

*Emancipated Youth Survey Instrument*

“Partnering for Permanence”  
Contra Costa County  
Employment and Human Services Department



# EMANCIPATED YOUTH SURVEY INSTRUMENT

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## INTRODUCTION

Hi. My name is \_\_\_\_\_, and I am from UC Berkeley. As you know, we are doing a study to learn about the experiences of emancipated youth. I am going to ask you some questions, but

- You are free to skip any question.
- If there is a question you do not understand, please ask me to clarify.
- If you need a break please let me know.
- Finally, if at any time you want to stop the interview, please let me know, and we will stop.

The interview should take about 30 to 45 minutes. Do you have any questions before we begin?

**I. Living Situation**

**A1.** First I have some questions about your living situation. Where are you living right now?  
**(Interviewer: choose one code from one of the categories ► *Home type settings, Institutional Group Treatment, Incarceration, Homelessness, or Other.***

**After category chosen and information completed, proceed to A2.)**

► **Home type settings:**

- BIOLOGICAL PARENT(S).....1
- ADOPTIVE PARENT(S).....2
- RELATIVE(S) RECEIVING FOSTER CARE PAYMENTS.....3
- FOSTER PARENT(S) (NON-RELATIVE).....4
- RELATIVES (NOT RECEIVING FOSTER CARE PAYMENTS).....5
- OTHER LEGAL GUARDIAN.....6
- FAMILY OF A FRIEND.....7
- FRIEND/BOYFRIEND/GIRLFRIEND.....8
- SPOUSE.....9
- TRANSITIONAL HOUSING PROGRAM.....10
- COLLEGE DORM, MILITARY HOUSING.....11

**If home type setting circled, ask:**

Are there other people living with you in this household?

- YES.....1 (GO TO A1a.)
- NO.....0 (GO TO A2.)

**A1a.** I'd like to get a list of all the people who live with you in this household. I don't need names, just their age and relationship to you.

Relationship to R	Age (Yrs)	Male	Female
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

► ***Institutional Group Treatment***

SUPERVISED GROUP HOME.....12  
 BOARD & CARE.....13  
 RESIDENTIAL TREATMENT.....14  
 PSYCHIATRIC HOSPITAL.....15  
 SUBSTANCE ABUSE RESIDENTIAL.....16  
 POST-CARE SUPPORTIVE HOUSING.....17  
 MEDICAL HOSPITAL/REHAB.....18

**(Interviewer: If you or youth is unsure of correct coding, ask youth name of facility, and it will later be recoded.)**

If unsure, name of facility: \_\_\_\_\_

► ***Incarceration***

DETENTION, JAIL OR JUVENILE HALL.....19

**If incarceration circled ask:**

**A1b.** How many days in this incarceration? \_\_\_\_\_

► ***Homelessness***

LIVING ON STREETS, CAR.....20  
 HOMELESS SHELTER.....21  
 STAYING AT DIFFERENT  
 FRIENDS' OR RELATIVES' PLACES.....22

**If any homelessness item circled, ask:**

**A1c.** How many days since your 18<sup>th</sup> birthday have you been homeless, sleeping in a car, in a homeless shelter, or staying in different people's places? \_\_\_\_\_

**A1d.** Before you were homeless or in a shelter, where did you live?  
 (Code list from question A1) \_\_\_\_\_ (GO TO A3.)

► ***Other living arrangement not listed***

OTHER, SPECIFY \_\_\_\_\_.....23

**A2.** Since your 18<sup>th</sup> birthday, how many days have you been living on the streets, in a car, or in a homeless shelter?

NONE.....0  
 \_\_\_\_\_ # of days if applicable

**A3.** Since your 18<sup>th</sup> birthday, how many days did you have nowhere to sleep?

NONE.....0  
 \_\_\_\_\_ # of days if applicable

**A4.** Do you have any (other) biological children under the age of 18 who are **not** currently living with you?

YES.....1 (GO TO **A4a.**)  
 NO.....0 (GO TO **A5.**)

**A4a.** I'd like to get a list of children who are **not** currently living with you:

Living Arrangement	Age (Yrs)	Male	Female
1.			
2.			
3.			
4.			
5.			
6.			

**A5.** On a scale of 1 to 5, how satisfied are you with your current living situation? 1 stands for very satisfied and 5 stands for very dissatisfied, with 3 being neutral (neither satisfied nor dissatisfied).

VERY SATISFIED.....1  
 SOMEWHAT SATISFIED.....2  
 NEUTRAL.....3  
 SOMEWHAT DISSATISFIED.....4  
 VERY DISSATISFIED.....5

**A6.** If you could change anything about your current living situation, what would you like to change?

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**II. Education**

**B1.** Now I would like to ask you some questions about your education. Did you receive a high school diploma or GED?

YES.....1  
NO.....0 (GO TO **B2.**)

If yes, ask: Which one did you receive?

HS DIPLOMA.....1  
GED.....2

**B2.** What is the highest grade of school or year of college you have completed?

GRADE SCHOOL (ENTER # YRS): \_\_\_\_\_  
HIGH SCHOOL.....09  
HIGH SCHOOL.....10  
HIGH SCHOOL.....11  
HIGH SCHOOL.....12  
COLLEGE .....13  
COLLEGE ..... 14  
COLLEGE .....15  
COLLEGE .....16  
POST COLLEGE.....17  
DON'T KNOW..... 99

**B2a.** Are you currently enrolled in school – either regular school or some other educational program such as a GED class or vocational training or college?

YES .....1  
NO.....0 (GO TO **B3.**)

**B2b.** Are you enrolled in regular school, a GED class, a trade or technical school, college, or something else?

REG SCHOOL.....1  
GED.....2  
TRADE, TECH.....3 (GO TO **B3a.**)  
COLLEGE.....4  
OTHER (SPECIFY)  
\_\_\_\_\_.....7

**B3.** Have you ever attended a vocational or technical school?

YES .....1  
NO.....0 (GO TO **B4.**)

**B3a.** Did you receive a degree from a vocational or technical school?

YES.....1  
NO.....0 (GO TO B4.)

**B3b.** What degree did you receive?

HIGH SCHOOL.....1  
ASSOCIATES (AA).....2  
OTHER (SPECIFY)  
\_\_\_\_\_.....7

**B4.** During school, did you get (or are you getting) special education services?

YES.....1  
NO.....0  
DON'T KNOW.....99

**B5.** Currently, is there any school related help that you would like? For example, help with your studies, or help to get into a program?

YES.....1  
NO.....0 (GO TO C1.)

**If yes, ask: What help would you like?**

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**B5a.** Do you know how to get this kind of help?

YES.....1  
NO.....0 (GO TO C1.)

**If yes, ask: How would you get the help you needed?**

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**III. Health**

**C1.** The next questions are about your overall health. In general, would you say your overall health is **excellent, very good, good, fair, or poor?**

EXCELLENT.....	1
VERY GOOD.....	2
GOOD.....	3
FAIR .....	4
POOR.....	5

**C2.** Compared to one year ago, would you rate your health in general **now** as **much better, somewhat better, somewhat worse, much worse, or about the same** now than one year ago?

MUCH BETTER .....	1
SOMEWHAT BETTER.....	2
SOMEWHAT WORSE.....	3
MUCH WORSE.....	4
ABOUT THE SAME.....	5

**(Interviewer: For questions C3 to C5, offer choice to answer how many days ago, weeks ago, months ago, or years ago. Write in number as per response.)**

**C3.** When was the last time you saw a doctor or went to a clinic for a medical check-up?

- \_\_\_ DAYS AGO
- \_\_\_ WEEKS AGO
- \_\_\_ MONTHS AGO
- \_\_\_ YEARS AGO
- \_\_\_ DON'T REMEMBER

**C4.** When was the last time you went to the dentist for a check- up or for other dental work?

- \_\_\_ DAYS AGO
- \_\_\_ WEEKS AGO
- \_\_\_ MONTHS AGO
- \_\_\_ YEARS AGO
- \_\_\_ DON'T REMEMBER

**C5.** When was the last time you had your eyes checked?

- \_\_\_ DAYS AGO
- \_\_\_ WEEKS AGO
- \_\_\_ MONTHS AGO
- \_\_\_ YEARS AGO
- \_\_\_ DON'T REMEMBER
- \_\_\_ NEVER

**C6.** If you needed health, dental or vision services, do you know how to get them?

- YES.....1
- NO.....0

**If yes, ask: what would you do?**

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**C7.** Now I'm going to ask you some questions about how you pay for health care. Do you currently have any type of health insurance?

- YES .....1
- NO.....0 (GO TO C8.)
- DON'T KNOW .....99

**C7a.** What type of insurance is it? **(CIRCLE ALL THAT APPLY)**

- PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYMENT.....1
- PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY .....2
- PRIVATE INSURANCE THROUGH CARETAKER/ADULT.....3
- INDIAN HEALTH SERVICES.....4
- MEDI-CAL.....5
- MEDICARE.....6
- VETERANS ADMINISTRATION .....7
- OTHER (SPECIFY) .....8
- \_\_\_\_\_.....8
- DON'T KNOW.....99

**C8.** The next questions are about how you have been feeling during the **past 30 days**. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

- ALL.....1
- MOST .....2
- SOME .....3
- A LITTLE .....4
- NONE .....5
- (IF VOL) DON'T KNOW .....8
- (IF VOL) REFUSED .....9

**C9.** During the past 30 days, about how often did you feel **hopeless**? (**IF NEC:** all, most, some, a little, or none of the time?)

- ALL.....1
- MOST .....2
- SOME .....3
- A LITTLE .....4
- NONE .....5
- (IF VOL) DON'T KNOW .....8
- (IF VOL) REFUSED .....9

**C10.** During the past 30 days, about how often did you feel restless or fidgety? (**IF NEC:** all, most, some, a little, or none of the time?)

- ALL.....1
- MOST .....2
- SOME .....3
- A LITTLE .....4
- NONE .....5
- (IF VOL) DON'T KNOW .....8
- (IF VOL) REFUSED .....9

**C11.** How often did you feel so depressed that nothing could cheer you up? (**IF NEC:** all, most, some, a little, or none of the time?)

- ALL.....1
- MOST .....2
- SOME .....3
- A LITTLE .....4
- NONE .....5
- (IF VOL) DON'T KNOW .....8
- (IF VOL) REFUSED .....9

**C12.** During the past 30 days, about how often did you feel that everything was an effort?  
 (IF NEC: all, most, some, a little, or none of the time?)

- ALL.....1
- MOST .....2
- SOME .....3
- A LITTLE .....4
- NONE .....5
- (IF VOL) DON'T KNOW .....8
- (IF VOL) REFUSED .....9

**C13.** During the past 30 days, about how often did you feel worthless? (IF NEC: all, most, some, a little, or none of the time?)

- ALL.....1
- MOST .....2
- SOME .....3
- A LITTLE .....4
- NONE .....5
- (IF VOL) DON'T KNOW .....8
- (IF VOL) REFUSED .....9

**C14.** Now, I would like to ask you about the different kinds of services you may be receiving or have received since your 18<sup>th</sup> birthday. I'm going to go through a list of services.

**(Interviewer example:** Have you been to counseling for personal problems? If Yes, was it very helpful, helpful, somewhat helpful, or no help at all? For all services regardless of answer to received services, ask 'Do you want or need this help now?' )

[Interviewer--proceed with C14b. - C14g. similarly]

Service	<u>Received services</u>			<u>Rate helpfulness:</u>					<u>Circle if services are needed</u>	
	1= yes	0= no	9= Don't know/insufficient information	<i>Ratings:</i> 3= Very helpful 2= Helpful 1= Somewhat helpful 0= Not at all helpful 9= Don't know/insufficient information					1=Need services	0= Service not needed
<b>Since your 18<sup>th</sup> birthday, have you been in counseling for.....</b>										
C14a. Personal Problems?	1	0	9	3	2	1	0	9	1	0
C14b. Marriage or Partner Problems?	1	0	9	3	2	1	0	9	1	0
C14c. Family Problems?	1	0	9	3	2	1	0	9	1	0
C14d. Alcohol or substance abuse problems?	1	0	9	3	2	1	0	9	1	0
<b>Since your 18<sup>th</sup> birthday, have you had.....</b>										
C14e. Medical care for physical reasons?	1	0	9	3	2	1	0	9	1	0
C14f. Hospitalization or ER for emotional or behavioral reasons?	1	0	9	3	2	1	0	9	1	0
C14g. Medication for emotional/behavioral challenges?	1	0	9	3	2	1	0	9	1	0

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**C15.** If you ever need mental health services or counseling, do you know how to get it?

YES.....1  
NO.....0

**If yes, ask: How would you go about getting mental health or counseling services?**

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**IV. Financial Support**

**D1.** I'm interested in how you are supporting yourself financially. Let's go through the possible ways to get income or financial assistance, and tell me which ones apply to you.

**(Interviewer: Read through this list and circle all codes that apply.)**

EMPLOYMENT.....1  
 What type of employment? (**DESCRIBE BRIEFLY**)

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Part time or Full time?      **[Circle one]**

- PUBLIC ASSISTANCE/WELFARE/TANF.....2
- FOOD STAMPS/FOOD VOUCHERS.....3
- SUPPLEMENTAL SECURITY INCOME (SSI).....4
- SOCIAL SECURITY OR OTHER BENEFIT FROM DEATH OF PARENT.....5
- PUBLIC HOUSING ASSISTANCE.....6
- CHILD CARE PAYMENTS.....7
- UNEMPLOYMENT.....8
- STUDENT FINANCIAL AID, GRANTS OR STUDENT LOANS.....9
- HELP FROM FAMILY OR FRIENDS.....10
- INHERITANCE OR TRUST FUND.....11
- FOSTER CARE/ ADOPTION/ILSP STIPEND.....12
- OTHER: specify \_\_\_\_\_.....13
- NO INCOME .....0 (**GO TO E1.**)

**D2.** Of these ways to get financial help that apply to you, which one provides the most financial help, or is the largest source of your income?

**(Interviewer: remind the respondent which items were checked, and list the code providing the largest source of income.)**

Largest source of income: \_\_\_\_\_

**D3.** Do you have any kind of bank account?  
 YES.....1  
 NO.....0

**D4.** Do you save money on a regular basis?  
 YES.....1  
 NO.....0

**D5.** Do you have a plan to improve your financial situation?

YES.....1  
NO.....0

**D5a.** If yes, ask: What is your plan?

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**D5b.** If no, ask: Would you like help?

YES.....1  
NO.....0

**V. Legal Status**

**E1.** Since your 18<sup>th</sup> birthday, have you ever been arrested?

YES.....1

NO.....0 (go to E3)

E1a. If yes, how many times? \_\_\_\_\_

**E2.** Since your 18<sup>th</sup> birthday, have you ever been to jail, prison, or a juvenile detention facility?

YES.....1

NO.....0 (go to E3)

E2a. If yes, how many times? \_\_\_\_\_

E2b. If yes, how long was the longest stay?

\_\_\_ DAYS

\_\_\_ WEEKS

\_\_\_ MONTHS

\_\_\_ YEARS

\_\_\_ DON'T REMEMBER

E2c. What was the charge/conviction? \_\_\_\_\_

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**E3.** What is your current legal status?

PAROLE.....1

PROBATION.....2

NONE.....0

**VI. Foster Care**

Now I would like to ask you some questions about the time you spent in foster care.

**F1.** How old were you at the time of your first placement into foster care? \_\_\_\_\_

**F2.** How many foster homes / group homes total have you ever been placed in since you've been in foster care?

- ONLY 1 HOME.....1
- 2-3 HOMES.....2
- 4-5 HOMES.....3
- 6-7 HOMES.....4
- 8-9 HOMES.....5
- 10 OR MORE HOMES.....6

**F3.** How long was your longest foster placement?

- LESS THAN 1 MONTH.....1
- 1-3 MONTHS.....2
- 3-6 MONTHS.....3
- 6-12 MONTHS.....4
- 1-2 YEARS.....5
- 2-3 YEARS.....6
- 4-5 YEARS.....7
- MORE THAN 5 YEARS.....8

**F4.** Overall, what type of placement did you stay in the most while in foster care?

- RELATIVE.....1
- FOSTER HOME.....2
- GROUP HOME.....3
- SHELTER.....4
- GUARDIAN.....5
- FRIEND OF FAMILY(non-related person).....6
- OTHER.....7

**F5.** Approximately how many months/years were you involved in the foster care system?  
 \_\_\_\_\_Months/Years (**circle one**)

## VII. ILSP Satisfaction and Services

Now I'll ask you about your experiences with the independent living services you received.

I'd like to know how much you used ILSP services. Let's go through this list, and tell me whether or not each ILSP activity relates to you:

<b>ILSP Services Inventory</b>	<b>1 = YES</b>	<b>0 = NO</b>	<b>9 = DON'T KNOW</b>	<b>99 = N/A</b>
<b>G1.</b> I had an independent living assessment.	1	0	9	99
<b>G2.</b> I met with an ILSP staff member at least once <b>[If No, or N/A, skip to F3.]</b>	1	0	9	99
<b>G2a.</b> ILSP staff helped me find housing.	1	0	9	99
<b>G2b.</b> ILSP staff helped me with school (for example SAT test prep, funding, class scheduling, tutoring).	1	0	9	99
<b>G2c.</b> ILSP staff helped me with a job or job training.	1	0	9	99
<b>G2d.</b> ILSP staff helped me with my finances.	1	0	9	99
<b>G2e.</b> ILSP staff helped me (or my child) get health care.	1	0	9	99
<b>G2f.</b> ILSP staff helped me get child care for my child.	1	0	9	99
<b>G2g.</b> ILSP staff gave me counseling to help me with my life.	1	0	9	99
<b>G2h.</b> I learned some important living skills at ILSP.	1	0	9	99
<b>G3.</b> I attended at least one ILSP event, activity or workshop <b>[If any answer other than 1 = Yes, skip to F4.]</b>	1	0	9	99
<b>G3a.</b> I attended at least one ILSP workshop. <b>G3b.</b> List the workshop(s): _____ _____	1	0	9	99
<b>G3c.</b> I attended a support group at ILSP.	1	0	9	99
<b>G3d.</b> I attended at least one social activity/event at ILSP.	1	0	9	99
<b>G4.</b> I used the ILSP offices to do school work, visit, or just hang out.	1	0	9	99

If YES to any of the questions G1 to G4, continue. If all answers are NO, skip to G10.

G5. What was it about the independent living skills program that helped you the most?

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G6. First, why did you decide to participate in ILSP?

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Now, I'm going to read some statements. I would like for you to rate the questions on a scale of 1 to 7, 1 means *very strongly disagree* and 7 means *very strongly agree*.

(INTERVIEWER: AFTER READING EACH QUESTION: "...HOW WOULD YOU RATE YOUR AGREEMENT, ON A SCALE OF 1 'Very strongly agree' TO 7 'Very strongly disagree'?" IF RESPONDENT IS UNSURE, UNDECIDED OR NEUTRAL, CIRCLE 4).

Satisfaction with ILSP	Very strongly disagree	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Very strongly agree
G7. I was able to get housing information from my independent living program staff.	1	2	3	4	5	6	7
G8. The independent living program made a difference in my education.	1	2	3	4	5	6	7
G9. Overall, I feel the independent living skills program helped me to live more independently.	1	2	3	4	5	6	7
G10. I know how	1	2	3	4	5	6	7

to get housing information if I need it.							
<b>G11.</b> If other foster youth asked my opinion, I'd recommend that they take advantage of ILSP.	1	2	3	4	5	6	7

**G12.** Now I'm going to read through a list of people who may have been part of your life. I'd like you to tell me who gave information or help about living independently. **(Interviewer—read through list and check all groups that respondent indicates has been helpful).**

Now, who would you say has been the most helpful? Who is the 2<sup>nd</sup> most helpful? Who else would be the 3<sup>rd</sup> most helpful?

	<i>Check =YES</i>	<b>Most helpful</b>	<b>2<sup>nd</sup> most helpful</b>	<b>3<sup>rd</sup> most helpful</b>
<b>1.</b> -ILSP staff		1	2	3
<b>2.</b> -Foster parent (non-relative)		1	2	3
<b>3.</b> -Adoptive parent		1	2	3
<b>4.</b> -Parent or other family members		1	2	3
<b>5.</b> -Adult friend of the family		1	2	3
<b>6.</b> -Peer friends		1	2	3
<b>7.</b> -Church		1	2	3
<b>8.</b> -Counselor or therapist		1	2	3
<b>9.</b> -Court appointed special advocate (CASA)		1	2	3
<b>10.</b> -Caseworker		1	2	3
<b>11.</b> -School teachers or other school staff		1	2	3
<b>12.</b> -Someone at a job		1	2	3
<b>13.</b> -Group home staff		1	2	3
<b>14.</b> -Other persons <b>SPECIFY</b> ) _____ _____		1	2	3

**G12a.** Did you participate in an Emancipation team decision making meeting prior to leaving the foster care system?

- YES.....1
- NO.....0 (go to **G13.**)
- DON'T KNOW.....9 (go to **G13.**)

I have one more statement that I would like for you to rate the on a scale of 1 to 7, where 1 means *very strongly disagree* and 7 means *very strongly agree*.

**(INTERVIEWER: AFTER READING THE STATEMENT: "...HOW WOULD YOU RATE YOUR AGREEMENT, ON A SCALE OF 1 'Very strongly agree' TO 7 'Very strongly disagree'?" IF RESPONDENT IS UNSURE, UNDECIDED OR NEUTRAL, CIRCLE 4).**

	Very strongly disagree	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Very strongly agree
<b>G12b.</b> My participation in an Emancipation team decision making meeting helped me feel prepared for leaving the foster care system and going out on my own.	1	2	3	4	5	6	7

**G13.** If you could ask a staff member from the independent living skills program for some kind of help right now, what kind of help would that be for?

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**G14.** That's all the questions I have for the survey. Is there anything else you would like to comment on?

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**[Interviewer: ask this during survey waves 1 and 2]:**

We're just about done with the interview. One last question so we can make sure to get your help in the next interview. If we are unable to contact you directly for the next interview, are there any family, friends or other people who will probably know how to reach you? We won't tell them anything about you, what you have told us, or the kind of research we're doing, only that we are from the university, you helped us with a research project, and you suggested that they help us get in touch with you.

Name:                      Relationship:                      Phone number (if known):                      Address (if known):

Your current address and phone number is:

Do you expect to be at a different address or phone number in the next few months?

If you have an email address, may we use it to contact you?

That's the end of this interview. I really appreciate your taking the time to help us.

Date of interview: \_\_\_\_\_