

Completely satisfied

Very satisfied

Somewhat satisfied

Not very satisfied

Not at all satisfied

Less than once a month

At least once a month

Once a week

Several times a week

Almost every day

Every day

Organizations that help children and youth

Organizations that help senior citizens

Religious groups, including your place of worship

Environmental, recycling, or conservation groups

Organizations that help families in need of basic necessities

Hospitals and other organizations that promote health, care for the sick, or fight specific diseases

Organizations to bring about social change

Organizations that help animals, animal shelters, or animal rescues

Other

Less than once a month

At least once a month

Once a week

Several times a week

Almost every day

Every day

Every day

A few times a week

Once a week

Less than once a week

Never

Every day

A few times a week

Once a week

Less than once a week

Never

I did not attend school in the past 30 days

Every day

A few times a week

Once a week

Less than once a week

Never

I did not work in the past 30 days

In a home owned by you and/or your spouse/partner

In a home or room rented by you and/or your spouse/partner

In a home or room owned or rented by some other relative or friend

With your parents in their home

With your spouse/partner's parents in their home

In a home owned or rented by your parents or your spouse/partner's parents

In a college dorm or residence hall

In a college fraternity or sorority

At a military base or other work related housing

Other

Someone else is completely responsible for this

Responsibility is shared between me and someone else

I am completely responsible for this

Never

Once or twice

About once a week

2 or 3 times a week

Almost every day

Every day

1 2 3 4 5 6 7

Does not describe me at all

Describes me perfectly

Never

Rarely

Sometimes

Often

Almost always or always

Strongly disagree

Disagree

Agree

Strongly agree

Not at all

Several days

More than half the days

Nearly every day

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Not at all

Several days

More than half the days

Nearly every day

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Completely satisfied

Very satisfied

Somewhat satisfied

Not very satisfied

Not at all satisfied

Gay or lesbian

Straight, that is, not gay or lesbian

Bisexual

I use a different term

None

- A. Condom or female condom
- B. Withdrawal (pulling out)
- C. Fertility awareness based methods (Rhythm)
- D. Spermicide (foam, gel, jelly, cream, sponge or suppositories)
- E. Diaphragm (with or without gel)
- F. IUD (intrauterine device)
- G. Emergency contraception (Morning after pill, Plan B)
- H. Birth control pills
- J. Depo-Provera or injectables
- K. Norplant or implant
- L. Patch (Ortho Evra) or ring (Nuvaring)
- M. Cap (Femcap) or shield (Lea's shield)
- N. Vasectomy or tubal ligation
- P. Other

- A. I really didn't want it to happen at the time
- B. I had mixed feelings – part of me wanted it to happen at the time and part of me didn't
- C. I really wanted it to happen at the time

None

- A. Condom or female condom
- B. Withdrawal (pulling out)
- C. Fertility awareness based methods (Rhythm)
- D. Spermicide (foam, gel, jelly, cream, sponge or suppositories)
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- M. Cap (Femcap) or shield (Lea's shield)
- N. Vasectomy or tubal ligation
- P. Other

- A. Yes, a sexually transmitted disease
- B. Yes, HIV
- C. Yes, both
- D. No, neither

- A. Keep the baby
- B. Put the baby up for adoption
- C. Give the baby to a relative to raise
- D. Have an abortion

- A. Kept the baby
- B. Put the baby up for adoption
- C. Gave the baby to a relative to raise
- D. Had an abortion
- E. Had a miscarriage

Commute to work only

Work from home only

Both commute and work from home

More than half

About half

Less than half

The federal government

A state government

A local government

A private company

Other

All of the time

Most of the time

Some of the time

None of the time

Your employer decides

You decide

You and your employer decide together

Other

One day or less

2-6 days

1 week

2 weeks

3 weeks

4 or more weeks

Work a fixed schedule

Daytime

Some other schedule

An evening shift (2 p.m. – midnight)

A night shift (9 p.m. – 8 a.m.)

A rotating shift (sometimes days, evenings, or nights)

A split shift (two distinct periods a day)

An irregular schedule

Some other shift

All of it

About half of it

None of it

Something else

Never

Rarely

Sometimes

Often

Almost always or always

Checking with a public employment agency
Checking with a private employment agency
Checking with my current employer directly
Checking with my other employers directly
Checking with my friends or relatives
Placing or answering ads
Contacting school/university employment centers
Checking with union/professional registries
Sending out resumes/filled out applications
Attending job training programs/courses
Going on job interviews
Looking at ads or employers without applying
Using social media, e.g. Facebook, LinkedIn
Attending a career or job fair
Using online search engines, for example, Indeed.com
Other
Nothing

Believed that no work was available in desired area

Couldn't find any work

Lacked necessary schooling or training

Employers thought too young

Other types of discrimination

Was in school or training

Transportation problems

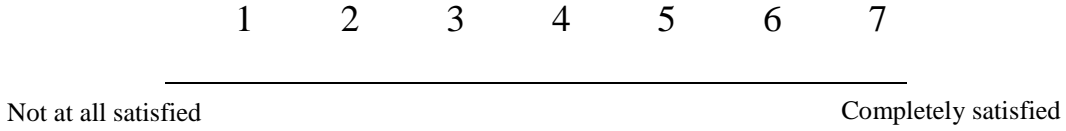
Family responsibilities

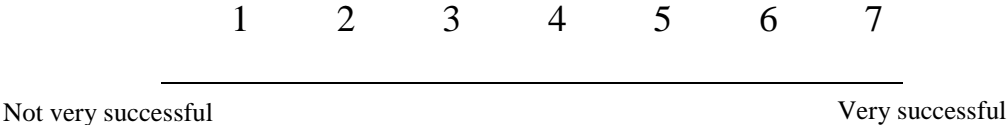
Couldn't arrange child care

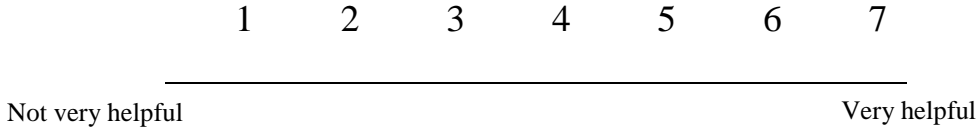
Disability

Retired

Other







Never

Rarely

Sometimes

Often

Almost always or always

Often true

Sometimes true

Never true

Federal student loan (e.g. Stafford or Perkins loans)

State student loan

Private student loan (e.g. Sallie Mae, CitiBank, Wells Fargo)

Other

Federal student loan (e.g. Stafford or Perkins loans)

State student loan

Private student loan (e.g. Sallie Mae, CitiBank, Wells Fargo)

Other student loan

Graduate from high school

Graduate from a two year community college

Earn a certificate or diploma from a school that provides occupation training (*This usually takes 2 years or less to complete, often leading to a license, such as cosmetology.*)

Attend a 4-year college

Graduate from a 4-year college

Get more than 4 years of college

Do something else

I have gone as far as I want to in school

Graduate from high school

Graduate from a two year community college

Earn a certificate or diploma from a school that provides occupation training (*This usually takes 2 years or less to complete, often leading to a license, such as cosmetology.*)

Attend a 4-year college

Graduate from a 4-year college

Get more than 4 years of college

Do something else

Federal, state, or local government

Community college

A vocational, technical, trade, or business school

Professional or trade association

Business or company

Other group or organization

To begin a career

To improve skills or knowledge in my current job

To advance in my current job

To change to a different job or career

Required by my employer/job

To start my own business

For personal interest

Other

The federal government

A state government

A local government

A private, non-government, for-profit company

A private, non-government, non-profit company, including tax-exempt and charitable

Other

The organization you're interning for

Your college, university or graduate school

Other

Yes, very related

Yes, somewhat related

No, not related

Specific job

Specific employer

Specific industry

Excellent

Very good

Good

Fair

Poor

Mild

Moderate

Severe

Very severe

A lot

Somewhat

Just a little

Not at all

Excellent

Very good

Good

Fair

Poor

Allergies, such as a food or digestive allergy, skin allergy or eczema, or a respiratory allergy

Stomach or abdominal problems, such as frequent stomach or abdominal pain or constipation

Obesity or overweight

Speech impairment or delay

Serious difficulty seeing that could not be corrected with standard glasses or contact lenses

Serious difficulty hearing or deafness

Chronic ear problems or infections

Frequent headaches or migraines

Orthopedic impairment or physical disability

A brain injury or concussion

Any other serious physical injury

Any other physical health condition

A lot

Somewhat

Just a little

Not at all

Depression

Anxiety problems, such as worrying too much or worrying more than other children

Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD or ADHD)

Any other learning disability

Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder

Any other developmental delay

Behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder

Alcohol problems

Drug problems

Any other psychological, developmental, or behavioral health condition

A lot

Somewhat

Just a little

Not at all

Frequently

Sometimes

Rarely

Never

Very underweight

Slightly underweight

About the right weight

Slightly overweight

Very overweight

Very physically fit

Above average physical fitness

Average physical fitness

Below average physical fitness

Not at all physically fit

Frequently

Sometimes

Rarely

Never

Very underweight

Slightly underweight

About the right weight

Slightly overweight

Very overweight

Very physically fit

Above average physical fitness

Average physical fitness

Below average physical fitness

Not at all physically fit

Frequently

Sometimes

Rarely

Never

Very underweight

Slightly underweight

About the right weight

Slightly overweight

Very overweight

Very physically fit

Above average physical fitness

Average physical fitness

Below average physical fitness

Not at all physically fit

All of your childhood

Most of your childhood

Some of your childhood

Only a little of your childhood

Often

Sometimes

Not very often

Never

Very

Somewhat

Not very

Not at all

A lot

Some

A little

Not at all

Often

Sometimes

Not very often

Never

Doctor's office or health center

Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store

Emergency room

VA Medical Center or VA outpatient clinic

Some other place

Do not go to the same place most often

A doctor or nurse who treats only children, teenagers or young adults

A doctor or nurse who treats only adults

A doctor or nurse who treats patients of all ages

A parent or caregiver is completely responsible for this

Responsibility is shared between me and a parent or caregiver

I am completely responsible for this

Health insurance through your or someone else's current or former employer

Health insurance purchased privately

Medicare

Medi-Gap/Supplemental

Medicaid

Military Health Care/TRICARE (Active duty)

TRICARE/CHAMPUS/CHAMPVA (Dependents, Veterans)

Indian Health Insurance

Other state-sponsored plan (not Medicaid)

Other government program

Veterans Administration (VA)

Other

All of the time

Most of the time

Some of the time

A little of the time

None of the time

A lot

Some

A little

Not at all

0 occasions

1-2 occasions

3-5 occasions

6-9 occasions

10-19 occasions

20-39 occasions

40 or more occasions

Did not drink in the last year

Less than once a month

About once a month

Several times a month

About once a week

Several times a week

Every day

- A. Marijuana or Hashish:** Marijuana or Hashish is usually smoked, either in joints, blunts, or a pipe. It can be cooked in food, made as tea, or vaped using a vape-pen, e-cigarette or e-hookah. Marijuana is sometimes called: weed, pot, or dope.
- B. Cocaine:** Cocaine has many forms such as powder, rock, free-base, and coca paste. It can be snorted, smoked, or injected. Sometimes called: coke, crack, powder, freebase, or coca paste.
- C. Heroin:** Heroin can have varied forms such as powder (white, off-white, brown) or solid (black). It can be snorted, smoked, or injected. Sometimes called: black tar, china white, DOA, dope, H, horse, junk, smack or thunder.
- D. Narcotics or Pain Relievers:** Prescribed by doctors to reduce symptoms of pain. These include: Methadone, Vicodin, Codeine, Suboxone, Fentanyl, Opium, Morphine, Demerol, Oxycodone, Hydrocodone (Lortab, Lorcet, Norco), OxyContin, Tylox, MS Contin, and Percocet. This does not include aspirin, Tylenol, Advil or Aleve.
- E. Diet Pills:** Prescribed by doctors to help people lose weight. Such as: Xenical, phentermine or others.
- F. Amphetamines or Stimulants:** Prescribed by doctors for people who have trouble paying attention, ADHD or ADD, or trouble staying awake. Such as: Dexedrine, Adderall, Ritalin, Vyvanse, Concerta, Methamphetamine or others. Sometimes called: uppers, speed, dexies, pep pills, meth or crystal meth.
- G. Steroids:** Prescribed by doctors to treat certain conditions. Used non-medically to enhance athletic performance or increase muscle development. Sometimes called: juice, roids or gym candy
- H. Barbiturates or Sedatives:** Prescribed by doctors to help people relax or get to sleep. Such as: Phenobarbital, Lunesta, Dalmane, Sonata, Ambien, Seconal, Restoril, Intermezzo, Halcion, Zolpimist or others. Sometimes called: downs or downers.
- I. Tranquilizers or Benzodiazepines:** Prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Such as: Xanax, Valium, Klonopin, Ativan, Serax, Soma, Librium or others. Sometimes called: benzos, roofies, rophies or nerve pills.
- J. Hallucinogens:** Have many forms such as tablet, capsule, powder, or blotter paper. Such as: mescaline, peyote, mushrooms or Psilocybin, ecstasy, LSD, or others. Sometimes called: X, shrooms, acid or special K.
- K. Inhalants:** Liquid, spray and gas vapors. Such as: glue, markers, helium, dust-off, or others. Inhalants do not include prescription inhalers. Sometimes called: whippets, poppers or huffing.
- L. None**
- M. All**

1-2 occasions

3-5 occasions

6-9 occasions

10-19 occasions

20-39 occasions

40 or more occasions

0 occasions

1-2 occasions

3-5 occasions

6-9 occasions

10-19 occasions

20-39 occasions

40 or more occasions

Hardly ever

Some of the time

Often

Never

Less than once a year

A few times a year

A few times a month

At least once a week

Almost every day

- A. Your race, ethnicity, national origins, or ancestry
- B. Your gender
- C. Your age
- D. Your height or weight
- E. Some other aspect of your physical appearance
- F. Your religion
- G. Your sexual orientation
- H. Your occupation
- I. Other

None (0%)

A few (25%)

About half (50%)

Most (75%)

All (100%)

Never

Once

2-3 times

4-6 times

7-10 times

11-20 times

21 or more times

Not at all important

Not very important

Somewhat important

Very important

Extremely important

White

Hispanic, Latino, or Spanish

Black or African American

Asian

American Indian or Alaskan Native

Middle Eastern or North African

Native Hawaiian or Other Pacific Islander

Some other race, ethnicity, or origin

Mexican or Mexican American

Puerto Rican

Cuban

Salvadoran

Dominican

Colombian

Other

Chinese

Filipino

Asian Indian

Japanese

Korean

Vietnamese

Other

Lebanese

Iranian

Egyptian

Syrian

Moroccan

Algerian

Other

Native Hawaiian

Samoaan

Chamorro

Tongan

Fijian

Marshallese

Other

Not at all important

Not very important

Somewhat important

Very important

Extremely important