

**Respondent #:**

**Date** \_\_\_\_\_

**Time Started** \_\_\_\_\_

**Interviewer** \_\_\_\_\_

**Boston Reentry Study  
Two-Month Interview  
Male Respondents**

## I. GENERAL SATISFACTION/ CONCERNS



We are interested in how you have been doing in the couple of months since our last interview.

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1. What's the best part about your life right now?

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- 99998 – DON'T KNOW
- 99995 – REFUSE

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2. What is most challenging in your life right now?

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- 99998 – DON'T KNOW
- 99995 – REFUSE

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3. Taken all together, how would you say things are these days? Would you say that you are very happy, pretty happy, or not too happy?

- 1 – Very happy
- 2 – Pretty happy
- 3 – Not too happy
- 99998 – DON'T KNOW
- 99995 – REFUSE



We'd like to know how satisfied you are with different areas of your life. For each of the following questions, please rate your satisfaction on this chart by choosing one of the following responses: (1) very satisfied, (2) satisfied, (3) not very satisfied, or (4) not at all satisfied.

**NOTE: Present Chart A to respondent.**

4.

How satisfied are you with...?	VERY SATISFIED	SATISFIED	NOT VERY SATISFIED	NOT AT ALL SATISFIED	NOT APPLICABLE	DON'T KNOW	REFUSED
Q a. your current friendships?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q b. your social acceptance after being released from prison?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q c. your family relationships?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q d. your relationships with your children [if applicable]?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q e. your current health status?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q f. your current housing situation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q g. your current employment situation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995



Now we'd like to know about any difficulties you may have encountered in the time since our last interview. For each of the following questions, please indicate your answer on this chart by choosing one of the following responses: (1) not at all difficult, (2) slightly difficult, (3) difficult, or (4) very difficult.

**NOTE: Present Chart B to respondent.**

**5.**

Since our last interview, how difficult has it been to...?	NOT AT ALL DIFFICULT	SLIGHTLY DIFFICULT	DIFFICULT	VERY DIFFICULT	NOT APPLICABLE	DON'T KNOW	REFUSED
Q a. Provide yourself with food?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q b. Have enough money to support yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q c. Stay alcohol-free?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q d. Stay drug-free?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q e. Stay away from criminal activity?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
Q f. Avoid a parole/probation violation [if applicable]?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99997	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995

## II. RELEASE INFORMATION/ SUPERVISION



I'd like to ask you some questions about your experiences with supervision since our last interview.

**INTERVIEWER CHECK: Check if respondent is under no supervision or on parole, probation or both. Adjust next question accordingly.**

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6. At our last interview, you told us that you were [under no supervision/on parole/on probation/on both]. Is your supervision status the same now?

- 0 – No
- 1 – Yes, still on parole → **SKIP to Q8**
- 2 – Yes, still on probation → **SKIP to Q8**
- 3 – Yes, still on both → **SKIP to Q8**
- 4 – Yes, still under no supervision → **SKIP to Q18**
- 99998 – DON'T KNOW
- 99995 – REFUSED

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7. What is your current supervision status?

- 0 – No supervision → **SKIP to Q18**
- 1 – On parole
- 2 – On probation
- 3 – On both parole and probation
- 99998 – DON'T KNOW
- 99995 – REFUSED

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8. At our last interview, you told us that the main conditions of your parole or probation were [insert conditions]. Have these conditions changed since our last interview?

- 0 – No → **SKIP to Q10**
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSE

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9. How have these conditions changed?

ENTER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSE

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10. How often do you report to your parole or probation officer?

- 0 – Less than once a month
- 1 – Once a month
- 2 – Every two weeks
- 3 – Once a week
- 4 – A few times a week
- 5 – At least once a day
- 99998 – DON'T KNOW
- 99995 – REFUSE

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11. When was your last contact with your parole or probation officer?

ENTER: \_\_\_\_\_

- 0 – Have not had any contact → **SKIP to Q16**
- 99998 – DON'T KNOW
- 99995 – REFUSE

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12. How long did this contact last?

ENTER: \_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSED

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13. What happened during your last contact with your parole or probation officer?

ENTER: \_\_\_\_\_

\_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSE

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14. During your last contact with your parole/probation officer, did you receive any information or help?

- 0 – No → **SKIP to Q16**
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSED

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15. What type of information or help did you receive?

ENTER: \_\_\_\_\_

\_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSE

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16. Overall, how helpful has your supervision been to you since your release?

**NOTE: Read response categories.**

- 0 – Not at all helpful
- 1 – Somewhat helpful
- 2 – Helpful
- 3 – Very helpful
- 99998 – DON'T KNOW
- 99995 – REFUSE

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17. Why or why not?

ENTER: \_\_\_\_\_

\_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSE

### III. FINANCIAL SUPPORT/ EMPLOYMENT

#### III.a. Employment/Jobs



Now I'll ask some questions about employment.

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18. Are you currently employed? This includes self-employment and under-the-table employment.

- 0 – NO
- 1 – YES → **SKIP to Q26**
- 99998 – DON'T KNOW
- 99995 – REFUSED

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19. What is the main reason you are not employed?

**NOTE: Wait for response. Check one.**

- 1 – Could not find a job
- 2 – There are no jobs available
- 3 – No one would hire you
- 4 – Too old to be working
- 5 – Currently have health problems or are disabled
- 6 – Do not want to work
- 7 – Do not have to work
- 8 – In school
- 9 – Have to take care of children
- 10 – Have to take care of an ailing family member
- 11 – Have been in a treatment program/home detention
- 12 – Job was temporary
- 13 – Criminal record (CORI)
- 14 – Got fired → **ASK:** Why? \_\_\_\_\_
- 15 – Quit → **ASK:** Why? \_\_\_\_\_
- 16 – Other → **SPECIFY:** \_\_\_\_\_
- 99998 – DON'T KNOW
- 99995 – REFUSED

**INTERVIEWER CHECK: If R answered “13 – Criminal Record,” ask the following two questions. If not, SKIP to Q22.**

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20. Have you applied for jobs where employers knew or found out about your criminal record?

- 0 – NO → **SKIP to Q22**
- 1 – YES
- 99998 – DON'T KNOW
- 99995 – REFUSED

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21. How did they find out?

- 1 – Asked before interview
- 2 – Asked at interview
- 3 – Did background check
- 4 – R volunteered the information
- 5 – Other [SPECIFY: \_\_\_\_\_ ]
- 99998 – DON'T KNOW
- 99995 – REFUSED

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22. Have you spent any time looking for a job since our last interview?

- 0 – NO → **SKIP to Q24**
- 1 – YES
- 99998 – DON'T KNOW
- 99995 – REFUSED

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23. How have you looked for work since our last interview?

**NOTE: Check all that apply. If R is unsure, probe with a few of the response categories.**

- 1 – Talked to friends
- 2 – Talked to relatives
- 3 – Talked to my parole/probation officer
- 4 – Talk to a former employer
- 5 – Used newspaper ads
- 6 – Used yellow pages
- 7 – Used a school placement officer
- 8 – Used a labor union
- 9 – Used a state employment agency
- 10 – Answered help-wanted signs
- 11 – Used a temporary employment agency
- 12 – Used a private employment service
- 13 – Walked in and apply
- 14 – Sent a resume or called an employer
- 15 – Online job application
- 16 – Online job database
- 17 – Other [SPECIFY: \_\_\_\_\_ ]
- 99998 – DON'T KNOW
- 99995 – REFUSED

**INTERVIEWER CHECK: SKIP TO Q25**

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24. Why haven't you looked for work since our last interview?

**NOTE: Check all that apply. If R is unsure, probe with a few of the response categories.**

- 1 – Too soon after release to look for work
- 2 – You are too old to be working
- 3 – You currently have health problems/ an injury
- 4 – You are permanently disabled
- 5 – You do not want to work
- 6 – You do not have to work
- 7 – You are in school/vocational training
- 8 – You have to take care of your children
- 9 – You have to take care of an ailing family member
- 10 – You have been in a treatment program/home detention
- 11 – OTHER → [SPECIFY: \_\_\_\_\_ ]
- 99998 – DON'T KNOW
- 99995 – REFUSED

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25. Have you held any jobs since our last interview? [When we say job, we mean any legitimate activity for which you have received income. This includes work that is off the books or self-employment. Please do not include drug sales or other illegal sources of income.]

- 0 – NO → **SKIP TO Q39**
- 1 – YES
- 99998 – DON'T KNOW
- 99995 – REFUSED



26. Please list all of the jobs that you have held since our last interview.

ENTER JOB(S): \_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSED

**INTERVIEWER CHECK:** Fill out the first row of the grid with the jobs that R has listed.

	Job 1:	Job 2:	Job 3:
27. Do you currently hold this job?	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → SKIP to Q29 <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → SKIP to Q29 <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → SKIP to Q29 <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
28. When did you hold this job?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
29. For how long have you worked / did you work at this job?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
30. Would you consider this your main job? By main job, we mean the job at which you work the most hours.	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE
31. Would you consider this a temporary job? (A temporary job is one that lasts for a limited time or until the completion of a project.)	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
32. How did you find this job? <b>[NOTE: Check all that apply.]</b>	<input type="checkbox"/> 1 – Talked to friends <input type="checkbox"/> 2 – Talked to relatives <input type="checkbox"/> 3 – Talked to your supervision officer <input type="checkbox"/> 4 – Used newspaper ads <input type="checkbox"/> 5 – Used a labor union <input type="checkbox"/> 6 – Used a state employment agency <input type="checkbox"/> 7 – Used a school placement officer <input type="checkbox"/> 8 – Answered help-wanted signs <input type="checkbox"/> 9 – Used yellow pages <input type="checkbox"/> 10 – Used a temporary employment agency <input type="checkbox"/> 11 – Used a private employment service <input type="checkbox"/> 12 – Went to a former employer <input type="checkbox"/> 13 – Walked in and applied <input type="checkbox"/> 14 – Sent a resume or called an employer <input type="checkbox"/> 15 – Referred from a	<input type="checkbox"/> 1 – Talked to friends <input type="checkbox"/> 2 – Talked to relatives <input type="checkbox"/> 3 – Talked to your supervision officer <input type="checkbox"/> 4 – Used newspaper ads <input type="checkbox"/> 5 – Used a labor union <input type="checkbox"/> 6 – Used a state employment agency <input type="checkbox"/> 7 – Used a school placement officer <input type="checkbox"/> 8 – Answered help-wanted signs <input type="checkbox"/> 9 – Used yellow pages <input type="checkbox"/> 10 – Used a temporary employment agency <input type="checkbox"/> 11 – Used a private employment service <input type="checkbox"/> 12 – Went to a former employer <input type="checkbox"/> 13 – Walked in and applied <input type="checkbox"/> 14 – Sent a resume or called an employer <input type="checkbox"/> 15 – Referred from a	<input type="checkbox"/> 1 – Talked to friends <input type="checkbox"/> 2 – Talked to relatives <input type="checkbox"/> 3 – Talked to your supervision officer <input type="checkbox"/> 4 – Used newspaper ads <input type="checkbox"/> 5 – Used a labor union <input type="checkbox"/> 6 – Used a state employment agency <input type="checkbox"/> 7 – Used a school placement officer <input type="checkbox"/> 8 – Answered help-wanted signs <input type="checkbox"/> 9 – Used yellow pages <input type="checkbox"/> 10 – Used a temporary employment agency <input type="checkbox"/> 11 – Used a private employment service <input type="checkbox"/> 12 – Went to a former employer <input type="checkbox"/> 13 – Walked in and applied <input type="checkbox"/> 14 – Sent a resume or called an employer <input type="checkbox"/> 15 – Referred from a

	Job 1:	Job 2:	Job 3:
	program: _____ <input type="checkbox"/> 16 - OTHER: _____ _____ ] <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	program: _____ <input type="checkbox"/> 16 - OTHER: _____ _____ ] <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	program: _____ <input type="checkbox"/> 16 - OTHER: _____ _____ ] <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED
33. What kind of work do/did you do at this job?	ENTER: _____ _____ _____ <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	ENTER: _____ _____ _____ <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	ENTER: _____ _____ _____ <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED
34. On average, how many hours per week do/did you work for pay on this job?	_____ HOURS PER WEEK <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	_____ HOURS PER WEEK <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	_____ HOURS PER WEEK <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED
35. How much money do/did you earn at this job, including tips or off the books pay? [NOTE: Only fill in one line, depending on how R responds. Make sure R includes tips if receiving them.]	\$ _____ PER HOUR \$ _____ PER DAY \$ _____ PER WEEK \$ _____ PER MONTH \$ _____ PER YEAR <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	\$ _____ PER HOUR \$ _____ PER DAY \$ _____ PER WEEK \$ _____ PER MONTH \$ _____ PER YEAR <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	\$ _____ PER HOUR \$ _____ PER DAY \$ _____ PER WEEK \$ _____ PER MONTH \$ _____ PER YEAR <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED
36. Are/were you paid in cash or by check for this job?	<input type="checkbox"/> 1 - Cash <input type="checkbox"/> 2 - Check <input type="checkbox"/> 2 - Both cash and check <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSE	<input type="checkbox"/> 1 - Cash <input type="checkbox"/> 2 - Check <input type="checkbox"/> 2 - Both cash and check <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSE	<input type="checkbox"/> 1 - Cash <input type="checkbox"/> 2 - Check <input type="checkbox"/> 2 - Both cash and check <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSE
37. Do/did you receive any of the following benefits for this job? [NOTE: Read response categories and check all that apply]	<input type="checkbox"/> 0 - No benefits <input type="checkbox"/> 1 - Health insurance <input type="checkbox"/> 2 - Retirement <input type="checkbox"/> 3 - Life insurance <input type="checkbox"/> 4 - Disability insurance <input type="checkbox"/> 5 - Holiday, vacation, or sick time <input type="checkbox"/> 6 - Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	<input type="checkbox"/> 0 - No benefits <input type="checkbox"/> 1 - Health insurance <input type="checkbox"/> 2 - Retirement <input type="checkbox"/> 3 - Life insurance <input type="checkbox"/> 4 - Disability insurance <input type="checkbox"/> 5 - Holiday, vacation, or sick time <input type="checkbox"/> 6 - Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	<input type="checkbox"/> 0 - No benefits <input type="checkbox"/> 1 - Health insurance <input type="checkbox"/> 2 - Retirement <input type="checkbox"/> 3 - Life insurance <input type="checkbox"/> 4 - Disability insurance <input type="checkbox"/> 5 - Holiday, vacation, or sick time <input type="checkbox"/> 6 - Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED
38. Are/were any taxes deducted from your wages? [NOTE: If yes, specify amount taken out each pay period.]	<input type="checkbox"/> 0 - NO <input type="checkbox"/> 1 - YES [AMOUNT: _____ ] <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	<input type="checkbox"/> 0 - NO <input type="checkbox"/> 1 - YES [AMOUNT: _____ ] <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED	<input type="checkbox"/> 0 - NO <input type="checkbox"/> 1 - YES [AMOUNT: _____ ] <input type="checkbox"/> 99998 - DON'T KNOW <input type="checkbox"/> 99995 - REFUSED

### III.b. Other Financial Support



Now I'm going to ask about some sources of financial support you might have had in the past month.

Q A: In the past month, have you received any money from...?		Q B: How much did you receive this past month?
39.	Unemployment, disability, or other benefits? → [SPECIFY: _____ ] <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → <b>ASK QB</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____
40.	Public assistance, including food stamps and public housing aid or vouchers? → [SPECIFY: _____ ] <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → <b>ASK QB</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____
41.	Partner, family or friends? [SPECIFY: _____ ] <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → <b>ASK QB</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____
42.	Other activities, such as drug sales, robbery, theft, or fraud? → [SPECIFY: _____ ] <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → <b>ASK QB</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____
43.	Any other source? → [SPECIFY: _____ ] <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → <b>ASK QB</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	\$ _____

### III.c. Financial Obligations



The next few questions ask about any financial obligations you might have had in the past month.

Q A: In the past month, were you expected to pay for...?	Q B: How much were you expected to pay in the past month?	Q C: How much did you pay in the past month?
44. Rent or mortgage? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → <b>ASK QB</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE <input type="checkbox"/> 99997 – N/A	\$ _____	\$ _____
45. Utilities? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → <b>ASK QB</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE <input type="checkbox"/> 99997 – N/A, no utilities	\$ _____	\$ _____
46. Cell phone? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → <b>ASK QB</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE <input type="checkbox"/> 99997 – N/A, no phone	\$ _____	\$ _____

Q A: In the past month, were you expected to pay for...?		Q B: How much were you expected to pay in the past month?	Q C: How much did you pay in the past month?
47. Food or groceries?	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE <input type="checkbox"/> 99997 – N/A	\$ _____	\$ _____
48. Child support?	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE <input type="checkbox"/> 99997 – N/A, no kids	\$ _____	\$ _____
49. Supervision fees?	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE <input type="checkbox"/> 99997 – N/A	\$ _____	\$ _____
50. Drug/alcohol testing fees?	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE <input type="checkbox"/> 99997 – N/A	\$ _____	\$ _____
51. Loans? [SPECIFY: _____ ]	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE <input type="checkbox"/> 99997 – N/A	\$ _____	\$ _____
52. Gas or other auto costs? [SPECIFY: _____ ]	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE <input type="checkbox"/> 99997 – N/A, no car	\$ _____	\$ _____
53. Any other financial obligations, such as medications, fines, or a gym fee? → [SPECIFY: _____ ]	<input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE <input type="checkbox"/> 99997 – N/A	\$ _____	\$ _____

### III.d. Weekly Consumption



Now I'm going to ask a few questions about additional money that you may have spent **in the past week**.

Q A: In the past week...?			
54.	...did you eat out at a restaurant or get take-out? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	Q B: How many times did you eat out?  ENTER NUMBER <input type="text"/>	Q C: How much did you pay yourself?  \$ _____
55.	...did you buy clothes for yourself? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	Q B: About how much did the clothes cost?  \$ _____	Q C: How much did you pay yourself?  \$ _____
56.	...did you buy any gifts for other people? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	Q B: About how much did the gift(s) cost?  \$ _____	Q C: How much did you pay yourself?  \$ _____
57.	...did you take public transportation? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	Q B: How many times did you take public transportation?  ENTER NUMBER <input type="text"/>	Q C: How much did you pay yourself?  \$ _____
58.	...did you take a taxi or gypsy cab? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	Q B: How many times did you take a taxi or gypsy cab?  ENTER NUMBER <input type="text"/>	Q C: How much did you pay yourself?  \$ _____
59.	...did you rent a car? <input type="checkbox"/> 0 – NO <input type="checkbox"/> 1 – YES → ASK QB <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSE	Q B: How many times did you rent a car?  ENTER NUMBER <input type="text"/>	Q C: How much did you pay yourself?  \$ _____
60.	...what was your largest expense? [SPECIFY: _____ _____ ]	Q B: How much was the expense?  \$ _____	Q C: How much did you pay yourself?  \$ _____

#### IV. DRUG AND ALCOHOL USE



The next questions are about your drug and alcohol use since our last interview. You can complete this section yourself. Please answer each question as accurately and honestly as you can. Remember, all the information you tell us will be kept strictly confidential. Please let me know when you have completed the form.

**NOTE: Present “Drug and Alcohol Use” form to respondent for self-completion.**

## V. HOUSEHOLD AND FAMILY

### V.a. Living Situation/Neighborhood



The next few questions are about your current living situation and neighborhood. We understand that you may find some of this information sensitive. We would like to remind you that your responses are confidential. This information remains with us and will not be shared with probation, parole, or any other authority.

---

61. What is your current address?

**NOTE: If R does not feel comfortable providing an exact address, ask for the intersection.**

Address or intersection: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSED

---

62. In the past month, in how many different places have you stayed?

- 1 – One
- 2 – Two
- 3 – Three
- 4 – More than three
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

63. In the past month, where have you stayed most nights?

**NOTE: Check one option. If R is unsure, probe with a few of the response categories. [For example, on the street? Your own place? A friend's place?]**

- 1 – Homeless / on the street
- 2 – Your own house or apartment
- 3 – Family member's house or apartment [SPECIFY: \_\_\_\_\_]
- 4 – Boyfriend/Girlfriend's house or apartment
- 5 – Female friend's house or apartment
- 6 – Male friend's house or apartment
- 7 – Other non-relative's house or apartment [SPECIFY: \_\_\_\_\_]
- 8 – Residential treatment facility / rehab facility
- 9 – Transitional housing or a halfway house
- 10 – A shelter or rooming house
- 11 – Hotel/motel
- 12 – No set place / moved around a lot
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

64. In the past month, have you slept at least one night in any of the following places?

**NOTE: Read response categories. Check all that apply.**

- 0 – No, I have not
- 1 – On the streets, abandoned building, car, park, or bench
- 2 – Encampment
- 3 – Church or Mission
- 4 – Emergency or transitional homeless shelter
- 5 – A hotel or motel
- 6 – A boarding or rooming house
- 7 – With friends or family
- 8 – Jail, police lockup or halfway house
- 9 – Hospital or nursing home
- 10 – Drug or alcohol treatment facility
- 11 – Mental health facility
- 12 – Any other temporary housing or institution? [SPECIFY: \_\_\_\_\_ ]
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

65. Where are you currently staying?

**NOTE: Check only one option.**

- 1 – Homeless / on the street → **SKIP TO Q69**
- 2 – Your own house or apartment
- 3 – Family member's house or apartment [SPECIFY: \_\_\_\_\_ ]
- 4 – Boyfriend/Girlfriend's house or apartment
- 5 – Female friend's house or apartment
- 6 – Male friend's house or apartment
- 7 – Other non-relative's house or apartment [SPECIFY: \_\_\_\_\_ ]
- 8 – Residential treatment facility / rehab facility → **SKIP TO Q69**
- 9 – Transitional housing or a halfway house → **SKIP TO Q69**
- 10 – A shelter or rooming house → **SKIP TO Q69**
- 11 – Hotel/motel → **SKIP TO Q69**
- 12 – No set place / moved around a lot → **SKIP TO Q69**
- 99998 – DON'T KNOW
- 99995 – REFUSED

### V.b. Household Grid



I would like to ask a few questions about your current household. A household may be an apartment or house in which you stay with family or friends. Please do not include shelters, treatment facilities, correctional facilities or halfway houses when you think about households.

---

66. Since your release from prison, when did you begin to stay in this household?

ENTER: \_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSED

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67. Not including yourself, how many people currently stay with you? Please include people who sleep in your home most nights.

ENTER NUMBER

- 99998 – DON'T KNOW
- 99995 – REFUSED



**INTERVIEWER INSTRUCTIONS:**



I'd like to make a list of these [NUMBER] people who currently live with you. Please tell me the first names of everyone who stays in your current household. Please do not include yourself. Initials are fine; I just need to have some way to refer to them.

**NOTE: Continue until you have finished collecting all names. If respondent lists more than three names, use the supplementary household grid sheets.**

**COMPLETE THE HOUSEHOLD GRID (Q68a- Q68e) FOR EACH PERSON LISTED.**

68.

<b>INTERVIEWER CHECK: Complete first row of table with names of household members that R has listed.</b>			
	PERSON 01: _____	PERSON 02: _____	PERSON 03: _____
Q a. Is [NAME] male or female?	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q b. How old is [NAME]?	ENTER NUMBER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q c. What is his/her relationship to you?	<input type="checkbox"/> 1 – Spouse <input type="checkbox"/> 2 – Boy/Girlfriend <input type="checkbox"/> 3 – R's Mother <input type="checkbox"/> 4 – R's Father <input type="checkbox"/> 5 – Parent-in-law <input type="checkbox"/> 6 – Biological child <input type="checkbox"/> 7 – Stepchild <input type="checkbox"/> 8 – Foster child <input type="checkbox"/> 9 – Brother/Sister <input type="checkbox"/> 10 – R's Grandparent <input type="checkbox"/> 11 – Aunt/Uncle <input type="checkbox"/> 12 – Cousin <input type="checkbox"/> 13 – Niece/Nephew <input type="checkbox"/> 14 – Grandchild <input type="checkbox"/> 15 – Female friend <input type="checkbox"/> 16 – Male friend <input type="checkbox"/> 17 – Other not-related adult <input type="checkbox"/> 18 – Not-related Child <input type="checkbox"/> 19 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Spouse <input type="checkbox"/> 2 – Boy/Girlfriend <input type="checkbox"/> 3 – R's Mother <input type="checkbox"/> 4 – R's Father <input type="checkbox"/> 5 – Parent-in-law <input type="checkbox"/> 6 – Biological child <input type="checkbox"/> 7 – Stepchild <input type="checkbox"/> 8 – Foster child <input type="checkbox"/> 9 – Brother/Sister <input type="checkbox"/> 10 – R's Grandparent <input type="checkbox"/> 11 – Aunt/Uncle <input type="checkbox"/> 12 – Cousin <input type="checkbox"/> 13 – Niece/Nephew <input type="checkbox"/> 14 – Grandchild <input type="checkbox"/> 15 – Female friend <input type="checkbox"/> 16 – Male friend <input type="checkbox"/> 17 – Other not-related adult <input type="checkbox"/> 18 – Not-related Child <input type="checkbox"/> 19 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Spouse <input type="checkbox"/> 2 – Boy/Girlfriend <input type="checkbox"/> 3 – R's Mother <input type="checkbox"/> 4 – R's Father <input type="checkbox"/> 5 – Parent-in-law <input type="checkbox"/> 6 – Biological child <input type="checkbox"/> 7 – Stepchild <input type="checkbox"/> 8 – Foster child <input type="checkbox"/> 9 – Brother/Sister <input type="checkbox"/> 10 – R's Grandparent <input type="checkbox"/> 11 – Aunt/Uncle <input type="checkbox"/> 12 – Cousin <input type="checkbox"/> 13 – Niece/Nephew <input type="checkbox"/> 14 – Grandchild <input type="checkbox"/> 15 – Female friend <input type="checkbox"/> 16 – Male friend <input type="checkbox"/> 17 – Other not-related adult <input type="checkbox"/> 18 – Not-related Child <input type="checkbox"/> 19 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q d. Did you stay with [NAME] right before you went to prison the most recent time?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q e. [If person is older than 16]: Is [NAME] currently working?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED

## V.c. Child/Partner Roster

**INTERVIEWER CHECK: If R had any biological or non-biological children at last interview, pre-populate child roster with names.**



Now we would like to ask you a few questions about your role as a father.

---

69. In our last interview, you mentioned that you have **[NUMBER]** biological children. Have you had any more biological children since our last interview?

- 0 – No → **SKIP TO Q71**
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

70. What is/are your newest child's/children's name(s)?

ENTER NAME(S): \_\_\_\_\_

---

71. In our last interview, you mentioned that you consider yourself a father figure to **[NUMBER]** children. Would you consider yourself a father figure to any other children that you are helping to raise?

- 0 – No → **SKIP TO Q73**
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

72. What is/are this/these child's/children's name(s)?

ENTER NAME(S): \_\_\_\_\_

**INTERVIEWER CHECK: If R does not have any children at all, SKIP TO Q74.**



We would like to ask you a few questions about your child(ren). The questions will ask about your **current** relationships with them and your contact with them **since being released**.

<b>INTERVIEWER CHECK: Complete first row of table with names of children that R has listed.</b>			
	CHILD 01: _____	CHILD 02: _____	CHILD 03: _____
<b>INTERVIEWER CHECK: For children that R spoke about in previous interviews, pre-populate Qa - Qc.</b>			
Q a. Is [NAME] male or female?	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q b. How old is [NAME]?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q c. What is [NAME]'s relationship to you?	<input type="checkbox"/> 1 – Biological child <input type="checkbox"/> 2 – Adopted child <input type="checkbox"/> 3 – Step child <input type="checkbox"/> 4 – Niece/nephew <input type="checkbox"/> 5 – Partner's child <input type="checkbox"/> 6 – Friend's child <input type="checkbox"/> 7 – Other (Specify: _____) <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Biological child <input type="checkbox"/> 2 – Adopted child <input type="checkbox"/> 3 – Step child <input type="checkbox"/> 4 – Niece/nephew <input type="checkbox"/> 5 – Partner's child <input type="checkbox"/> 6 – Friend's child <input type="checkbox"/> 7 – Other (Specify: _____) <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Biological child <input type="checkbox"/> 2 – Adopted child <input type="checkbox"/> 3 – Step child <input type="checkbox"/> 4 – Niece/nephew <input type="checkbox"/> 5 – Partner's child <input type="checkbox"/> 6 – Friend's child <input type="checkbox"/> 7 – Other (Specify: _____) <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q d. Is [NAME] currently living with you?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes → <b>Skip to Qg</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes → <b>Skip to Qg</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes → <b>Skip to Qg</b> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q e. Who does [NAME] live with?	<input type="checkbox"/> 1 – Child's mother <input type="checkbox"/> 2 – Child's father <input type="checkbox"/> 3 – Child's grandmother or grandfather <input type="checkbox"/> 4 – Other relative <input type="checkbox"/> 5 – R's boyfriend or girlfriend <input type="checkbox"/> 6 – R's friend <input type="checkbox"/> 7 – Child's friend <input type="checkbox"/> 8 – Foster home <input type="checkbox"/> 9 – Other agency or institution <input type="checkbox"/> 10 – Correctional facility <input type="checkbox"/> 11 – Alone <input type="checkbox"/> 12 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Child's mother <input type="checkbox"/> 2 – Child's father <input type="checkbox"/> 3 – Child's grandmother or grandfather <input type="checkbox"/> 4 – Other relative <input type="checkbox"/> 5 – R's boyfriend or girlfriend <input type="checkbox"/> 6 – R's friend <input type="checkbox"/> 7 – Child's friend <input type="checkbox"/> 8 – Foster home <input type="checkbox"/> 9 – Other agency or institution <input type="checkbox"/> 10 – Correctional facility <input type="checkbox"/> 11 – Alone <input type="checkbox"/> 12 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Child's mother <input type="checkbox"/> 2 – Child's father <input type="checkbox"/> 3 – Child's grandmother or grandfather <input type="checkbox"/> 4 – Other relative <input type="checkbox"/> 5 – R's boyfriend or girlfriend <input type="checkbox"/> 6 – R's friend <input type="checkbox"/> 7 – Child's friend <input type="checkbox"/> 8 – Foster home <input type="checkbox"/> 9 – Other agency or institution <input type="checkbox"/> 10 – Correctional facility <input type="checkbox"/> 11 – Alone <input type="checkbox"/> 12 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q f. Have you had any contact with [NAME] since our last interview?	<input type="checkbox"/> 0 – No → <b>Skip to Ql</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to Ql</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to Ql</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q g. How often have you had contact with [NAME] since our last interview?	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – About once a week <input type="checkbox"/> 4 – More than once a week <input type="checkbox"/> 5 – About once a day <input type="checkbox"/> 6 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – About once a week <input type="checkbox"/> 4 – More than once a week <input type="checkbox"/> 5 – About once a day <input type="checkbox"/> 6 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – About once a week <input type="checkbox"/> 4 – More than once a week <input type="checkbox"/> 5 – About once a day <input type="checkbox"/> 6 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>INTERVIEWER CHECK: If child is older than 18, skip to Qm.</b>			

Q h. Do you provide any of the daily care for [NAME]?	<input type="checkbox"/> 0 – No → Skip to Qj <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Skip to Qj <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Skip to Qj <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q i. Would you say you provide most of the daily care for [NAME], do you share it, or is it provided mostly by someone else?	<input type="checkbox"/> 1 – R provides most of the daily care <input type="checkbox"/> 2 – Daily care is shared <input type="checkbox"/> 3 – Daily care is mostly provided by someone else <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – R provides most of the daily care <input type="checkbox"/> 2 – Daily care is shared <input type="checkbox"/> 3 – Daily care is mostly provided by someone else <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – R provides most of the daily care <input type="checkbox"/> 2 – Daily care is shared <input type="checkbox"/> 3 – Daily care is mostly provided by someone else <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q j. How many days did [NAME] stay with you in the past week?	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q k. In the past week, have you done any of the following activities with [NAME]? <b>NOTE: Read response categories. Check all that apply.</b>	<input type="checkbox"/> 0 – No activities <input type="checkbox"/> 1 – Read to him/her <input type="checkbox"/> 2 – Eaten with him/her <input type="checkbox"/> 3 – Bought him/her clothes, toys, or other supplies <input type="checkbox"/> 4 – Taken him/her somewhere he/she needed to go, such as school or an appointment <input type="checkbox"/> 5 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No activities <input type="checkbox"/> 1 – Read to him/her <input type="checkbox"/> 2 – Eaten with him/her <input type="checkbox"/> 3 – Bought him/her clothes, toys, or other supplies <input type="checkbox"/> 4 – Taken him/her somewhere he/she needed to go, such as school or an appointment <input type="checkbox"/> 5 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No activities <input type="checkbox"/> 1 – Read to him/her <input type="checkbox"/> 2 – Eaten with him/her <input type="checkbox"/> 3 – Bought him/her clothes, toys, or other supplies <input type="checkbox"/> 4 – Taken him/her somewhere he/she needed to go, such as school or an appointment <input type="checkbox"/> 5 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q l. In what ways do you feel like you support [NAME]? <b>NOTE: Read response categories. Check all that apply.</b>	<input type="checkbox"/> 0 – No support <input type="checkbox"/> 1 – Daily care <input type="checkbox"/> 2 – Play / activities <input type="checkbox"/> 3 – Emotional support <input type="checkbox"/> 4 – Discipline <input type="checkbox"/> 5 – Financial support <input type="checkbox"/> 6 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No support <input type="checkbox"/> 1 – Daily care <input type="checkbox"/> 2 – Play / activities <input type="checkbox"/> 3 – Emotional support <input type="checkbox"/> 4 – Discipline <input type="checkbox"/> 5 – Financial support <input type="checkbox"/> 6 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No support <input type="checkbox"/> 1 – Daily care <input type="checkbox"/> 2 – Play / activities <input type="checkbox"/> 3 – Emotional support <input type="checkbox"/> 4 – Discipline <input type="checkbox"/> 5 – Financial support <input type="checkbox"/> 6 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>INTERVIEWER CHECK: If R has spoken about the child/mother in a previous interview, pre-populate Qm - Qq.</b>			
Q m. What is your relationship to [NAME's] mother and/or father? [Example: R is the child's father's brother.]	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>INTERVIEWER CHECK: If R is not the parent of the child or has never been in a romantic relationship with one of the child's parents, skip to next child or Q74. Otherwise, ask Qn.</b>			
Q n. What is the name of [NAME's] mother?	NAME: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	NAME: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	NAME: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>INTERVIEWER CHECK: If the mother's name is the same as a mother that R has already described, ASK: "Is this the same woman as [CHILD's] mother?" If YES, skip to next child or Q74.</b>			
Q o. How old is [MOTHER]?	ENTER NUMBER: _____ <input type="checkbox"/> 99998 – DON'T KNOW	ENTER NUMBER: _____ <input type="checkbox"/> 99998 – DON'T KNOW	ENTER NUMBER: _____ <input type="checkbox"/> 99998 – DON'T KNOW

	<input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 99995 – REFUSED
Q p. What was your relationship with [MOTHER] when [CHILD] was born? Were you...	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantic, living together <input type="checkbox"/> 3 – Romantic, not living together <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – In contact, but not friends <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantic, living together <input type="checkbox"/> 3 – Romantic, not living together <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – In contact, but not friends <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantic, living together <input type="checkbox"/> 3 – Romantic, not living together <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – In contact, but not friends <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q q. What was your relationship with [MOTHER] at the time you went to prison? Were you...	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantic, living together <input type="checkbox"/> 3 – Romantic, not living together <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – In contact, but not friends <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantic, living together <input type="checkbox"/> 3 – Romantic, not living together <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – In contact, but not friends <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantic, living together <input type="checkbox"/> 3 – Romantic, not living together <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – In contact, but not friends <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q r. What is your relationship with [MOTHER] now? Are you...	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantic, living together <input type="checkbox"/> 3 – Romantic, not living together <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – In contact, but not friends <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantic, living together <input type="checkbox"/> 3 – Romantic, not living together <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – In contact, but not friends <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Married <input type="checkbox"/> 2 – Romantic, living together <input type="checkbox"/> 3 – Romantic, not living together <input type="checkbox"/> 4 – Separated / Divorced <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – In contact, but not friends <input type="checkbox"/> 7 – Not in any kind of relationship <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q s. Have you had any contact with [MOTHER] since our last interview?	<input type="checkbox"/> 0 – No → Skip to Qu <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Skip to Qu <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Skip to Qu <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q t. How often have you had contact with [MOTHER] since our last interview?	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – About once a week <input type="checkbox"/> 4 – More than once a week <input type="checkbox"/> 5 – About once a day <input type="checkbox"/> 6 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – About once a week <input type="checkbox"/> 4 – More than once a week <input type="checkbox"/> 5 – About once a day <input type="checkbox"/> 6 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – About once a week <input type="checkbox"/> 4 – More than once a week <input type="checkbox"/> 5 – About once a day <input type="checkbox"/> 6 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q u. On a scale of 1 to 5, 1 being strongly negative and 5 being strongly positive, where would you put your feelings towards [MOTHER]?	<input type="checkbox"/> 1 – 1 (Strongly negative) <input type="checkbox"/> 2 – 2 <input type="checkbox"/> 3 – 3 (Neutral) <input type="checkbox"/> 4 – 4 <input type="checkbox"/> 5 – 5 (Strongly positive) <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – 1 (Strongly negative) <input type="checkbox"/> 2 – 2 <input type="checkbox"/> 3 – 3 (Neutral) <input type="checkbox"/> 4 – 4 <input type="checkbox"/> 5 – 5 (Strongly positive) <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – 1 (Strongly negative) <input type="checkbox"/> 2 – 2 <input type="checkbox"/> 3 – 3 (Neutral) <input type="checkbox"/> 4 – 4 <input type="checkbox"/> 5 – 5 (Strongly positive) <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED

## VI. PERSONAL RELATIONSHIPS



We are interested in learning a bit more about your personal relationships over the last couple of months.

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74. Are you currently involved with someone who you would consider an intimate friend or romantic partner?

- 0 – No → **SKIP to Q77**
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSED

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75. Is this just one person or more than one person?

- 1 – One person
- 2 – More than one person
- 99998 – DON'T KNOW
- 99995 – REFUSED

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76. Could you please tell us the first name(s) of (that person / those people)?

**NOTE: If R is uncomfortable giving first names, clarify that we only need initials or some other way to refer to the person(s).**

ENTER NAME(S): \_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSED

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77. Are you currently talking to anyone [else] that you're interested in?

- 0 – No → **SKIP to Q80**
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSED

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78. Is this just one person or more than one person?

- 1 – One person
- 2 – More than one person
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

79. Could you please tell us the first name(s) of (that person / those people)?

**NOTE: If R is uncomfortable giving first names, clarify that we only need initials or some other way to refer to the person(s).**

ENTER NAME(S): \_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSED

**INTERVIEWER CHECK:** How many names were mentioned? If R did not mention any partners, **SKIP to Q81.**

ENTER NUMBER



Now I'm going to ask you a few questions about (the person / each of the people) that you just mentioned. We ask these questions to learn more about the types of relationships that you have, and we understand that some of this information might be sensitive.

80.

<b>INTERVIEWER CHECK: Complete first row of table with names that R has listed.</b>			
	PERSON 01: _____	PERSON 02: _____	PERSON 03: _____
<b>I. Background Information</b>			
Q a. How would you describe your relationship with [NAME]?	<input type="checkbox"/> 1 – Married or engaged <input type="checkbox"/> 2 – Romantic partner <input type="checkbox"/> 3 – Intimate friend <input type="checkbox"/> 4 – Casual partner <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Married or engaged <input type="checkbox"/> 2 – Romantic partner <input type="checkbox"/> 3 – Intimate friend <input type="checkbox"/> 4 – Casual partner <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Married or engaged <input type="checkbox"/> 2 – Romantic partner <input type="checkbox"/> 3 – Intimate friend <input type="checkbox"/> 4 – Casual partner <input type="checkbox"/> 5 – Just friends <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q b. Is [NAME] male or female?	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q c. How old is [NAME]? If you do not know the exact age, please provide a range.	ENTER NUMBER: _____ <input type="checkbox"/> 1 – 18 to 24 <input type="checkbox"/> 2 – 25 to 34 <input type="checkbox"/> 3 – 35 to 44 <input type="checkbox"/> 4 – 45 to 54 <input type="checkbox"/> 5 – 55 or older <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: _____ <input type="checkbox"/> 1 – 18 to 24 <input type="checkbox"/> 2 – 25 to 34 <input type="checkbox"/> 3 – 35 to 44 <input type="checkbox"/> 4 – 45 to 54 <input type="checkbox"/> 5 – 55 or older <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: _____ <input type="checkbox"/> 1 – 18 to 24 <input type="checkbox"/> 2 – 25 to 34 <input type="checkbox"/> 3 – 35 to 44 <input type="checkbox"/> 4 – 45 to 54 <input type="checkbox"/> 5 – 55 or older <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q d. How long have you and [NAME] been involved?	ENTER: _____	ENTER: _____	ENTER: _____
Q e. In general, would you say that your relationship with [NAME] is excellent, very good, good, fair, or poor?	<input type="checkbox"/> 1 – Excellent <input type="checkbox"/> 2 – Very good <input type="checkbox"/> 3 – Good <input type="checkbox"/> 4 – Fair <input type="checkbox"/> 5 – Poor <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Excellent <input type="checkbox"/> 2 – Very good <input type="checkbox"/> 3 – Good <input type="checkbox"/> 4 – Fair <input type="checkbox"/> 5 – Poor <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Excellent <input type="checkbox"/> 2 – Very good <input type="checkbox"/> 3 – Good <input type="checkbox"/> 4 – Fair <input type="checkbox"/> 5 – Poor <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q f. Is [NAME] of Hispanic or Latino/Latina origin?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q g. Which of the following best describes [NAME's] race?	<input type="checkbox"/> 1 – Asian <input type="checkbox"/> 2 – African American or Black <input type="checkbox"/> 3 – American Indian or	<input type="checkbox"/> 1 – Asian <input type="checkbox"/> 2 – African American or Black <input type="checkbox"/> 3 – American Indian or	<input type="checkbox"/> 1 – Asian <input type="checkbox"/> 2 – African American or Black <input type="checkbox"/> 3 – American Indian or

	Alaska Native <input type="checkbox"/> 4 – White <input type="checkbox"/> 5 – Multiracial <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	Alaska Native <input type="checkbox"/> 4 – White <input type="checkbox"/> 5 – Multiracial <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	Alaska Native <input type="checkbox"/> 4 – White <input type="checkbox"/> 5 – Multiracial <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q h. What is the highest level of education that [NAME] has completed, or the highest degree that he/she has received?	<input type="checkbox"/> 0 – No formal education <input type="checkbox"/> 1 – 6 <sup>th</sup> grade or less <input type="checkbox"/> 2 – 7 <sup>th</sup> – 9 <sup>th</sup> grade <input type="checkbox"/> 3 – 10 <sup>th</sup> – 11 <sup>th</sup> grade <input type="checkbox"/> 4 – High school graduate <input type="checkbox"/> 5 – G.E.D. <input type="checkbox"/> 6 – Some college <input type="checkbox"/> 7 – Vocational / Technical degree <input type="checkbox"/> 8 – Associate's degree <input type="checkbox"/> 9 – Bachelor's degree <input type="checkbox"/> 10 – Post-graduate study <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No formal education <input type="checkbox"/> 1 – 6 <sup>th</sup> grade or less <input type="checkbox"/> 2 – 7 <sup>th</sup> – 9 <sup>th</sup> grade <input type="checkbox"/> 3 – 10 <sup>th</sup> – 11 <sup>th</sup> grade <input type="checkbox"/> 4 – High school graduate <input type="checkbox"/> 5 – G.E.D. <input type="checkbox"/> 6 – Some college <input type="checkbox"/> 7 – Vocational / Technical degree <input type="checkbox"/> 8 – Associate's degree <input type="checkbox"/> 9 – Bachelor's degree <input type="checkbox"/> 10 – Post-graduate study <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No formal education <input type="checkbox"/> 1 – 6 <sup>th</sup> grade or less <input type="checkbox"/> 2 – 7 <sup>th</sup> – 9 <sup>th</sup> grade <input type="checkbox"/> 3 – 10 <sup>th</sup> – 11 <sup>th</sup> grade <input type="checkbox"/> 4 – High school graduate <input type="checkbox"/> 5 – G.E.D. <input type="checkbox"/> 6 – Some college <input type="checkbox"/> 7 – Vocational / Technical degree <input type="checkbox"/> 8 – Associate's degree <input type="checkbox"/> 9 – Bachelor's degree <input type="checkbox"/> 10 – Post-graduate study <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q i. What was [NAME] doing most of last week – working at a regular job, going to school, or something else?	<input type="checkbox"/> 1 – Working at a job <input type="checkbox"/> 2 – Going to school <input type="checkbox"/> 3 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Working at a job <input type="checkbox"/> 2 – Going to school <input type="checkbox"/> 3 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Working at a job <input type="checkbox"/> 2 – Going to school <input type="checkbox"/> 3 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q j. Does [NAME] use drugs or drink alcohol?	<input type="checkbox"/> 0 – No → <b>Skip to QI</b> <input type="checkbox"/> 1 – Yes, drinks alcohol <input type="checkbox"/> 2 – Yes, uses drugs <input type="checkbox"/> 3 – Yes, both <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to QI</b> <input type="checkbox"/> 1 – Yes, drinks alcohol <input type="checkbox"/> 2 – Yes, uses drugs <input type="checkbox"/> 3 – Yes, both <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to QI</b> <input type="checkbox"/> 1 – Yes, drinks alcohol <input type="checkbox"/> 2 – Yes, uses drugs <input type="checkbox"/> 3 – Yes, both <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q k. Does [NAME] have problems such as keeping a job or getting along with family and friends because of alcohol or drug use?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>II. Patterns of Residence</b>			
Q l. How many evenings have you spent with [NAME] in the past week?	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q m. Do you live with [NAME]?	<input type="checkbox"/> 0 – No → <b>Skip to Qo</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to Qo</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to Qo</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q n. How many nights have you slept at home in the past week?	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>INTERVIEWER CHECK: If R and [NAME] live together, skip to Section III of this grid – Children.</b>			



Q o. Have you stayed over at [NAME's] place at all in the past week?	<input type="checkbox"/> 0 – No → <b>Skip to Qq</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to Qq</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to Qq</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q p. How many nights have you stayed over at [NAME's] place in the past week?	<input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q q. Has [NAME] stayed over at your place at all in the past week?	<input type="checkbox"/> 0 – No → <b>Skip to Qs</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to Qs</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to Qs</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q r. How many nights has [NAME] stayed over at your place in the past week?	<input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>III. Children</b>			
Q s. Does [NAME] have any biological children?	<input type="checkbox"/> 0 – No → <b>Skip to Qu</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to Qu</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → <b>Skip to Qu</b> <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q t. How many biological children does he/she have?	ENTER NUMBER: <input type="text"/> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: <input type="text"/> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: <input type="text"/> <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>IV. Relationship Support</b>			
Q u. What's the best part about your relationship with [NAME]?	ENTER: _____ _____ _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ _____ _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 -- REFUSED	ENTER: _____ _____ _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q v. Has [NAME] helped you out with any of the following things since our last interview? <b>Note: Read response categories and check all that apply.</b>	<input type="checkbox"/> 0 – Nothing <input type="checkbox"/> 1 – Food <input type="checkbox"/> 2 – Housing <input type="checkbox"/> 3 – Clothing <input type="checkbox"/> 4 – Transportation <input type="checkbox"/> 5 – Emotional support <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Nothing <input type="checkbox"/> 1 – Food <input type="checkbox"/> 2 – Housing <input type="checkbox"/> 3 – Clothing <input type="checkbox"/> 4 – Transportation <input type="checkbox"/> 5 – Emotional support <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Nothing <input type="checkbox"/> 1 – Food <input type="checkbox"/> 2 – Housing <input type="checkbox"/> 3 – Clothing <input type="checkbox"/> 4 – Transportation <input type="checkbox"/> 5 – Emotional support <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q w. Have you helped [NAME] with any of the following things since our last interview? <b>Note: Read response categories and check all that apply.</b>	<input type="checkbox"/> 0 – Nothing <input type="checkbox"/> 1 – Food <input type="checkbox"/> 2 – Housing <input type="checkbox"/> 3 – Clothing <input type="checkbox"/> 4 – Transportation <input type="checkbox"/> 5 – Emotional support <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Nothing <input type="checkbox"/> 1 – Food <input type="checkbox"/> 2 – Housing <input type="checkbox"/> 3 – Clothing <input type="checkbox"/> 4 – Transportation <input type="checkbox"/> 5 – Emotional support <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Nothing <input type="checkbox"/> 1 – Food <input type="checkbox"/> 2 – Housing <input type="checkbox"/> 3 – Clothing <input type="checkbox"/> 4 – Transportation <input type="checkbox"/> 5 – Emotional support <input type="checkbox"/> 6 – Other [SPECIFY: _____ ] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q x. Has [NAME] loaned or given you any money in the past week? If so, how	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes [AMOUNT: _____ ]	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes [AMOUNT: _____ ]	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes [AMOUNT: _____ ]

much?	<input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED <input type="checkbox"/> 99997 – N/A, all shared	<input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED <input type="checkbox"/> 99997 – N/A, all shared	<input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED <input type="checkbox"/> 99997 – N/A, all shared
Q y. Have you loaned or given any money to [NAME] in the past week? If so, how much?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes [AMOUNT: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED <input type="checkbox"/> 99997 – N/A, all shared	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes [AMOUNT: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED <input type="checkbox"/> 99997 – N/A, all shared	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes [AMOUNT: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED <input type="checkbox"/> 99997 – N/A, all shared
Q z. How many times in the past week has [NAME] asked you how your day has gone?	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q aa. How many times in the past week have you asked [NAME] how his/her day has gone?	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – Zero <input type="checkbox"/> 1 – One <input type="checkbox"/> 2 – Two <input type="checkbox"/> 3 – Three <input type="checkbox"/> 4 – Four <input type="checkbox"/> 5 – Five <input type="checkbox"/> 6 – Six <input type="checkbox"/> 7 – Seven <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>V. Relationship Conflict</b>			
Q bb. What's most challenging about your relationship with [NAME]?	ENTER: _____ _____ _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ _____ _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ _____ _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q cc. No matter how well couples get along, they sometimes have arguments. How often do you and [NAME] argue about things that are important to you? Would you say you argue always, often, sometimes, rarely, or never?	<input type="checkbox"/> 1 – Always <input type="checkbox"/> 2 – Often <input type="checkbox"/> 3 – Sometimes <input type="checkbox"/> 4 – Rarely <input type="checkbox"/> 5 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Always <input type="checkbox"/> 2 – Often <input type="checkbox"/> 3 – Sometimes <input type="checkbox"/> 4 – Rarely <input type="checkbox"/> 5 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Always <input type="checkbox"/> 2 – Often <input type="checkbox"/> 3 – Sometimes <input type="checkbox"/> 4 – Rarely <input type="checkbox"/> 5 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>The following is a list of subjects on which couples often have disagreements. How often, if at all, in the last month have you and [NAME] had disagreements about ...? Please respond often, sometimes, or never.</b>			
Q dd. ...money?	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q ee. ...spending time together?	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q ff. ...household chores?	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q gg. ...child care?	<input type="checkbox"/> 1 – Often	<input type="checkbox"/> 1 – Often	<input type="checkbox"/> 1 – Often

	<input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED <input type="checkbox"/> 99997 – N/A, no kids	<input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED <input type="checkbox"/> 99997 – N/A, no kids	<input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED <input type="checkbox"/> 99997 – N/A, no kids
Q hh. ...sex?	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q ii. ...drinking or drug use?	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q jj. ...being faithful?	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<p><b>Sometimes couples have serious problems in their relationship and have thoughts of breaking up. For the next set of statements, please tell me how often each is true about your relationship with [NAME] since our last interview. Please respond often, sometimes, or never.</b></p>			
Q kk. Since our last interview, how often have you thought your relationship with [NAME] might be in trouble?	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q ll. Since our last interview, how often have you and [NAME] discussed ending your relationship?	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q mm. Since our last interview, how often have you talked to a close friend or relative about breaking up with [NAME]?	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Often <input type="checkbox"/> 2 – Sometimes <input type="checkbox"/> 3 – Never <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED

81. Since your release from prison, have you broken up with someone who you would consider an intimate friend or romantic partner?

- 0 – No → **SKIP to Q83**
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSED
- 99997 – N/A, no partners since release

82. Why did that end?

- 1 – Financial reasons
- 2 – Distance
- 3 – Incarceration
- 4 – Relationship reasons
- 5 – Drug problem
- 6 – Violence/abuse
- 7 – Relationship was just casual
- 8 – Other [SPECIFY: \_\_\_\_\_]
- 99998 – DON'T KNOW
- 99995 – REFUSED

## VI. PEER NETWORKS



We are interested in relationships that you have with people in your life. You may refer to both people you knew before you were incarcerated and people you have met since you were released from prison this most recent time.

**INTERVIEWER CHECK: Check names from R's peer network in the one-week survey.**

83. At our last interview, you told us that you regularly spoke to [INSERT NAMES] about important matters. Since our last interview, who have you regularly spoken to about important things?

**NOTE: Add new names if R mentions new names. If R is uncomfortable giving first names, clarify that we only need initials or some other way to refer to the person.**

ENTER NAME(S): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSED

**INTERVIEWER CHECK:** How many names were mentioned? If less than three, skip to network grid (Q85).

ENTER NUMBER

84. Out of the people you just mentioned, which three would you say you are closest to?

**INTERVIEWER CHECK:** Enter names into the first row of the grid.

- 99998 – DON'T KNOW
- 99995 – REFUSED



Now I'm going to ask you a few questions about each of the people that you just mentioned.

**NOTE: If R has already told us about these people in the household grid or partner roster, many of the following questions may be repetitive. If possible, fill in information in the peer network that we may already have from previous responses.**

85.

<b>INTERVIEWER CHECK: Complete first row of table with names that R has listed.</b>			
	PERSON 01: _____	PERSON 02: _____	PERSON 03: _____
Q a. Is [NAME] male or female?	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW	<input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 99998 – DON'T KNOW

	<input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 99995 – REFUSED
Q b. How old is [NAME]? If you do not know the exact age, please provide a range.	ENTER NUMBER: _____ <input type="checkbox"/> 1 – 18 to 24 <input type="checkbox"/> 2 – 25 to 34 <input type="checkbox"/> 3 – 35 to 44 <input type="checkbox"/> 4 – 45 to 54 <input type="checkbox"/> 5 – 55 or older <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: _____ <input type="checkbox"/> 1 – 18 to 24 <input type="checkbox"/> 2 – 25 to 34 <input type="checkbox"/> 3 – 35 to 44 <input type="checkbox"/> 4 – 45 to 54 <input type="checkbox"/> 5 – 55 or older <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER NUMBER: _____ <input type="checkbox"/> 1 – 18 to 24 <input type="checkbox"/> 2 – 25 to 34 <input type="checkbox"/> 3 – 35 to 44 <input type="checkbox"/> 4 – 45 to 54 <input type="checkbox"/> 5 – 55 or older <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q c. What is his/her relationship to you?	<input type="checkbox"/> 1 – Boyfriend/Girlfriend <input type="checkbox"/> 2 – Husband/Wife <input type="checkbox"/> 3 – Friend <input type="checkbox"/> 4 – Sibling <input type="checkbox"/> 5 – Mother <input type="checkbox"/> 6 – Father <input type="checkbox"/> 7 – Grandmother <input type="checkbox"/> 8 – Grandfather <input type="checkbox"/> 9 – Aunt/Uncle <input type="checkbox"/> 10 – Cousin <input type="checkbox"/> 11 – Child <input type="checkbox"/> 12 – Niece/nephew <input type="checkbox"/> 13 – Service provider <input type="checkbox"/> 14 – Instructor <input type="checkbox"/> 15 – Clergy member <input type="checkbox"/> 16 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Boyfriend/Girlfriend <input type="checkbox"/> 2 – Husband/Wife <input type="checkbox"/> 3 – Friend <input type="checkbox"/> 4 – Sibling <input type="checkbox"/> 5 – Mother <input type="checkbox"/> 6 – Father <input type="checkbox"/> 7 – Grandmother <input type="checkbox"/> 8 – Grandfather <input type="checkbox"/> 9 – Aunt/Uncle <input type="checkbox"/> 10 – Cousin <input type="checkbox"/> 11 – Child <input type="checkbox"/> 12 – Niece/nephew <input type="checkbox"/> 13 – Service provider <input type="checkbox"/> 14 – Instructor <input type="checkbox"/> 15 – Clergy member <input type="checkbox"/> 16 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Boyfriend/Girlfriend <input type="checkbox"/> 2 – Husband/Wife <input type="checkbox"/> 3 – Friend <input type="checkbox"/> 4 – Sibling <input type="checkbox"/> 5 – Mother <input type="checkbox"/> 6 – Father <input type="checkbox"/> 7 – Grandmother <input type="checkbox"/> 8 – Grandfather <input type="checkbox"/> 9 – Aunt/Uncle <input type="checkbox"/> 10 – Cousin <input type="checkbox"/> 11 – Child <input type="checkbox"/> 12 – Niece/nephew <input type="checkbox"/> 13 – Service provider <input type="checkbox"/> 14 – Instructor <input type="checkbox"/> 15 – Clergy member <input type="checkbox"/> 16 – Other: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q d. In which neighborhood does [NAME] stay most nights? <b>NOTE: If [NAME] lives outside of Boston, write city.</b>	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q e. How often have you spoken to [NAME] since our last interview?	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – About once a week <input type="checkbox"/> 4 – More than once a week <input type="checkbox"/> 5 – About once a day <input type="checkbox"/> 6 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – About once a week <input type="checkbox"/> 4 – More than once a week <input type="checkbox"/> 5 – About once a day <input type="checkbox"/> 6 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – Once <input type="checkbox"/> 2 – A few times <input type="checkbox"/> 3 – About once a week <input type="checkbox"/> 4 – More than once a week <input type="checkbox"/> 5 – About once a day <input type="checkbox"/> 6 – More than once a day <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q f. In what ways do you talk to [NAME]? <b>NOTE: Read response categories. Check all that apply.</b>	<input type="checkbox"/> 1 – In person <input type="checkbox"/> 2 – By phone <input type="checkbox"/> 3 – Online <input type="checkbox"/> 4 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – In person <input type="checkbox"/> 2 – By phone <input type="checkbox"/> 3 – Online <input type="checkbox"/> 4 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 1 – In person <input type="checkbox"/> 2 – By phone <input type="checkbox"/> 3 – Online <input type="checkbox"/> 4 – Other [SPECIFY: _____] <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q g. Did you know [NAME] before your most recent stay in prison?	<input type="checkbox"/> 0 – No → Skip to Qi <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Skip to Qi <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Skip to Qi <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q h. How did you know [NAME] before you were incarcerated this time?	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	ENTER: _____ <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
Q i. Has [NAME] ever been incarcerated?	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED



The next few questions are about your friends, associates and people you spend time with who are not your family. Please respond to the following statements by saying whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
86. You have given up friends and hangouts that got you in trouble.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
87. Your friends sometimes convince you to do things you know you shouldn't be doing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
88. Of the friends you have now, please tell me if all, most, some, or none of your friends have ever been to prison.	<input type="checkbox"/> 3 – All <input type="checkbox"/> 2 – Most <input type="checkbox"/> 1 – Some <input type="checkbox"/> 0 – None <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99997 – NA DOES NOT HAVE ANY FRIENDS <input type="checkbox"/> 99995 – REFUSED						

## VII. HEALTH AND IDENTIFICATION



This is the final section of the interview. Before we end, I'd like to ask you a few questions about your health and forms of ID.

---

89. Since our last interview, have you wanted to see a doctor or other health care professional?

- 0 – No → **SKIP to Q91**
  - 1 – Yes
  - 99998 – DON'T KNOW
  - 99995 – REFUSED
- 

90. Since our last interview, how difficult do you think it has been to access health-related resources and information on your own? Not at all difficult, slightly difficult, difficult, or very difficult?

**NOTE: If R is unsure what we mean by health-related resources, provide some examples: hospitals, community health clinics, substance abuse treatment, mental health treatment, etc.**

- 1 – Not at all difficult
  - 2 – Slightly difficult
  - 3 – Difficult
  - 4 – Very difficult
  - 99998 – DON'T KNOW
  - 99995 – REFUSED
- 

91. Do you consider any of the following to be factors that affect your ability to access health care?

**NOTE: Read response categories. Check all that apply.**

- 0 – No factors affect access to health care
  - 1 – Cost of health care
  - 2 – Cost of prescription medications
  - 3 – Lack of insurance
  - 4 – Not knowing where to go to get the help you need
  - 5 – Waiting lists for services
  - 6 – Health care professional who will accept your insurance coverage
  - 7 – Inability to get medical records from the DOC
  - 8 – Feeling that health care providers don't care about you
  - 9 – Finding a health care provider who treats formerly incarcerated individuals
  - 10 – Lack of transportation
  - 11 – Other [Specify: \_\_\_\_\_ ]
  - 99998 – DON'T KNOW
  - 99995 – REFUSED
- 

92. Since our last interview, have you accessed any health services?

- 0 – No → **SKIP to Q95**
- 1 – Yes
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

93. In the past month, what types of health services have you accessed?

**NOTE: Read response categories. Check all that apply.**

- 1 – Medical services
- 2 – Dental services
- 3 – Mental health services
- 4 – Drug treatment programs
- 5 – Other [Specify: \_\_\_\_\_ ]
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

94. Where did you receive these health services?

**NOTE: Read response categories. Check all that apply.**

- 1 – Clinic or health center
- 2 – Doctor's office or HMO
- 3 – Hospital emergency room
- 4 – Hospital outpatient department
- 5 – Other [Specify: \_\_\_\_\_ ]
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

95. Compared to others your age, how would you describe your overall physical health?

**NOTE: Read response categories.**

- 1 – Excellent
- 2 – Good
- 3 – Fair
- 4 – Poor
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

96. How does your health now compare to your health during your most recent prison term?

**NOTE: Read response categories.**

- 1 – Health is better now
- 2 – Health is about the same
- 3 – Health was better during prison term
- 99998 – DON'T KNOW
- 99995 – REFUSED

---

97. Have you been diagnosed with any of the following conditions?

**NOTE: Read response categories. Check all that apply.**

- 0 – No health conditions → **SKIP to Q99**
- 1 – Asthma
- 2 – Cancer
- 3 – Chronic lung illness (bronchitis, emphysema)
- 4 – Diabetes
- 5 – Heart trouble, heart disease, angina
- 6 – High blood pressure or hypertension
- 7 – High cholesterol or triglycerides
- 8 – Arthritis or rheumatism
- 9 – A stroke
- 10 – Chronic back pain or trouble
- 11 – Depression
- 12 – Other mental health problem or condition



- 13 – Tuberculosis or T.B.
- 14 – HIV or AIDS
- 15 – Hepatitis B or C
- 16 – Sexually Transmitted Infections other than HIV
- 17 – Learning disability or cognitive disorder
- 18 – Any physical disability? [SPECIFY: \_\_\_\_\_]
- 19 – Other → SPECIFY: \_\_\_\_\_
- 99998 – DON'T KNOW
- 99995 – REFUSED

**INTERVIEWER CHECK: Fill out grid below with any health conditions that the respondent listed at the baseline interview.**

98.

	<b>Qb. During your most recent prison term, did a doctor or health care professional tell you that you had this condition?</b>	<b>Qc. Did you receive treatment or medical care for this condition during your most recent prison term?</b>	<b>Qd. Since your release from prison, has a doctor or health care professional told you that you had this condition?</b>	<b>Qe. Since your release from prison, have you received any treatment or medical care for this condition?</b>
<b>a.</b> Condition: _____	<input type="checkbox"/> 0 – No → Skip to Qd <input type="checkbox"/> 1 – Yes → Ask Qc <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Ask Qd <input type="checkbox"/> 1 – Yes → Ask Qd <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Ask Qe <input type="checkbox"/> 1 – Yes → Ask Qe <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>b.</b> Condition: _____	<input type="checkbox"/> 0 – No → Skip to Qd <input type="checkbox"/> 1 – Yes → Ask Qc <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Ask Qd <input type="checkbox"/> 1 – Yes → Ask Qd <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Ask Qe <input type="checkbox"/> 1 – Yes → Ask Qe <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED
<b>c.</b> Condition: _____	<input type="checkbox"/> 0 – No → Skip to Qd <input type="checkbox"/> 1 – Yes → Ask Qc <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Ask Qd <input type="checkbox"/> 1 – Yes → Ask Qd <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No → Ask Qe <input type="checkbox"/> 1 – Yes → Ask Qe <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED	<input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 99998 – DON'T KNOW <input type="checkbox"/> 99995 – REFUSED

99. Are you currently taking medication on a regular basis for a health problem?  
**Note: If necessary, clarify that this includes medication for mental health problems.**

- 0 – No
- 1 – Yes [SPECIFY: \_\_\_\_\_]
- 99998 – DON'T KNOW
- 99995 – REFUSED

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100. What kind of health coverage or insurance do you have?

**NOTE: Read response categories. Check all that apply.**

- 0 – None / No health coverage
- 1 – Job with insurance
- 2 – Medicare
- 3 – MassHealth / Medicaid
- 4 – VA or Veterans health care
- 5 – Disability
- 6 – Covered by family member with insurance
- 7 – Other → [SPECIFY: \_\_\_\_\_ ]
- 99998 – DON'T KNOW
- 99995 – REFUSE

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101. Which of the following forms of ID do you currently have? Do you have:

- 0 – None
- 1 – Valid driver's license?
- 2 – Suspended/expired driver's license?
- 3 – Social security card?
- 4 – Birth certificate?
- 5 – Parole/Probation ID
- 6 – Massachusetts ID
- 7 – Some other form of ID? → [SPECIFY: 1 \_\_\_\_\_ ]  
2 \_\_\_\_\_ ]  
3 \_\_\_\_\_ ]
- 99998 – DON'T KNOW
- 99995 – REFUSE

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102. Before we finish today, could you tell us why you have decided to continue to participate in this study?

ENTER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 99998 – DON'T KNOW
- 99995 – REFUSE

## Interviewer Notes

Date:	Start time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. End time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Location:	Interviewer Name:
Completion codes: 0 – Completed 1 – Took too long, R requested interview end 2 – Ran out of time, R needed to go to work/appt/pick up children 3 – R unable to finish, incapacitated, too tired	Others present during interview? 0 – No ANY PORTION OF INTERVIEW? 1 – Yes → Write Who:

	Poor	Acceptable	Good	Excellent
Respondent's attention to you was	1	2	3	4
Respondent's general understanding of the questions was	1	2	3	4
Respondent's cooperation throughout most of the interview was	1	2	3	4

Did R appear to be...

	No	Somewhat	Very
Suspicious			
Uncommunicative			
Depressed or withdrawn			
Anxious or nervous			
Hostile			
Tired or in pain			
Drunk			
On illegal drugs			

How honest was R throughout the interview?

- 1 Probably not honest
- 2 Somewhat honest
- 3 Mostly honest
- 4 Entirely honest

Other interviewer comments and notes (e.g., children or visitors interrupted/distracted R; setting was not conducive to privacy):

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# NOTES