- Never 1
- Once a month 2
- Once every two weeks 3
- Once a week 4
- Several times a week 5
- Everyday 6

4. During the school year, how often are you usually late for a class?

- Never 1
- Once a month 2
- Once every two weeks 3
- Once a week 4
- Several times a week 5
- Everyday 6

5. Next, I will read a list of jobs some people do at home. After I read a job, please tell me how often you do that job. The first job is cleaning the house. How often do you clean the house: never, once a month, once every two weeks, once a week, several times a week, or everyday?

(clean the house)

- Never 1
- Once a month 2
- Once every two weeks 3
- Once a week 4
- Several times a week 5
- Everyday 6

6. How often do you wash the dishes or load and empty the dishwasher?

- Never 1
- Once a month 2
- Once every two weeks... 3
- Once a week 4
- Several times a week 5
- Everyday 6

7. How often do you fix family meals?

- Never 1
- Once a month 2
- Once every two weeks... 3
- Once a week 4
- Several times a week 5
- Everyday 6

8. How often do you do the laundry?

- Never 1
- Once a month 2
- Once every two weeks... 3
- Once a week 4
- Several times a week 5
- Everyday 6

9. How often do you take care of your brothers or sisters?

- Never 1
- Once a month..... 2
- Once every two weeks 3
- Once a week 4
- Several times a week 5
- Everyday 6
- Does not apply – do not have any
brothers or sisters..... 97

10. Now I will read a series of statements about how you feel about your responsibilities at home. Please tell me how strongly you disagree or agree with each statement.

I feel I have too many responsibilities at home for someone my age.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

11. I feel I do more than my share of chores in my family.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

12. I have not been doing well in school because of my responsibilities at home.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

13. Please tell me which category best describes the mother you live with. Is it:

Read categories

- Your biological mother (that is, the mother you were born to) who lives with you 1
- Your adoptive mother who lives with you .. 2
- Your stepmother who lives with you 3
- Another female in this household who is like a mother to you – *Please describe how she is related to you* 4

You don't live with a biological, adoptive, step or other mother figure 97] → *SKIP to Item 22*

14. Thinking about this woman, please indicate how strongly you disagree or agree with the following statements about her.

I think highly of her.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

15. She is a person that I respect.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

16. I really enjoy spending time with her.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

17. I can count on her to keep her promises.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

18. Thinking about the mother you live with, please tell me how often she did the following things during the past 12 months.

How often did she:

Help you with things that are important to you?

Read categories

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

19. Blame you for her problems?

Read categories

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

20. Spend time just talking with you?

Read categories

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

21. Show that she really cares about you?

Read categories

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

22. Please tell me which category best describes the father you live with. Is it:

Read categories

- Your biological father (that is, the father you were born to) who lives with you 1
- Your adoptive father who lives with you ... 2
- Your stepfather who lives with you 3
- Another male in this household who is like a father to you – *Please describe how he is related to you* ↘ 4

You don't live with a biological, adoptive, step or other father figure 97] → *SKIP to Item 31*

23. Thinking about this man, please indicate how strongly you disagree or agree with the following statements about him.

I think highly of him.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

24. He is a person that I respect.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

25. I really enjoy spending time with him.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

26. I can count on him to keep his promises.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

Thinking about the father you live with, please indicate how often he did the following things during the past 12 months.

How often did he:

27. Help you with things that are important to you?

Read categories

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

28. Blame you for his problems?

Read categories

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

29. Spend time just talking with you?

Read categories

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

30. Show that he really cares about you?

Read categories

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

31. Now we have a few questions about your parents or parent that you live with. How much do your parents or parent know about your close friends? Do they:

Read categories

- Know nothing 1
- Know a little 2
- Know some things . . . 3
- Know most things . . . 4
- Know everything 5

32. How much do your parents or parent know about your close friends' parents?

Read categories

- Know nothing 1
- Know a little 2
- Know some things . . . 3
- Know most things . . . 4
- Know everything 5

33. How much do your parents or parent know about WHERE you are when YOU are not home?

Read categories

- Know nothing 1
- Know a little 2
- Know some things . . . 3
- Know most things . . . 4
- Know everything 5

34. How much do your parents or parent know about WHO you are with when YOU are not at home?

Read categories

- Know nothing 1
- Know a little 2
- Know some things . . . 3
- Know most things . . . 4
- Know everything 5

35. How much do your parents or parent know about WHAT you are doing when THEY are not at home?

Read categories

- Know nothing 1
- Know a little 2
- Know some things . . . 3
- Know most things . . . 4
- Know everything 5

36. During the school year, how much do your parents or parent know about who your teachers are?

Read categories

- Know nothing 1
- Know a little 2
- Know some things 3
- Know most things 4
- Know everything 5
- Does not apply – not in school 97] → *SKIP to Item 38*

37. During the school year, how much do your parents or parent know about what you are doing in school?

Read categories

- Know nothing 1
- Know a little 2
- Know some things 3
- Know most things 4
- Know everything 5

38. Now we are going to name some things parents often set limits about. Thinking only about the parents or parent that you live with, who sets the limits on how late you stay out at night?

Read categories

- You decide 1
- Parent or parents set limits 2
- Parent or parents and you decide jointly ... 3
- Does not apply – don't go out at night 96] → *SKIP to Item 40*
- Does not apply – don't have limits 97] → *SKIP to Item 40*

39. How often have you broken the limits about how late you stay out at night?

Read categories

- Never in the past month 1
- One or two times in the past month 2
- Once a week 3
- Several times a week 4
- Everyday or almost everyday in the past month 5
- Does not apply – I set my own limits 97

40. Who sets the limits on what kinds of TV shows and movies you watch?

Read categories

- You decide 1
- Parent or parents set limits 2
- Parent or parents and you decide jointly ... 3
- Does not apply – don't watch TV shows or movies 96] → *SKIP to Item 42*
- Does not apply – don't have limits 97] → *SKIP to Item 42*

41. How often have you broken the limits about what kinds of TV shows and movies you watch?

Read categories

- Never in the past month 1
- One or two times in the past month 2
- Once a week 3
- Several times a week 4
- Everyday or almost everyday in the past month 5
- Does not apply – I set my own limits 97

42. Who sets the limits on who you can hang out with?

Read categories

- You decide 1
- Parent or parents set limits 2
- Parent or parents and you decide jointly ... 3
- Does not apply – don't hang out 96] → SKIP to Item 44
- Does not apply – don't have limits 97] → SKIP to Item 44

43. How often have you broken the limits about who you can hang out with?

Read categories

- Never in the past month 1
- One or two times in the past month 2
- Once a week 3
- Several times a week 4
- Everyday or almost everyday in the past month 5
- Does not apply – I set my own limits 97

44. Next, I will read some sentences about school. After I read a sentence please tell me whether the statement is not at all true, not very true, sort of true, or very true for you during the last school year.

"I work very hard on my schoolwork." Is that:

Read categories

- Not at all true 1
- Not very true 2
- Sort of true 3
- Very true 4
- Does not apply – not in school 97] → SKIP to Item 49

45. "I don't try very hard in school."

Read categories

- Not at all true 1
- Not very true 2
- Sort of true 3
- Very true 4

46. "I pay attention in class."

Read categories

- Not at all true 1
- Not very true 2
- Sort of true 3
- Very true 4

47. "I come to class unprepared."

Read categories

- Not at all true 1
- Not very true 2
- Sort of true 3
- Very true 4

48. How important is it to you to do the best you can in school?

Read categories

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

49. The next few questions are about things young people sometimes do.

In the past year, how many times did you run away from home for at least one night?

Read categories

- Never in the past year 1
- 1 time 2
- 2-3 times 3
- 4-5 times 4
- 6 or more times in the past year 5

50. How many times in the past year have you purposely damaged or destroyed property that did not belong to you?

- Never in the past year 1
- 1 time 2
- 2-3 times 3
- 4-5 times 4
- 6 or more times in the past year 5

51. How many times in the past year have you stolen something that was worth less than 50 dollars?

- Never in the past year 1
- 1 time 2
- 2-3 times 3
- 4-5 times 4
- 6 or more times in the past year 5

52. How many times in the past year have you gotten into a physical fight with someone, other than a brother or sister, either started by you or by someone else?

- Never in the past year 1
- 1 time 2
- 2-3 times 3
- 4-5 times 4
- 6 or more times in the past year 5

53. The next few questions ask about cigarette smoking and the use of tobacco. Have you ever tried cigarette smoking, even one or two puffs?

- Yes 1
- No 2] → *SKIP to Item 57*

54. How old were you when you smoked a whole cigarette for the first time?

- Less than 9 years old 1
- 9 or 10 years old 2
- 11 or 12 years old 3
- 13 or 14 years old 4
- 15 or 16 years old 5
- 17 years old or older 6
- I have never smoked a whole cigarette 97] → *SKIP to Item 57*

55. Have you ever smoked cigarettes regularly, that is, at least one cigarette a day for 30 days?

- Yes 1
- No 2

56. During the past 30 days, how many days did you smoke cigarettes?

Read categories

- Never in the past 30 days 1
- 1 or 2 days 2
- 3 to 5 days 3
- 6 to 9 days 4
- 10 to 19 days 5
- 20 or more days in the past 30 days 6

57. The next few questions ask about drinking alcohol.

Have you ever had a drink of alcohol including beer, wine, or hard liquor, other than just a few sips?

Read categories

- Yes 1
- No 2] → *SKIP to Item 61*

58. How old were you when you had your first drink of alcohol other than just a few sips?

- Less than 9 years old 1
- 9 or 10 years old 2
- 11 or 12 years old 3
- 13 or 14 years old 4
- 15 or 16 years old 5
- 17 years old or older 6

59. During the past 30 days, how many days did you have at least one drink of alcohol?

- Never in the past 30 days 1] → *SKIP to Item 61*
- 1 or 2 days 2
- 3 to 5 days 3
- 6 to 9 days 4
- 10 to 19 days 5
- 20 or more days in the past 30 days 6

60. During the past 30 days, how many days did you have at least 5 drinks of alcohol?

- Never in the past 30 days 1
- 1 or 2 days 2
- 3 to 5 days 3
- 6 to 9 days 4
- 10 to 19 days 5
- 20 or more days in the past 30 days 6

61. The next few questions ask about the use of marijuana and other drugs. Have you ever tried marijuana?

- Yes 1
- No 2] → *SKIP to Item 64*

62. How old were you when you tried marijuana for the first time?

- Less than 9 years old 1
- 9 or 10 years old 2
- 11 or 12 years old 3
- 13 or 14 years old 4
- 15 or 16 years old 5
- 17 years old or older 6

63. During the past 30 days, how many days did you use marijuana?

- Never in the past 30 days 1
- 1 or 2 days 2
- 3 to 5 days 3
- 6 to 9 days 4
- 10 to 19 days 5
- 20 or more days in the past 30 days 6

64. Have you ever tried any other type of illegal drug, such as cocaine, crack, LSD, PCP, ecstasy, mushrooms, speed, crystal meth, ice, heroin, or pills without a doctor's prescription?

Yes 1
No 2] → SKIP to Item 67

65. What was the youngest age at which you tried any of these for the first time?

Less than 9 years old 1
9 or 10 years old 2
11 or 12 years old 3
13 or 14 years old 4
15 or 16 years old 5
17 years old or older 6

66. During the past 30 days, how many days did you use one or more of these drugs?

Never in the past 30 days 1
1 or 2 days 2
3 to 5 days 3
6 to 9 days 4
10 to 19 days 5
20 or more days in the past 30 days 6

67. The next two questions are about welfare rules in your state for teenagers who are age 17 or younger. Can a teenager who has had a baby get her own apartment without any adult supervision and still receive welfare benefits?

Yes 1
No 2
Don't know 98

68. In order to receive welfare, is there a rule requiring a teenager who has had a baby to attend school?

Yes 1
No 2
Don't know 98

69. The next few questions are about dating.

At what age, if at all, did you have your first date or begin going out?

_____ Age

Does not apply – never dated 97] → SKIP to Check Item 75

70. About how often do you go out with someone or date?

Read categories

- Never 1]→ *SKIP to Check Item 75*
- Less than once a month 2
- Once or twice a month 3
- Once or twice a week 4
- Three or more times a week 5

71. Are you now going out with one particular person, going out with mainly one person but others as well, or going out with several people.

- Not dating now 2]→ *SKIP to Check Item 75*
- One particular person 3
- Mainly one person, but others as well 4
- Several people 5

72. How old is the person you are currently going out with or mainly going out with?

- Less than 11 years old 1
- 11–13 2
- 14–15 3
- 16–17 4
- 18–19 5
- 20–21 6
- 22–24 7
- 25 or older 8
- Does not apply – dating several people or is married 97

73. How many years of school has this person completed?

- 6th grade or less 1
- 7–8th grade 2
- 9th grade 3
- 10th grade 4
- 11th grade 5
- 12th grade 6
- Some college 7
- College graduate 8
- Does not apply – dating several people or is married 97
- Don't know 98

74. During the past school year, was the person you are going out with or mainly going out with, a full-time student, a part-time student, or not in school?

- Full-time student 1
- Part-time student 2
- Not in school 3
- Don't know 98

75. During the past school year, was the person you are going out with working full time, working part time, or not working at all?

- Working full time 1
- Working part time 2
- Not working at all 3
- Don't know 98

Check Item 75

What is your age?

- 12 or 13 1] → **SKIP to Item 94**
- 14 to 17 2] → **CONTINUE**

76. The next few questions ask about sexual relations you may have had. Have you ever had sexual intercourse, that is, made love, had sex, or gone all the way?

- Yes 1] → **SKIP to Item 78**
- No 2

77. What are your reasons for not having sex at this time? I will read a list of reasons. Please tell me if that reason applies to you:

- | <i>Read categories</i> | Yes | No | |
|---|----------------------------|----------------------------|----------------------------|
| You think you're too young | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | } → SKIP to Item 94 |
| You think sex before marriage is wrong | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| You don't want to get pregnant/get someone pregnant | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| You don't want to get a sexually transmitted disease..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| You're afraid your parents would find out .. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| You don't have a boyfriend/girlfriend | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| You're waiting for the right person..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| You're not interested | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| You have some other reason | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | } ↓ |

Specify _____

78. How old were you when you had sexual intercourse for the first time?

- 11 or younger 1
- 12 2
- 13 3
- 14 4
- 15 5
- 16 6
- 17 or older 7

79. How old was your first sexual partner at that time?

- 11 or younger 1
- 12–13 2
- 14–15 3
- 16–17 4
- 18–19 5
- 20–21 6
- 22–24 7
- 25 or older 8
- Don't know 98

80. At the time you first had sexual intercourse, how would you describe your relationship with your partner?

Read categories including preceding numerals

- 1. Just met 1
- 2. Just friends 2
- 3. Went out once in a while 3
- 4. Going together, going steady 4
- 5. Engaged 5
- 6. Married 6
- 7. Something else – *Please describe* ↘ 7

81. About how much education did your first sexual partner have at that time?

- 6th grade or less 1
- 7–8th grade 2
- 9th grade 3
- 10th grade 4
- 11th grade 5
- 12th grade 6
- Some college 7
- College graduate 8
- Don't know 98

82. At that time, was your first sexual partner a full-time student, a part-time student, or not in school?

- Full-time student 1
- Part-time student 2
- Not in school 3
- Don't know 98

83. At that time, was your first sexual partner working full time, working part time, or not working at all?

- Working full time 1
- Working part time 2
- Not working at all 3
- Don't know 98

84. During your life, with how many people did you have sexual intercourse?

- 1 person 1
- 2 people 2
- 3 people 3
- 4 people 4
- 5 people 5
- 6 or more people 6

85. During the past 3 months, with how many people did you have sexual intercourse?

- None in the past 3 months 1
- 1 person 2
- 2 people 3
- 3 people 4
- 4 people 5
- 5 people 6
- 6 or more people in the past 3 months 7

86. The next few questions ask about the last time you had sexual intercourse. The last time you had sexual intercourse, did you or your partner use a condom?

- Yes 1
- No 2

87. The last time you had sexual intercourse, did you or your partner use any other method to prevent pregnancy?

- Yes 1
- No 2] → *SKIP to item 89*

88. I'm going to read a list of contraceptive methods. As I read each method, please tell me whether you or your partner used that method the last time you had sexual intercourse.

<i>Read categories</i>	Yes	No
Birth control pills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Condom.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Diaphragm.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Foam, jelly or cream.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Cervical cap.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Suppository or insert.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Female condom, vaginal pouch.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
IUD, coil, loop.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Norplant.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Depo-Provera, injectables.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
"Morning after" pills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Rhythm or safe period.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Withdrawal, pulling out.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Other method.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Not sure.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

89. The last time you had sexual intercourse, did you drink alcohol or use drugs beforehand?

Yes 1
No 2

90. The last time you had sexual intercourse, would you say that you wanted to become pregnant or get the other person pregnant?

Read categories

Yes 1
No 2
Didn't care 3
Didn't think about it 4

91. How many times have you been pregnant or gotten someone pregnant?

_____ Times

Don't know 98

92. Are you pregnant now, or is someone pregnant with your child now?

Yes 1
No 2
Don't know 98

93. How many children have you ever given birth to or fathered? Please count only live births and do not count current pregnancy.

_____ Number

Don't know 98

94. Do either of your biological parents or adoptive parents live outside of your home?

Yes 1
No 2] → END INTERVIEW
Biological parent or parents
not living 3] → END INTERVIEW

95. In what month and year did you last have contact of any kind including letters, phone calls, or face to face contact with your outside parent?

_____ Month 19 _____ Year

Never had contact 96] → END INTERVIEW

96. How often do you talk to your parent who lives outside your home on the phone?

Read categories

- Never 1
- Once or twice a year 2
- Several times a year, but less than once a month 3
- Once or twice a month 4
- Once a week 5
- Several times a week 6
- Everyday or almost everyday 7

97. How often do you get a card or letter from your outside parent?

Read categories

- Never 1
- Once or twice a year 2
- Several times a year, but less than once a month 3
- Once or twice a month 4
- Once a week 5
- Several times a week 6
- Everyday or almost everyday 7

98. How often do you see your outside parent?

Read categories

- Never 1
- Once or twice a year 2]→ **About how many days per year?** _____ Days
- Several times a year, but less than once a month 3]→ **About how many days per year?** _____ Days
- Once or twice a month 4
- Once a week 5
- Several times a week 6
- Everyday or almost everyday 7

99. How often do you stay overnight with your outside parent?

Read categories

- Never 1
- Once or twice a year 2]→ **About how many days per year?** _____ Days
- Several times a year, but less than once a month 3]→ **About how many days per year?** _____ Days
- Once or twice a month 4
- Once a week 5
- Several times a week 6
- Everyday or almost everyday 7

100. Thinking about your outside parent, please indicate how strongly you agree or disagree with the following statements.

I think highly of my outside parent.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

101. My outside parent is a person that I respect.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

102. I really enjoy spending time with my outside parent.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

103. I can count on my outside parent to keep promises.

Read categories

- Strongly disagree 1
- Disagree 2
- I'm in the middle 3
- Agree 4
- Strongly agree 5

104. Thinking about your outside parent, please tell me how often your outside parent did the following things during the past 12 months.

How often did your outside parent:

Help you with things that are important to you?

Read categories

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

105. Blame you for his or her problems?

Read categories

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

106. Spend time just talking to you?

Read categories

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

107. Show that he or she really cares about you?

Read categories

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

Thank you for participating in this survey.

Please place your answer booklet in the envelope provided and give it to the Census Bureau Field Representative.