

SID \_\_\_\_\_

# The National Survey of American Life: Coping with Stress in the 21<sup>st</sup> Century.

Adolescent Study:  
Parent Questionnaire  
Short Version

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## INSTRUCTIONS

For the following questions, please think about your child who participated in the National Survey of American Life: Adolescent Interview. Do your best to answer the questions as best you can. Sometimes your answer to a question may not exactly fit the categories we give. In that case, please choose the one that is **closest** to the way you feel. Please do not pay any attention to the way the questions are numbered. The questions are numbered to make it easier for us.

Most of the following questions have numbered responses. Respond by **CIRCLING THE NUMBER** of your choice. For example, if the adolescent gets "C's" in school, respond as shown below:

- X2. What sort of grades did he/she get in his/her last full year at school?
1. A's
  2. B's
  3. C's
  4. D's
  5. Failing Grades

If you don't know the answer, put a question mark to the right of the answers, as shown below:

- X2. What sort of grades did he/she get in his/her last full year at school?
1. A's
  2. B's
  3. C's
  4. D's
  5. Failing Grades

If you want to change your answer, put an "X" through the wrong answer and circle the correct one. For example, if you want to change your answer from "C's" to "B's", make the correction as shown below:

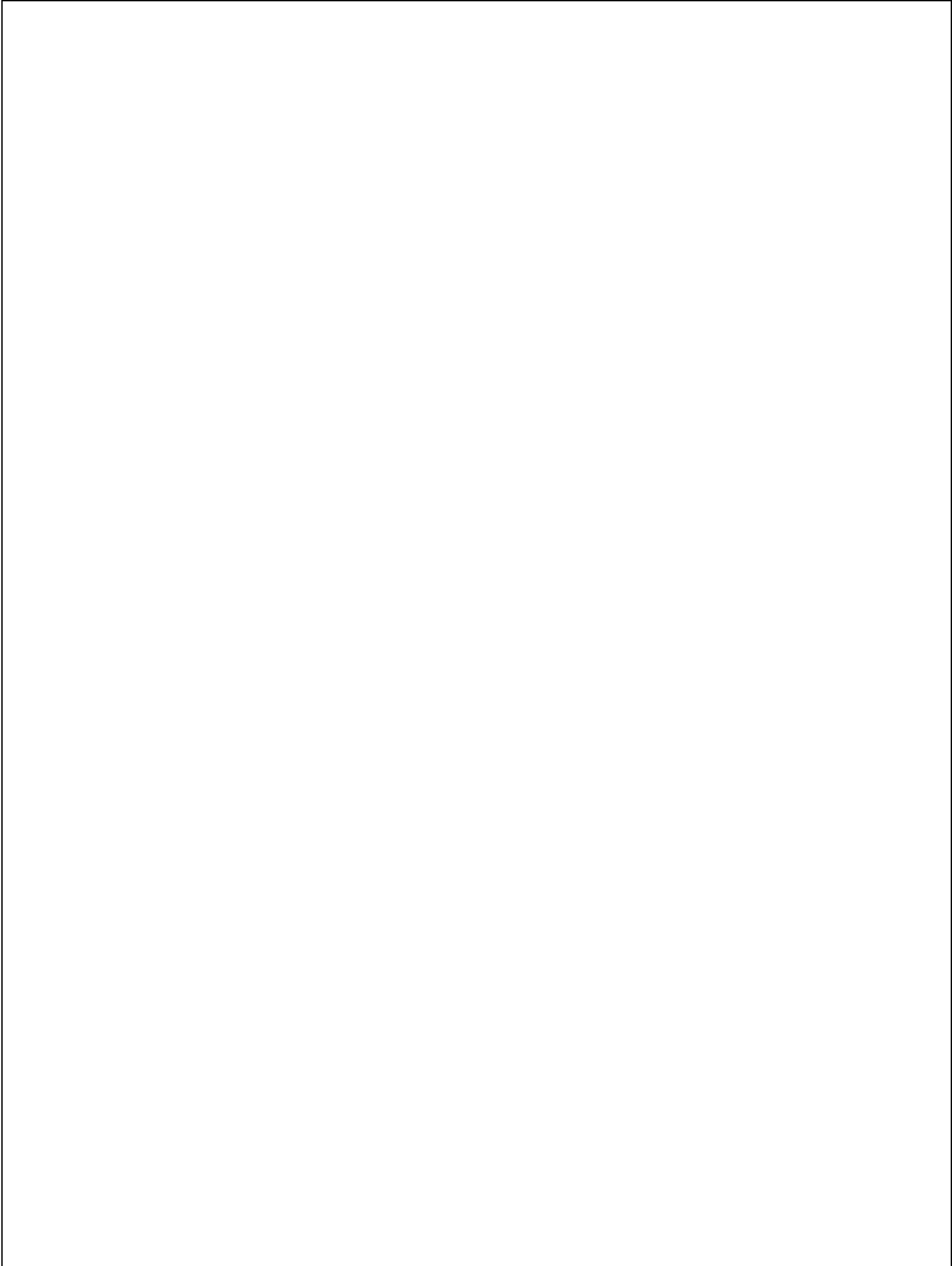
- X2. What sort of grades did he/she get in his/her last full year at school?
1. A's
  2. B's
  3. C's
  4. D's
  5. Failing Grades

Some questions in the booklet ask you to fill in numbers or to provide brief written descriptions. Please fill these out as clearly as you can.

There are no right or wrong answers. Your responses are completely confidential. Please answer as you really feel. If you have any questions, or if you would like help in filling out the questionnaire, please call the interviewer:

\_\_\_\_\_  
Name of Interviewer

\_\_\_\_\_  
Telephone Number



A1. Is the adolescent who participated in the study a U.S. citizen?

- 1. Yes
- 5. No

A2. How many of his/her biological parents were born in the U.S.?

\_\_\_\_\_ NUMBER

A3. How many of his/her biological grandparents were born in the U.S.?

\_\_\_\_\_ NUMBER

A4. While growing up, how many years did he/she live ....

**NUMBER OF YEARS**

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- a. ...with his/her biological father? \_\_\_\_\_
- b. ...with some other male head of household? \_\_\_\_\_
- c. ...without any male head of household? \_\_\_\_\_
- d. ...with his/her biological mother? \_\_\_\_\_
- e. ...with some other female head of household? \_\_\_\_\_
- f. ...without any female head of household? \_\_\_\_\_

A5. How much time did he/she ever live in each of the following settings? **(Please enter both year and months. For example, a year and a half should be entered as “1” year and “6” months.)**

	YEARS	MONTHS
a. A foster home	_____	_____
b. A boarding school	_____	_____
c. A juvenile corrections facility	_____	_____
d. A Homeless shelter or homeless	_____	_____

A6. How long has he/she lived in this neighborhood? **(If less than one year, enter “0”.)**

\_\_\_\_\_ NUMBER OF YEARS

A7. How true is each of the following statements about this neighborhood?

	VERY TRUE	SOME- WHAT TRUE	NOT VERY TRUE	NOT AT ALL TRUE
a. I feel safe being out alone in my neighborhood at night.	1	2	3	4
b. I have neighbors who would help me if I had an emergency.	1	2	3	4
c. People in my neighborhood look out for each other.	1	2	3	4
d. People often get mugged or attacked in my neighborhood.	1	2	3	4

A8. How much of a problem is the selling and use of drugs in your neighborhood?

1. Very serious
2. Fairly serious
3. Not too serious
4. Not serious at all

B1. How many different schools has this child ever attended since first grade?

\_\_\_\_\_ SCHOOLS

B2. How many years did he/she stay back or repeat a grade in school? **(If never stayed back or repeated a grade, enter "0".)**

\_\_\_\_\_ YEARS

B3. How many times was he/she ever suspended from school for a day or longer? **(If none, enter "0".)**

\_\_\_\_\_ TIMES

B4. What was the last grade in school he/she completed?

\_\_\_\_\_ GRADE

B5. Is he/she still attending school?

1. Yes, full time
2. Yes, part-time
5. No

B6. What sort of grades did he/she get in his/her last full year at school?

1. A's
2. B's
3. C's
4. D's
5. Failing Grades

B7. How far do/did you expect him/her to go in school?

1. Not graduate high school
2. High school graduation
3. Technical, trade or vocational school (above high school level)
4. Community college/apprenticeship program
5. University degree
6. Graduate/professional degree

B8. Did this child ever receive any of the following special school services?

	YES	NO
a. Special class for children with learning problems?	1	5
b. Special class for gifted children?	1	5
c. Special class for children with behavioral problems?	1	5
d. Special class for children with emotional problems?	1	5
e. Special school for children with problems that cannot be handled by the regular school?	1	5
f. <u>Group</u> psychological counseling or therapy delivered in school?	1	5
g. <u>Individual</u> psychological counseling or therapy delivered in school?	1	5

B9. How many hours per day outside of school does the adolescent usually spend doing the following?

	NONE	ONE OR LESS	TWO	THREE TO FOUR	FIVE OR MORE
a) Homework?	1	2	3	4	5
b) Taking part in an after school academic program?	1	2	3	4	5
c) Participating in sports, athletics or exercise?	1	2	3	4	5
d) Taking part in an after school non-academic program?	1	2	3	4	5



C1. Has he/she ever had any of the following problems? (For each problem answered “YES”, please answer the additional question to the right about his/her age.)

How old was he/she when the problem first began?

	YES	NO	YEARS OLD
a. Learning disability	1	5	_____
b. Serious hearing, vision, or speech problem	1	5	_____
c. Persistent nightmares	1	5	_____
d. Allergies or hay fever	1	5	_____
e. Asthma	1	5	_____
f. Developmental disorders (such as autism, Asperger’s, or pervasive developmental disorder)	1	5	_____
g. Epilepsy or seizures	1	5	_____
h. Heart problems	1	5	_____
i. Severe acne	1	5	_____
j. Serious stomach trouble (such as gastritis, ulcers)	1	5	_____
k. Venereal disease (such as genital herpes, gonorrhea)	1	5	_____
l. Any other life-threatening or serious illness? (If YES, please describe.)	1	5	_____

\_\_\_\_\_  
 \_\_\_\_\_

C2. How would you rate his/her overall physical health at the present time?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

C3. How would you rate the overall condition of his/her teeth, gums, and mouth at the present time?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

C4. How would you rate his/her overall mental health at the present time?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

C5. Does he/she have a medical doctor who he/she sees regularly?

1. Yes
2. No

C6. In the past year, has he/she been to any of these places for health care?

	<b>Yes</b>	<b>No</b>
a. A hospital clinic?	1	5
b. The local public health department?	1	5
c. Planned Parenthood or Family Planning Clinic?	1	5
d. A private doctor's office?	1	5
e. An emergency room?	1	5
f. A community mental health center?	1	5
g. Another kind of health care clinic or office? (SPECIFY):	1	5

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D1. Before the age of 7, was there ever a time lasting six months or longer when he/she often had any of the following problems? (If any of these problems only started after age 7, answer “NO”.)

	YES	NO
a. Often lost things like homework or books .....	1	5
b. Often had trouble paying attention to details or made a lot of careless mistakes in homework, work, or other activities .....	1	5
c. Often forgot what he/she was supposed to be doing .....	1	5
d. People often said that he/she did not seem to be listening to them.	1	5
e. Quickly lost interest in games or in work .....	1	5
f. Was unable to keep his/her mind on what he/she was doing if things were going on nearby .....	1	5
g. Disliked, stayed away from, or put off doing things that needed a lot of concentration .....	1	5
h. Got confused when he/she had to make plans or decide the order in which to do things .....	1	5
i. Often did not finish chores, homework or other work even when he/she meant to get them done and knew how to do them .....	1	5

**DIRECTIONS:** If you answered “YES” to any of the questions above, continue with question D2. Otherwise, go to question E1 on page 10.

D2. About how old was he/she when he/she first started having attention or concentration problems?

\_\_\_\_\_ YEARS OLD

D3. About how many years altogether did he/she have attention or concentration problems?

\_\_\_\_\_ NUMBER OF YEARS

D4. When did he/she most recently have attention or concentration problems?

1. In the past month
2. 1 to 6 months ago
3. 7 to 12 months ago
4. More than 12 months ago

D5. When at their worst, how much did his/her attention or concentration problem ever cause difficulties in each of the following areas?

	NOT AT ALL	A LITTLE	SOME	A LOT	EXTREMELY
a. Home life?.....	1	2	3	4	5
b. Friendships? .....	1	2	3	4	5
c. School or work? .....	1	2	3	4	5

D6. During the past 12 months, how much did his/her attention or concentration problems cause difficulties in each of the following areas?

	NOT AT ALL	A LITTLE	SOME	A LOT	EXTREMELY
a. Home life? .....	1	2	3	4	5
b. Friendships?.....	1	2	3	4	5
c. School or work?.....	1	2	3	4	5

D7. How many teachers or other adults ever told you that he/she had attention or concentration problems?

\_\_\_\_\_ NUMBER

D8. How many teachers or other adults ever encouraged you to see a doctor or other professional about his/her attention or concentration problems?

\_\_\_\_\_ NUMBER

	<u>YES</u>	<u>NO</u>
D9. Did he/she receive professional treatment for attention or concentration problems at any time <u>in the past 12 months</u> ?	1	5
D10. Was he/she prescribed medication for attention or concentration problems at any time <u>in the past 12 months</u> ?	1	5
a. (IF YES) Which medications?		
_____		
_____		
D11. Did he/she <u>ever</u> receive professional treatment for his/her attention or concentration problems?	1	5
D12. Was he/she <u>ever</u> prescribed medication for attention or concentration problems?	1	5
a. (IF YES) Which medications?		
_____		
_____		

E1. Before the age of 7, did this adolescent ever have a time lasting six months or longer when he/she often had any of the following problems with restlessness or impatience? **(If any of these problems only started after age 7, answer “NO”.)**

	YES	NO
a. Often was very active when not supposed to be – for example, climbing on things or running around even after being asked to keep still? .....	1	5
b. Often was very restless and could not sit still? .....	1	5
c. Often was on the go taking little time to rest? .....	1	5
d. Had trouble playing quietly or doing quiet activities like reading or being read to for more than a few minutes at a time? .....	1	5
e. Usually fidgeted or squirmed a lot when sitting down? .....	1	5
f. Often got up from his/her seat when not supposed to – like at dinner, at school or at religious services? .....	1	5
g. Talked a lot more than other kids his/her age? .....	1	5
h. Often blurted out answers before someone could finish asking the question? .....	1	5
i. Often interrupted people or abruptly joined other people’s conversations without being asked? .....	1	5
j. Often tried to join games or other activities that were already happening? ...	1	5
k. Had a lot of trouble waiting his/her turn? .....	1	5

**DIRECTIONS: If you said “YES” to any of the questions above, continue with question E2. Otherwise, go to question F1 on page 13.**

E2. About how old was he/she when he/she first started having problems with restlessness or impatience?

\_\_\_\_\_ YEARS OLD

E3. About how many years altogether did he/she have problems with restlessness or impatience?

\_\_\_\_\_ NUMBER OF YEARS

E4. When did he/she most recently have problems with restlessness or impatience?

1. In the past month
2. 1 to 6 months ago
3. 7 to 12 months ago
4. More than 12 months ago

E5. When at their worst, how much did his/her problems with restlessness or impatience ever cause difficulties in each of the following areas?

	NOT AT ALL	A LITTLE	SOME	A LOT	EXTREMELY
a. Home life? .....	1	2	3	4	5
b. Friendships?.....	1	2	3	4	5
c. School or work?.....	1	2	3	4	5

E6. During the past 12 months, how much did his/her problems with restlessness or impatience cause difficulties in each of the following areas?

	NOT AT ALL	A LITTLE	SOME	A LOT	EXTREMELY
a. Home life? .....	1	2	3	4	5
b. Friendships? .....	1	2	3	4	5
c. School or work? .....	1	2	3	4	5

E7. How many teachers or other adults ever told you that he/she had problems with restlessness or impatience?

\_\_\_\_\_ NUMBER

E8. How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about his/her problems with restlessness or impatience?

\_\_\_\_\_ NUMBER

	<u>YES</u>	<u>NO</u>
E9. Did he/she receive professional treatment for problems with restlessness or impatience at any time <u>in the past 12 months</u> ?	1	5
E10. Was he/she prescribed medication for problems with restlessness or impatience at any time <u>in the past 12 months</u> ?	1	5

a. (IF YES) Which medications?

\_\_\_\_\_  
\_\_\_\_\_

E11. Did he/she ever receive professional treatment for problems with restlessness or impatience?

1 5

E12. Was he/she ever prescribed medication for problems with restlessness or impatience?

1 5

a. (IF YES) Which medications?

\_\_\_\_\_  
\_\_\_\_\_



F1. Has this adolescent ever had times of low mood lasting two weeks or longer when most of the day, nearly every day, he/she felt either sad, depressed, discouraged, or unable to enjoy the things he/she usually enjoys?

- 1. Yes
- 5. No

**DIRECTIONS: If you answered “YES” to F1, continue with question F2. Otherwise, go to question G1 on page 16.**

F2. Think about times lasting two weeks or longer when his/her low mood was worst. During those times, did he/she have any of the following problems most of the day, nearly every day?

	<u>YES</u>	<u>NO</u>
a. A much <u>smaller</u> or a much <u>larger</u> appetite than usual?	1	5
b. A lot more trouble than usual either falling asleep, staying asleep, waking too early, or sleeping a lot more nearly every night?	1	5
c. A lot more restless than usual?	1	5
d. Much less energy than usual?	1	5
e. A lot more trouble concentrating, thinking, or making decisions than usual?	1	5
f. Feeling no good, worthless, or guilty about things that weren't his/her fault?	1	5
g. Talking a lot about death or making a suicide attempt?	1	5

**DIRECTIONS: If you answered “YES” to any of the questions above, continue with question F3. Otherwise, go to question G1 on page 16.**

F3. About how old was he/she when he/she first had times lasting two weeks or longer when most of the time he/she was in a low mood and had some of the other problems in the F2 series above?

\_\_\_\_\_ YEARS OLD

F4. About how many years altogether did he/she have these times?

\_\_\_\_\_ NUMBER OF YEARS

F5. When did he/she most recently have a time of this sort that lasted two weeks or longer?

1. In the past month
2. 1 to 6 months ago
3. 7 to 12 months ago
4. More than 12 months ago

F6. How much did these times of low mood ever cause difficulties in each of the following areas?

	<b>NOT AT ALL</b>	<b>A LITTLE</b>	<b>SOME</b>	<b>A LOT</b>	<b>EXTREMELY</b>
a. Home life	1	2	3	4	5
b. Friendships	1	2	3	4	5
c. School or work	1	2	3	4	5

F7. During the past 12 months, how much did these times of low mood cause difficulties in each of the following areas?

	<b>NOT AT ALL</b>	<b>A LITTLE</b>	<b>SOME</b>	<b>A LOT</b>	<b>EXTREMELY</b>
a. Home life	1	2	3	4	5
b. Friendships	1	2	3	4	5
c. School or work	1	2	3	4	5

F8. How many teachers or other adults ever told you that he/she had problems with low mood?

\_\_\_\_\_ NUMBER

F9. How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about his/her low mood?

\_\_\_\_\_ NUMBER

	<u>YES</u>	<u>NO</u>
F10. Did he/she receive professional treatment for low mood at any time <u>in the past 12 months</u> ?	1	5

F11. Was he/she prescribed medication for low mood at any time <u>in the past 12 months</u> ?	1	5
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a. (IF YES) Which medications?

\_\_\_\_\_  
\_\_\_\_\_

F12. Did he/she <u>ever</u> receive professional treatment for low mood?	1	5
--	---	---

F13. Was he/she <u>ever</u> prescribed medication for low mood?	1	5
---	---	---

a. (IF YES) Which medications?

\_\_\_\_\_  
\_\_\_\_\_

G1. Some children get very upset or clingy when they are separated from their mother or other grown ups who look after them. Has this adolescent ever had a time lasting one month or longer, after the age of 5 years when he/she had any of the following problems with separation? **(If only at age 5 or younger, answer “NO”.)**

	YES	NO
a. Got very sad, worried, or upset when separated from a parent or parenting figure?	1	5
b. Often feared that something bad like an accident might happen to this person?	1	5
c. Often worried that something bad might happen to himself/herself that would prevent him/her from seeing this person?	1	5
d. Often worried that something else might happen to keep him/her from ever seeing this person again?	1	5
e. Often wanted to stay home from school or other places in order to stay near this person?	1	5
f. Often refused to go places if this person could not go with him/her?	1	5
g. Sometimes begged this person to stay or to take him/her with them when they had to leave for even a short period of time?	1	5
h. Often got sick to his/her stomach or had headaches if this person was going out or away from them?	1	5
i. After the age of five, had a month or longer when he/she did not want to go to sleep unless this person was near?	1	5
j. Refused to sleep away from home, like at a friend’s house?	1	5
k. Often had bad dreams about this person being hurt or something happening to separate him/her from this person?	1	5

**DIRECTIONS: If you answered “YES” to any of the questions above, continue with question G2. Otherwise, go to question H1 on page 20.**

G2. Think of times lasting one month or longer, after the age of 5, when these problems with separation were the worst. During those times, how often did this adolescent have worries about being apart from his/her parent or parenting figure?

1. Just about every day
2. Most days
3. About half the days
4. Less than half the days

G3. How severe was the emotional distress caused by these worries?

1. Mild
2. Moderate
3. Severe
4. Very severe

G4. How often did he/she feel so upset about being apart from his/her parent or parenting figure that nothing could cheer him/her up or calm him/her down?

1. Often
2. Sometimes
3. Not very often
4. Never

G5. How often did he/she feel so upset about being apart from his/her parent or parenting figure that he/she could not carry out his/her daily activities?

1. Often
2. Sometimes
3. Not very often
4. Never

G6. About how old was he/she the first time he/she had frequent problems with separation from a parent or parenting figure?

\_\_\_\_\_ YEARS OLD

G7. About how many different years did he/she have problems of this sort for a month or longer?

\_\_\_\_\_ YEARS

G8. When did he/she most recently have problems of this sort for a month or longer?

1. Within the past month
2. 1 to 6 months ago
3. 7 to 12 months ago
4. More than 12 months ago

G9. When at their worst, how much did his/her problems with separation cause difficulties in each of the following areas?

	<b>NOT AT ALL</b>	<b>A LITTLE</b>	<b>A LOT</b>	<b>SOME</b>	<b>EXTREMELY</b>
a. Home life?	1	2	3	4	5
b. Friendships?	1	2	3	4	5
c. School or work?	1	2	3	4	5

G10. In the past 12 months, how much did his/her problems with separation cause difficulties in each of the following areas?

	<b>NOT AT ALL</b>	<b>A LITTLE</b>	<b>A LOT</b>	<b>SOME</b>	<b>EXTREMELY</b>
a. Home life?	1	2	3	4	5
b. Friendships?	1	2	3	4	5
c. School or work?	1	2	3	4	5

G11. How many teachers or other adults ever told you that he/she had problems with separation?

\_\_\_\_\_ NUMBER

G12. How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about his/her problems with separation?

\_\_\_\_\_ NUMBER

	YES	NO
G13. Did he/she receive professional treatment for problems with separation at any time <u>in the past 12 months</u> ?	1	5
G14. Was he/she prescribed medication for problems with separation at any time <u>in the past 12 months</u> ?	1	5
a. (IF YES) Which medications?		
_____		
_____		
G15. Did he/she <u>ever</u> receive professional treatment for problems with separation?	1	5
G16. Was he/she <u>ever</u> prescribed medication for problems with separation?	1	5
a. (IF YES) Which medications?		
_____		
_____		

H1. Has this adolescent ever in his/her life had a time lasting six months or longer when he/she had any of the following problems with anger or disobedience?

	<u>YES</u>	<u>NO</u>
a. Often lost his/her temper?	1	5
b. Often argued with, or ‘talked back’ to adults?	1	5
c. Often disobeyed rules at home, school, or work?	1	5
d. Often refused to follow directions from adults like parents, teachers or bosses?	1	5
<hr/>		
e. Was angry a lot of the time?	1	5
f. Often felt he/she was being taken advantage of or being treated unfairly?	1	5
g. Annoyed people on purpose by doing or saying things just to bother them?	1	5
h. Blamed others for own mistakes or bad behavior?	1	5
<hr/>		
i. Did mean things to pay people back for things they did that he/she did not like?	1	5
j. Got mad easily at the way he/she was treated by others?	1	5
k. Was easily annoyed by others?	1	5

**DIRECTIONS: If you answered “YES” to any of the questions above, continue with question H2. Otherwise, go to question I1 on page 23.**

H2. About how old was he/she when he/she first started having problems with anger or disobedience?

\_\_\_\_\_ YEARS OLD

H3. About how many years altogether did he/she have problems with anger or disobedience?

\_\_\_\_\_ NUMBER OF YEARS



H4. When did he/she most recently have problems with anger or disobedience?

1. In the past month
2. 1 to 6 months ago
3. 7 to 12 months ago
4. More than 12 months ago

H5. When at their worst, how much did his/her problems with anger or disobedience cause difficulties in each of the following areas?

	<b>NOT AT ALL</b>	<b>A LITTLE</b>	<b>SOME</b>	<b>A LOT</b>	<b>EXTREMELY</b>
a. Home life?.....	1	2	3	4	5
b. Friendships?.....	1	2	3	4	5
c. School or work?.....	1	2	3	4	5

H6. During the past 12 months, how much did his/her problems with anger or disobedience cause difficulties in each of the following areas?

	<b>NOT AT ALL</b>	<b>A LITTLE</b>	<b>SOME</b>	<b>A LOT</b>	<b>EXTREMELY</b>
a. Home life?.....	1	2	3	4	5
b. Friendships?.....	1	2	3	4	5
c. School or work?.....	1	2	3	4	5

H7. How many teachers or other adults ever told you that he/she had problems with anger or disobedience?

\_\_\_\_\_ NUMBER

H8. How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about his/her problems with anger or disobedience?

\_\_\_\_\_ NUMBER

	<u>YES</u>	<u>NO</u>
H9. Did he/she receive professional treatment for problems with anger or disobedience at any time <u>in the past 12 months</u> ?	1	5

H10. Was he/she prescribed medication for problems with anger or disobedience at any time <u>in the past 12 months</u> ?	1	5
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a. (IF YES) Which medications?

\_\_\_\_\_  
\_\_\_\_\_

H11. Did he/she <u>ever</u> receive professional treatment for problems with anger or disobedience?	1	5
---	---	---

H12. Was he/she <u>ever</u> prescribed medication for problems with anger or disobedience?	1	5
--	---	---

a. (IF YES) Which medications?

\_\_\_\_\_  
\_\_\_\_\_

I1. What is your relationship to this adolescent? Are you his/her...

- |                         |                                       |
|-------------------------|---------------------------------------|
| 1. ...Biological Mother | 8. ...Foster Father                   |
| 2. ...Biological Father | 9. ...Grandmother                     |
| 3. ...Step Mother       | 10. ...Grandfather                    |
| 4. ...Step Father       | 11. ...Guardian Not Related           |
| 5. ...Adoptive Mother   | 12. ...Other <b>(Please Describe)</b> |
| 6. ...Adoptive Father   |                                       |
| 7. ...Foster Mother     |                                       |
- 

I2. How emotionally close were you with the adolescent while he/she was growing up?

1. Very close
2. Somewhat close
3. Not very close
4. Not close at all

I3. For the next questions, please think about your relationship with the adolescent while he/she was growing up.

		A LOT	SOME	A LITTLE	NOT AT ALL
a.	How much love and affection did you give him/her?	1	2	3	4
b.	How much did you really care about him/her?	1	2	3	4
c.	How much did you understand his/her problems and worries?	1	2	3	4
d.	How much could he/she open up and talk to you about things that were bothering him/her?	1	2	3	4
e.	How much did you stop him/her from doing the things that other kids his/her age were allowed to do?	1	2	3	4
f.	How strict were you with your rules for him/her?	1	2	3	4
g.	How much did you expect him/her to do his/her best in everything?	1	2	3	4
h.	How overprotective were you?	1	2	3	4

14. How much tension or conflict did you have in your relationship with the adolescent while he/she was growing up?

- 1. A lot
- 2. Some
- 3. A little
- 4. None
- 8. Don't know

15. How much effort did you put into making sure the adolescent had a good upbringing?

- 1. A lot
- 2. Some
- 3. A little
- 4. None
- 8. Don't know

16. How old was this adolescent when he/she was first allowed to go out in the neighborhood on his/her own without supervision from a parent or older brother or sister? **(If he/she is still not allowed to go out on his/her own, enter "99", and then go to question 18.)**

\_\_\_\_\_ YEARS OLD

17. Think about how closely you controlled the adolescent going out at the age of 11. (If he/she was not allowed out until a later age, think of the age when he/she was first allowed to go out without supervision.) At that time...

	ALL THE TIME	MOST OF THE TIME	SOME TIMES	RARELY	NEVER
a. ...how often did you make him/her tell you before he/she went out?	1	2	3	4	5
b. ...how often did you know the people he/she went out with?	1	2	3	4	5
c. ...how often did you know how to find him/her if you needed to when he/she was out?	1	2	3	4	5

	ALL THE TIME	MOST OF THE TIME	SOME TIMES	RARELY	NEVER
d. ...how often did you have a set time when he/she had to be home on week nights?	1	2	3	4	5
e. ...how often did you have a set time when he/she had to be home on weekend nights?	1	2	3	4	5

18. How old was this adolescent when he/she was first allowed to stay home by him/herself without adult supervision or without someone older to take care of him/her? **(If he/she is still not allowed to stay at home without supervision, enter "99".)**

\_\_\_\_\_ YEARS OLD

19. Please indicate the extent to which you agree or disagree with the following statements about your relationship with the adolescent who was part of the study.

		STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a)	I feel that I can tell my son/daughter just about everything.	1	2	3	4	5
b)	I feel that my son/daughter and I can share our problems with each other.	1	2	3	4	5
c)	I feel that my son/daughter and I can share our feelings with each other.	1	2	3	4	5
d)	My son/daughter and I are much closer than most parents and sons/daughters.	1	2	3	4	5
e)	My son/daughter and I have a good relationship.	1	2	3	4	5
f)	My son/daughter is often critical of me.	1	2	3	4	5
g)	I sometimes fight or argue with my son/daughter.	1	2	3	4	5
h)	My relationship with my son/daughter sometimes makes me feel tense.	1	2	3	4	5
i)	<b>If your child is <u>not</u> a parent, skip to next question.</b>	1	2	3	4	5
	My son/daughter and I often disagree about raising the baby.					

J13. Is there another person in this household who shares responsibility with you for raising this adolescent?

1. Yes
5. No → **Skip to question L2 on page 32**

J14. What is that person's relationship to the adolescent?

- |                      |   |
|----------------------|---|
| 1. Biological Parent | 6. Grandfather                          |
| 2. Step Parent       | 7. Aunt                                 |
| 3. Adoptive Parent   | 8. Uncle                                |
| 4. Foster Parent     | 9. Other <b>(Please Describe)</b> _____ |
| 5. Grandmother       |   |

The next questions are about the health of the other person who has responsibility for raising the adolescent.

J15. During the years he/she has helped to raise the adolescent, how much have problems with this person's physical health interfered with his/her daily activities?

1. A lot
2. Some
3. A little
4. Not at all
8. Don't know

J16. How much of the time did this person smoke during the years he/she helped raise the adolescent?

1. All the time
2. Most of the time
3. Some of the time
4. A little
5. None of the time
8. Don't know

J17. During the years he/she has helped to raise the adolescent, how much did problems with this person's mental health interfere with his/her daily activities?

1. A lot
2. Some
3. A little
4. Not at all
8. Don't know

J18. How often did this person have times of being very sad or depressed?

1. All the time
2. Most of the time
3. Some of the time
4. Never
8. Don't know

J19. How often did this person have times of being very nervous, worried, or anxious?

1. All the time
2. Most of the time
3. Some of the time
4. Never
8. Don't know

J20. How often did this person have times of being very irritable, grumpy or in a bad mood?

1. All the time
2. Most of the time
3. Some of the time
4. Never
8. Don't know

J21. How often did this person have sudden attacks of fear or panic?

1. All the time
2. Most of the time
3. Some of the time
4. Never
8. Don't know



J22. How often did this person have attacks of anger when he/she lost control and either screamed, threw things, or hurt someone?

1. All the time
2. Most of the time
3. Some of the time
4. Never
8. Don't know

J23. How often did this person have problems with alcohol or drugs that interfered with his/her responsibilities at home or work?

1. All the time
2. Most of the time
3. Some of the time
4. Never
8. Don't know

J24. How often did this person act irresponsibly and impulsively, like having difficulty keeping jobs, paying bills, or honoring obligations?

1. All the time
2. Most of the time
3. Some of the time
4. Never
8. Don't know

J25. How often did this person get into trouble with the law or participate in illegal activities?

1. All the time
2. Most of the time
3. Some of the time
4. Never
8. Don't know

J26. Was this person ever arrested for a property crime, such as theft or vandalism?

1. Yes
5. No
8. Don't know

J27. Was this person ever arrested for a violent crime, such as assault or robbery?

1. Yes
5. No
8. Don't know

J28. Was this person ever arrested for any other type of crime?

1. Yes
5. No
8. Don't know

J29. How often did this person tell lies or con people?

1. All the time
2. Most of the time
3. Some of the time
4. Never
8. Don't know

J30. Did this person ever attempt to commit suicide?

1. Yes
5. No
8. Don't know

J31. Did this person ever see a professional for help with emotional problems?

1. Yes
5. No
8. Don't know

J32. How much education did this person complete?

1. Less than high school
2. High school graduate
3. Some college
4. College graduate
8. Don't know

- J33. During the years he/she has helped raise the adolescent, how much of the time was this person employed?
1. All the time
  2. Most of the time
  3. Some of the time
  4. None of the time
  8. Don't know
- J34. How important are religious beliefs in this person's life?
1. Very important
  2. Somewhat important
  3. Not very important
  4. Not at all important
  8. Don't know
- J35. How emotionally close has the adolescent been to this person during the years he/she was growing up?
1. Very close
  2. Somewhat close
  3. Not very close
  4. Not at all close
  8. Don't know
- J36. How closely does this person supervise the adolescent's behavior?
1. Very closely
  2. Somewhat closely
  3. Not very closely
  4. Not at all closely
  8. Don't know
- J37. How much tension or conflict do they have in their relationship?
1. A lot
  2. Some
  3. A little
  4. None
  8. Don't know
- J38. How much effort has this person put into making sure the adolescent had a good upbringing?
1. A lot
  2. Some
  3. A little
  4. None
  8. Don't know

L2. Please indicate how true each statement is about how you feel about your efforts in life.

	COMPLETELY TRUE	SOMEWHAT TRUE	SOMEWHAT FALSE	COMPLETELY FALSE
a) I've always felt that I could make of my life pretty much what I wanted to make of it.	1	2	3	4
b) Once I make up my mind to do something, I stay with it until the job is completely done.	1	2	3	4
c) I don't let my personal feelings get in the way of getting a job done.	1	2	3	4
d) It's important for me to be able to do things in the way I want to do them rather than in the way other people want me to do them.	1	2	3	4
e) Sometimes I feel that if anything is going to be done right, I have to do it myself.	1	2	3	4
f) I like doing things that other people thought could not be done.	1	2	3	4
g) I feel that I am the kind of individual who stands up for what he believes in, regardless of the consequences.	1	2	3	4
h) Hard work has really helped me to get ahead in life.	1	2	3	4
i) When things don't go the way I want them to, that just makes me work even harder.	1	2	3	4
j) It's not always easy, but I manage to find a way to do the things I really need to get done.	1	2	3	4
k) Very seldom have I been disappointed by the results of my hard work.	1	2	3	4
l) In the past, even when things got really tough, I never lost sight of my goals.	1	2	3	4

L4. The next series of questions asks about your feelings and thoughts during the last month. For each question, please indicate how often you felt or thought that way.

In the last month, how often have you...	NEVER	ALMOST NEVER	SOMETIMES	FAIRLY OFTEN	VERY OFTEN
a) ...been upset because of something that happened that you didn't expect?	1	2	3	4	5
b) ...felt that you were in control of your life?	1	2	3	4	5
c) ...felt nervous and stressed out?	1	2	3	4	5
d) ...dealt successfully with daily hassles?	1	2	3	4	5
e) ...felt that you were able to successfully handle the important changes occurring in your life?	1	2	3	4	5
f) ...felt able to handle your personal problems?	1	2	3	4	5
g) ...felt that things were going your way?	1	2	3	4	5
h) ...found that you could not deal with all the things that you had to do?	1	2	3	4	5
i) ...been able to control hassles in your life?	1	2	3	4	5
j) ...felt that you were on top of things?	1	2	3	4	5
k) ...gotten angry because of things that happened that were outside of your control?	1	2	3	4	5
l) ...found yourself thinking about things you need to do?	1	2	3	4	5
m) ...been able to control the way you spend your time?	1	2	3	4	5
n) ...felt that you had so many problems that you could not deal with them?	1	2	3	4	5

L5. How strongly you agree or disagree with these other statements about yourself?

	<b>STRONGLY AGREE</b>	<b>SOMEWHAT AGREE</b>	<b>SOMEWHAT DISAGREE</b>	<b>STRONGLY DISAGREE</b>
i) Other people determine most of what I can and cannot do.	1	2	3	4
j) What happens in my life is often beyond my control.	1	2	3	4
k) There are many things that interfere with what I want to do.	1	2	3	4
l) Whether or not I am able to get what I want is in my own hands.	1	2	3	4

M2. How often do you talk with the adolescent who is in this study about race or racism?

1. Very often
2. Fairly often
3. Sometimes
4. Rarely
5. Never

M3. Which of the following messages have you told this child to help him/her know what it means to be Black or to help him/her deal with people outside his/her race?

**(Check all that apply)**

- Race doesn't matter.
- With hard work you can achieve anything, regardless of your race.
- You should 'keep it real'.
- You should not trust White people.
- You should be proud to be Black.
- You should not trust Asian people.
- Hispanics and Blacks have a lot in common.
- Whites think they are better than Blacks.
- Sometimes you have to act White to get ahead.
- You will experience discrimination.

M4. Are there any other messages that you have told this child to help him/her know what it means to be Black or to help him/her deal with people outside his/her race?

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O17. How often do you talk with the child who is in this study about religion?

1. Very often
2. Fairly often
3. Sometimes
4. Rarely
5. Never

O18. What is the most important thing you have told him/her about religion?

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P1. How many times have you ever been... \_\_\_\_\_

**NUMBER OF TIMES**

a. ...married? \_\_\_\_\_

b. ...divorced? \_\_\_\_\_

c. ...widowed? \_\_\_\_\_

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P2. How old were you when you first got married? **(If you have never been married, enter "99".)**

\_\_\_\_\_ YEARS OLD

P3. What is your current marital status?

1. Married
2. Living with a partner
3. Separated
4. Widowed
5. Divorced
6. Never married

Q1. How many children have you given birth to/fathered? **Do not include stepchildren, adopted children, or foster children.**

\_\_\_\_\_NUMBER

Q2. How many living biological children do you have?

\_\_\_\_\_NUMBER

Q3. How many other children do you have, including stepchildren, adopted children, and others you helped to raise for at least five years?

\_\_\_\_\_NUMBER

Q4. How old were you when you had your first biological child? **(If never, enter "99".)**

\_\_\_\_\_YEARS OLD

Q5. Thank you for your participation. This is our last question. Is there anything else you would like to tell us about your son/daughter?

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This is the end. Thank you very much for participating.