

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

Identification Number:      \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Interviewer ID Number:      \_\_\_\_  
Date of Interview:      \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                         Month   Day      Year

### INTRODUCTION

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Hi, this is \_\_\_\_\_ from University of Virginia. We spoke to you a couple of months ago when you were at Culpeper Juvenile Correctional Center and you participated in our research study (remember the soda and candy?). We are contacting you now to find out what has been happening in your life since we last spoke and to find out if you would be interested in continuing to participate in our study. We are offering to pay you \$50 if you agree to talk to us. Our interview would last about an hour and will ask you about several things including school, your relationships, and your use of community services. Would you like to participate?

**If NO → Okay, thanks anyway for your time.**

**If YES → Okay, is this a good time to talk?**

**If NO → Okay when would be a good time to talk to you?**

| Date | Time | Phone Number |
|------|------|--------------|
|------|------|--------------|

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### **If YES → START INTERVIEW**

Just like before, everything that you tell me is confidential. We do everything we can to keep others from learning about your participation in the interview, including obtaining a special certificate of confidentiality from the Department of Health and Human Services. We will not release any information about you without your signed consent. Your name will not be used in any of our reports – we use code numbers instead of names in our records so that all responses are anonymous.

So this all means that whatever you tell me will be just between you and me, unless you tell me that you are going to hurt somebody or yourself. If you do tell me that you are planning to hurt yourself or someone else, we might have to tell someone in order to keep everyone safe. Okay? Do you have any questions about any of that?

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

## ***SCHOOL BACKGROUND***

I'm going to ask you some questions related to your current or past school experiences. First, I want to get an idea of which schools you've attended.

|                                                                                                                   |                                                                     |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1) Before going to CJCC, were you enrolled in school? ( <i>GAP</i> )                                              | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) |
| 1b) <b>If yes OR no:</b><br>What is the name of the school you were last enrolled in before CJCC? ( <i>NLSY</i> ) | Name: _____                                                         |
| 2) After leaving CJCC, did you TRY to re-enroll in school? ( <i>GAP</i> )<br><b>If no skip to 5</b>               | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) |
| 2b) What is the name of the school?                                                                               | Name: _____                                                         |
| 3) After leaving CJCC, were you EVER actually enrolled in school? ( <i>GAP</i> )<br><b>If no Skip to 5</b>        | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) |
| 3a) You left CJCC on _____, when did you actually enroll back in school?                                          | Date: _____                                                         |
| 3b) What is the name of the school?                                                                               | Name: _____                                                         |
| 4) Are you CURRENTLY enrolled in school?                                                                          | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) |
| 4b) What is the name of the school?                                                                               | Name: _____                                                         |
| 4c) What grade are you in?                                                                                        | Grade: _____                                                        |
|                                                                                                                   |                                                                     |

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

ASK THE FOLLOWING QUESTION IF THEY DID NOT TRY OR DID NOT RE-ENROLL

5) You said you did not re-enroll in school? I'm going to list a number of reasons why people decide not to re-enroll please tell me if any of these apply to you. (SACR + GAP) (Check all that apply)

**For question 5: If any box is checked enter "1" for yes, if box is not checked enter a "0" for no. →**

- A.) ☐ Received degree/completed coursework/graduate
- B.) ☐ Expelled
- C.) ☐ Got married
- D.) ☐ Pregnant
- E.) ☐ School was too dangerous
- F.) ☐ Poor grades
- G.) ☐ Did not like school
- H.) ☐ Offered a job
- I.) ☐ Entered military
- J.) ☐ Financial difficulties, couldn't afford to go
- K.) ☐ Child care responsibilities
- L.) ☐ Home responsibilities
- M.) ☐ Moved away from school
- N.) ☐ Didn't get along with other students
- O.) ☐ My friends had dropped out of school
- P.) ☐ Had a problem with drugs or alcohol
- Q.) ☐ Become the mother of a baby
- R.) ☐ Had a health problem
- S.) ☐ Incarceration/Legal Problems
- T.) ☐ Transportation Problems/Too far away
- U.) ☐ Rules of the school you wanted to attend wouldn't allow you to enroll (GAP)
- V.) ☐ Too difficult to gather necessary paperwork
- W.) ☐ Afraid of being treated differently for having been at CJCC

6) Have you obtained a GED or are you currently in a program outside of regular school that will help you get a GED? (GAP)

- ☐ No (0)
- ☐ Yes (1)

6b) **If yes:** From where did you get your GED? (GAP)

Name: \_\_\_\_\_

CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

| Ask the following questions for everyone that TRIED, WAS, or IS RE-ENROLLED in school:                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>8) Did you receive any assistance in trying to re-enroll in school? (GAP)</p> <p><b>If no, skip to 9</b></p>                                                                                                                                               | <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> N/A</p>                                                                                                                                                                                                                                                    |
| <p>8b) Who provided you with assistance ?(GAP)</p> <p><b>For question 8b: If box is checked enter a “1” for yes, if box is not checked enter a “0” for no.→</b></p>                                                                                           | <p><input type="checkbox"/> Treatment Team at CJCC</p> <p><input type="checkbox"/> Lawyer</p> <p><input type="checkbox"/> Parole Officers</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> School Administrator from CJCC</p> <p><input type="checkbox"/> School Administrator in the Community</p> <p><input type="checkbox"/> Other _____</p> |
| <p>9) What type of assistance was helpful or would have been more helpful? (GAP)</p>                                                                                                                                                                          | <p>Explain:</p>                                                                                                                                                                                                                                                                                                                                                       |
| <p>10) How difficult was it to re-enroll?(GAP)</p>                                                                                                                                                                                                            | <p><input type="checkbox"/> Impossible – never able to re-enroll (1)</p> <p><input type="checkbox"/> Very difficult (2)</p> <p><input type="checkbox"/> Somewhat difficult (3)</p> <p><input type="checkbox"/> A little difficult (4)</p> <p><input type="checkbox"/> Not at all difficult (5)</p>                                                                    |
| <p>11) Did you face any problems gathering the necessary paperwork to re-enroll in school? (GAP)</p> <p><b>If no, skip to 12</b></p>                                                                                                                          | <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> N/A</p>                                                                                                                                                                                                                                                    |
| <p>11b) What paperwork were you missing? (GAP)</p>                                                                                                                                                                                                            | <p>Explain:</p>                                                                                                                                                                                                                                                                                                                                                       |
| <p>12) Was your parole officer helpful in gathering up your paperwork? (GAP)</p>                                                                                                                                                                              | <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> N/A</p>                                                                                                                                                                                                                                                    |
| <p>13) Did the school have any rules that made it difficult for you to re-enroll because you were locked up? For example, were you expelled from school because you committed a crime and then unable to re-enroll? (GAP)</p> <p><b>If no, skip to 15</b></p> | <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> N/A</p>                                                                                                                                                                                                                                                    |
| <p>13b) What rules made it difficult? (GAP)</p>                                                                                                                                                                                                               | <p>Explain:</p>                                                                                                                                                                                                                                                                                                                                                       |

CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

**Ask ALL participants these questions and use past tense when necessary.**

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>14) Have you ever dropped out of school? (<i>NLSY</i>)</p> <p><b>If no, skip to 16</b></p>                                                                                                                                                                                     | <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Yes (1)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p>14b) <b>If yes,</b></p> <p>When?</p> <p><b>For question 14b: If the box is checked enter a “1” for yes, if the box is not checked enter a “0” for no. →</b></p>                                                                                                                | <p><input type="checkbox"/> Before CJCC? Or</p> <p><input type="checkbox"/> After CJCC?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>14c) What is the main reason you left school? (<i>NLSY</i>)</p> <p><i>ASK AS AN OPEN ENDED QUESTION AND IDENTIFY A CATEGORY POST-INTERVIEW.</i></p> <p><b>For question 14c: If the box is checked enter a “1” for yes, if the box is not checked enter a “0” for no. →</b></p> | <p>DO NOT READ THIS LIST</p> <p>A.) <input type="checkbox"/> Suspended</p> <p>B.) <input type="checkbox"/> Expelled</p> <p>C.) <input type="checkbox"/> Got married</p> <p>D.) <input type="checkbox"/> Pregnant</p> <p>E.) <input type="checkbox"/> School was too dangerous</p> <p>F.) <input type="checkbox"/> Child care responsibilities</p> <p>G.) <input type="checkbox"/> Home responsibilities</p> <p>H.) <input type="checkbox"/> Moved away from school</p> <p>I.) <input type="checkbox"/> Didn’t get along with other students</p> <p>J.) <input type="checkbox"/> My friends had dropped out of school</p> <p>K.) <input type="checkbox"/> Poor grades</p> <p>L.) <input type="checkbox"/> Did not like school</p> <p>M.) <input type="checkbox"/> Offered job</p> <p>N.) <input type="checkbox"/> Entered military</p> <p>O.) <input type="checkbox"/> Financial difficulties, couldn’t afford to go</p> <p>P.) <input type="checkbox"/> Had a health problem</p> <p>Q.) <input type="checkbox"/> Incarceration/Legal Problems</p> <p>R.) <input type="checkbox"/> Transportation Problems/Too far away</p> <p>S.) <input type="checkbox"/> Had a problem with drugs or alcohol</p> <p>T.) <input type="checkbox"/> Become the mother of a baby</p> |
| <p>14d) What was the highest grade that you completed? (<i>Pathways</i>)</p>                                                                                                                                                                                                      | <p><input type="checkbox"/> 6<sup>th</sup> grade or less (0)</p> <p><input type="checkbox"/> 7<sup>th</sup> grade or less (1)</p> <p><input type="checkbox"/> 8<sup>th</sup> grade (2)</p> <p><input type="checkbox"/> 9<sup>th</sup> grade (3)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                                                                                                                                         |                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                         | <input type="checkbox"/> 10 <sup>th</sup> grade (4)<br><input type="checkbox"/> 11 <sup>th</sup> grade (5)<br><input type="checkbox"/> HS Graduate (6)                     |
| 15) Have you been involved in special education? <i>(GAP)</i><br><br><b>For question 15: If the box is checked enter a “1” for yes, if the box is not checked enter a “0” for no. →</b> | <input type="checkbox"/> Before CJCC<br><input type="checkbox"/> After CJCC<br><input type="checkbox"/> During CJCC<br><input type="checkbox"/> Never in Special Education |
| 16) After release, how many of your classmates have been into fights at school? <i>(GAP)</i>                                                                                            | <input type="checkbox"/> None (0)<br><input type="checkbox"/> Few (1)<br><input type="checkbox"/> Some (2)<br><input type="checkbox"/> Most (3)                            |
| 17) After release, how many of your classmates have been in trouble with the law at school? <i>(GAP)</i>                                                                                | <input type="checkbox"/> None (0)<br><input type="checkbox"/> Few (1)<br><input type="checkbox"/> Some (2)<br><input type="checkbox"/> Most (3)                            |

### ***SCHOOL CLIMATE AND PERCEPTIONS***

**Now, I’m going to ask you some questions about how you feel about certain school issues**

|                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. In my neighborhood, it’s pretty easy for a young person to get a good paying, honest job. <i>(Pathways – Motivation)</i><br>1. Strongly disagree (1)    2. Disagree (2)    3. Neither (3)    4. Agree (4)    5. Strongly Agree (5) |
| 2. College is too expensive for most of the people in my school. <i>(Pathways – Motivation)</i><br>1. Strongly disagree (1)    2. Disagree (2)    3. Neither (3)    4. Agree (4)    5. Strongly Agree (5)                             |
| 3. My chances of getting ahead and being successful are not very good. <i>(Pathways – Motivation)</i><br>1. Strongly disagree (1)    2. Disagree (2)    3. Neither (3)    4. Agree (4)    5. Strongly Agree (5)                       |
| 4. Most of my friends will graduate from high school. <i>(Pathways – Motivation)</i><br>1. Strongly disagree (1)    2. Disagree (2)    3. Neither (3)    4. Agree (4)    5. Strongly Agree (5)                                        |
| 5. I’ll never have as much opportunity to succeed as kids from other schools. <i>(Pathways – Motivation)</i><br>1. Strongly disagree (1)    2. Disagree (2)    3. Neither (3)    4. Agree (4)    5. Strongly Agree (5)                |
| 6. In my neighborhood, it is hard to make much money without doing something illegal. <i>(Pathways – Motivation)</i><br>1. Strongly disagree (1)    2. Disagree (2)    3. Neither (3)    4. Agree (4)    5. Strongly Agree (5)        |

CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

***FRIENDSHIPS AND ROMANTIC RELATIONSHIPS***

Now, I'm going to ask you some questions about your relationships with friends and partners.

| BACKGROUND INFORMATION FOR ROMANTIC RELATIONSHIPS                                                                    |                                                                                       |                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.                                                                                                                   | What is your marital status? (ASR)<br><br>If not married, skip to question 3          | <input type="checkbox"/> Never been married (0)<br><input type="checkbox"/> Married, living with spouse (1)<br><input type="checkbox"/> Married, but separated from spouse (2)<br><input type="checkbox"/> Divorced (3)<br><input type="checkbox"/> Widowed (4)<br><input type="checkbox"/> Other, please define (5): |
| 2.                                                                                                                   | If <b>yes</b> , what are your husband's initials?<br>Skip to question 4               | Initials:                                                                                                                                                                                                                                                                                                             |
| 3.                                                                                                                   | Do you currently have a boyfriend/girlfriend?                                         | <input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (0)                                                                                                                                                                                                                                                   |
| 3b.                                                                                                                  | If <b>yes</b> , What are your boyfriend/girlfriend's initials?<br>Answer 4-7          | Initials:                                                                                                                                                                                                                                                                                                             |
| 3c.                                                                                                                  | If <b>no</b> , what were the initials of your last boyfriend/girlfriend?<br>Skip to 8 | Initials:                                                                                                                                                                                                                                                                                                             |
| 4.                                                                                                                   | How long have the two of you been together?<br>(ASR)                                  | <input type="checkbox"/> 4 weeks or less (1)<br><input type="checkbox"/> 1-2 months (2)<br><input type="checkbox"/> 3-6 months (3)<br><input type="checkbox"/> 6-12 months (4)<br><input type="checkbox"/> 1 year or longer (5)                                                                                       |
| 5.                                                                                                                   | How old is your boyfriend/girlfriend/husband?                                         | Age:                                                                                                                                                                                                                                                                                                                  |
| If she is <b>not</b> currently in a relationship answer following questions in reference to their last relationship. |                                                                                       |                                                                                                                                                                                                                                                                                                                       |
| 8.                                                                                                                   | How long were you dating your last boyfriend/girlfriend?                              | <input type="checkbox"/> 4 weeks or less (1)<br><input type="checkbox"/> 1-2 months (2)<br><input type="checkbox"/> 3-6 months (3)<br><input type="checkbox"/> 6-12 months (4)<br><input type="checkbox"/> 1 year or longer (5)                                                                                       |
| 9.                                                                                                                   | How old was your last boyfriend/girlfriend?                                           | Age:                                                                                                                                                                                                                                                                                                                  |
| 10.                                                                                                                  | Were you living with your boyfriend/girlfriend?                                       | <input type="checkbox"/> Yes (0)<br><input type="checkbox"/> No (1)                                                                                                                                                                                                                                                   |
| 11.                                                                                                                  | What is the longest period of time you have been in a                                 | <input type="checkbox"/> 4 weeks or less (1)<br><input type="checkbox"/> 1-2 months (2)                                                                                                                                                                                                                               |

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|     |                                               |                                                                                                                                      |
|-----|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
|     | relationship?                                 | <input type="checkbox"/> 3-6 months (3)<br><input type="checkbox"/> 6-12 months (4)<br><input type="checkbox"/> 1 year or longer (5) |
| 12. | How many partners have you had since release? | _____                                                                                                                                |

## RBQ

|                                    |                  |
|------------------------------------|------------------|
| ROMANTIC PARTNER'S INITIALS: _____ | (FOR USE IN FQQ) |
|------------------------------------|------------------|

|     | FRIENDSHIP QUALITY QUESTIONNAIRE                                                                                                                               | Romantic Partner |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 1.  | _____ tells me I am good at things.<br>1. Not at all true (1) 2. A little true (2) 3. Somewhat true (3) 4. Pretty true (4) 5. Really True (5)                  |                  |
| 2.  | _____ sticks up for me if others talk behind my back<br>1. Not at all true (1) 2. A little true (2) 3. Somewhat true (3) 4. Pretty true (4) 5. Really True (5) |                  |
| 3.  | We make each other feel important and special.<br>1. Not at all true (1) 2. A little true (2) 3. Somewhat true (3) 4. Pretty true (4) 5. Really True (5)       |                  |
| 4.  | _____ says "I'm sorry" if _____ hurts my feelings.<br>1. Not at all true (1) 2. A little true (2) 3. Somewhat true (3) 4. Pretty true (4) 5. Really True (5)   |                  |
| 5.  | _____ has good ideas about things to do.<br>1. Not at all true (1) 2. A little true (2) 3. Somewhat true (3) 4. Pretty true (4) 5. Really True (5)             |                  |
| 6.  | _____ would like me even if others didn't.<br>1. Not at all true (1) 2. A little true (2) 3. Somewhat true (3) 4. Pretty true (4) 5. Really True (5)           |                  |
| 7.  | _____ tells me I am pretty smart.<br>1. Not at all true (1) 2. A little true (2) 3. Somewhat true (3) 4. Pretty true (4) 5. Really True (5)                    |                  |
| 8.  | _____ makes me feel good about my ideas.<br>1. Not at all true (1) 2. A little true (2) 3. Somewhat true (3) 4. Pretty true (4) 5. Really True (5)             |                  |
| 9.  | _____ does not tell others my secrets.<br>1. Not at all true (1) 2. A little true (2) 3. Somewhat true (3) 4. Pretty true (4) 5. Really True (5)               |                  |
| 10. | _____ cares about my feelings.<br>1. Not at all true (1) 2. A little true (2) 3. Somewhat true (3) 4. Pretty true (4) 5. Really True (5)                       |                  |

## FQQ

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

## **PEER NETWORK**

Now, I'm going to ask you some questions about the people that you usually spend time with since you were released. Think of all your friends both in and out of school.

|                                                                                                                                                         |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Since Release                                                                                                                                           | If only one boyfriend, ask about frequency                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       |
| 1. How many of your friends/romantic partners purposely damaged or destroyed property that did not belong to them? <i>(Baseline Study)</i>              | Romantic Partner<br><input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                   | Friend:<br><input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                            |
| 2. How many of your friends/romantic partners have hit or threatened someone? <i>(Baseline Study)</i>                                                   | <input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                                       | <input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                                       |
| 3. How many of your friends/romantic partners have sold drugs? <i>(Baseline Study)</i>                                                                  | <input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                                       | <input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                                       |
| 4. How many of your friends/romantic partners have carried a knife or a gun? <i>(Baseline Study)</i>                                                    | <input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                                       | <input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                                       |
| 5. How many of your friends/romantic partners have been in a physical fight? <i>(Baseline Study)</i>                                                    | <input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                                       | <input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                                       |
| 6. How many of your friends/romantic partners have been hurt in a fight? <i>(Baseline Study)</i>                                                        | <input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                                       | <input type="checkbox"/> None (1)<br><input type="checkbox"/> Few (2)<br><input type="checkbox"/> Some (3)<br><input type="checkbox"/> Most (4)                                                                                                       |
| 7. Would your close friends/romantic partners know if you had been involved in an illegal activity? <i>(Baseline Study)</i>                             | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                                                                                                                                                                   | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                                                                                                                                                                   |
| 8. If your close friends/romantic partners knew that you had been involved in an illegal activity what would their reaction be? <i>(Baseline Study)</i> | <input type="checkbox"/> Would not care at all (0)<br><input type="checkbox"/> Would be bothered, but would not say anything (1)<br><input type="checkbox"/> Would be bothered, and would say something (2)<br><input type="checkbox"/> Would be very | <input type="checkbox"/> Would not care at all (0)<br><input type="checkbox"/> Would be bothered, but would not say anything (1)<br><input type="checkbox"/> Would be bothered, and would say something (2)<br><input type="checkbox"/> Would be very |

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                                                                                        |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                        | upset with you (3)                                                                                                                                                                                                                                                      | upset with you (3)                                                                                                                                                                                                                                                      |
| 9. Would your close friends/romantic partners know if you had been using drugs? ( <i>Baseline Study</i> )                              | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                                                                                                                                                                                     | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                                                                                                                                                                                     |
| 10. If your close friends/romantic partners knew that you had been using drugs what would their reaction be? ( <i>Baseline Study</i> ) | <input type="checkbox"/> Would not care at all (0)<br><input type="checkbox"/> Would be bothered, but would not say anything (1)<br><input type="checkbox"/> Would be bothered, and would say something (2)<br><input type="checkbox"/> Would be very upset with me (3) | <input type="checkbox"/> Would not care at all (0)<br><input type="checkbox"/> Would be bothered, but would not say anything (1)<br><input type="checkbox"/> Would be bothered, and would say something (2)<br><input type="checkbox"/> Would be very upset with me (3) |

## ***RELATIONSHIP QUALITY AND SUPPORT***

Now, I'm going to ask you some questions about your relationships. The last time we spoke you had identified \_\_\_\_\_ as the person that you most considered to be your mother and \_\_\_\_\_ as the person that you most considered to be your father. Throughout the interview when we refer to your mother and father we would like you to think of these individuals. I am also going to refer to your boyfriend and I want you to think of \_\_\_\_\_ (insert initials from FQQ) OK?

### **CAPAI-R**

[Note to interviewer, ensure that the youth is rating the primary caregivers as defined at Time 1.]

| NO                | Disagree | Neutral | Agree | YES            |
|-------------------|----------|---------|-------|----------------|
| Disagree Strongly |          |         |       | Agree Strongly |
| 1                 | 2        | 3       | 4     | 5              |

1. I don't mind asking my \_\_\_\_\_ for comfort, advice, or help

|                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| Mother           | 1 | 2 | 3 | 4 | 5 |
| Father           | 1 | 2 | 3 | 4 | 5 |
| Romantic Partner | 1 | 2 | 3 | 4 | 5 |
| My friends       | 1 | 2 | 3 | 4 | 5 |

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

2. I find it difficult to depend on my \_\_\_\_\_

|                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| Mother           | 1 | 2 | 3 | 4 | 5 |
| Father           | 1 | 2 | 3 | 4 | 5 |
| Romantic Partner | 1 | 2 | 3 | 4 | 5 |
| My friends       | 1 | 2 | 3 | 4 | 5 |

3. I usually discuss my problems and concerns with my \_\_\_\_\_

|                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| Mother           | 1 | 2 | 3 | 4 | 5 |
| Father           | 1 | 2 | 3 | 4 | 5 |
| Romantic Partner | 1 | 2 | 3 | 4 | 5 |
| My friends       | 1 | 2 | 3 | 4 | 5 |

4. I need a lot of reassurance that I am loved by my \_\_\_\_\_.

|                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| Mother           | 1 | 2 | 3 | 4 | 5 |
| Father           | 1 | 2 | 3 | 4 | 5 |
| Romantic Partner | 1 | 2 | 3 | 4 | 5 |
| My friends       | 1 | 2 | 3 | 4 | 5 |

5. I worry that my \_\_\_\_\_ won't care about me as much as I care about my \_\_\_\_\_

|                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| Mother           | 1 | 2 | 3 | 4 | 5 |
| Father           | 1 | 2 | 3 | 4 | 5 |
| Romantic Partner | 1 | 2 | 3 | 4 | 5 |
| My friends       | 1 | 2 | 3 | 4 | 5 |

6. I worry about being abandoned by my \_\_\_\_\_

|                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| Mother           | 1 | 2 | 3 | 4 | 5 |
| Father           | 1 | 2 | 3 | 4 | 5 |
| Romantic Partner | 1 | 2 | 3 | 4 | 5 |
| My friends       | 1 | 2 | 3 | 4 | 5 |

7. I would rather take care of myself than depend on my \_\_\_\_\_.

|                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| Mother           | 1 | 2 | 3 | 4 | 5 |
| Father           | 1 | 2 | 3 | 4 | 5 |
| Romantic Partner | 1 | 2 | 3 | 4 | 5 |
| My friends       | 1 | 2 | 3 | 4 | 5 |

8. I do not need my \_\_\_\_\_ to take care of me.

|                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| Mother           | 1 | 2 | 3 | 4 | 5 |
| Father           | 1 | 2 | 3 | 4 | 5 |
| Romantic Partner | 1 | 2 | 3 | 4 | 5 |
| My friends       | 1 | 2 | 3 | 4 | 5 |

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

9. I rely on myself, not my \_\_\_\_\_, to solve my problems.

|                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| Mother           | 1 | 2 | 3 | 4 | 5 |
| Father           | 1 | 2 | 3 | 4 | 5 |
| Romantic Partner | 1 | 2 | 3 | 4 | 5 |
| My friends       | 1 | 2 | 3 | 4 | 5 |

CAPAI- Revised 9 item set (3 avoidance, 3 anxiety and 3 dismissing items)

### ***VIOLENCE AND VICTIMIZATION WITHIN RELATIONSHIPS – Candice***

Parents, friends and romantic partners may act towards you in many ways. You may also act in a number of different ways towards your parents, friends, and romantic partners. Sometimes they may do things that are helpful, and sometimes they may do things that are hurtful. Likewise, sometimes you may do things that are helpful or hurtful. This questionnaire asks how often these things may have happened in the **past 6 months**. Some of these questions may make you feel uncomfortable or remind you of unpleasant things, but please be as honest as you can.

| <b>In the last 6 months how often has your _</b> | Mom                                                                                                                                                    | Romantic Partner                                                                                                                                       | Friend                                                                                                                                                 | Stranger                                                                                                                                               |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Insulted you, put you down or called you names?  | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) |
| pushed, grabbed or shoved you in an argument     | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) |
| Kicked, bit, or hit you with a fist              | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) |
| hit you with an object                           | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) |

CTS-R2

**CIHR-GAP FOLLOW-UP INTERVIEW – FINAL**

| <b>In the last 6 months<br/>how often have you<br/>—</b> | <b>Mom</b>                                                                                                                                             | <b>Romantic<br/>Partner</b>                                                                                                                            | <b>Friend</b>                                                                                                                                          | <b>Stranger</b>                                                                                                                                        |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| insulted, put your down<br>or called them names?         | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) |
| pushed, grabbed or<br>shoved in an argument              | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) |
| Kicked, bit, or hit with<br>a fist                       | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) |
| hit with an object                                       | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) | <input type="checkbox"/> Never (1)<br><input type="checkbox"/> Rarely (2)<br><input type="checkbox"/> Often (3)<br><input type="checkbox"/> Always (4) |

CTS-R2

***PARENTING AND AGGRESSION TOWARDS CHILDREN***

Now, I'm going to ask you some questions about your children

|                                                                                                       |                                                                     |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Do you have children?<br><b>If No SKIP TO ???</b>                                                     | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) |
| If Yes,<br>How Many _____<br>Ages of children: _____                                                  |                                                                     |
| Do you have custody of your children?                                                                 | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) |
| Have you been contacted by social services at any time regarding the care of your child?              | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) |
| Have you been required to receive services in order to continue to parent/have custody of your child? | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) |

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                                                                                                                                                                                                                                         |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Has your child been taken into protective custody?                                                                                                                                                                                                                                      | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) |
| <p>If Yes,</p> <p>How Many times? _____</p> <p>What was the longest period of time your child spent in custody? _____ months</p>                                                                                                                                                        |                                                                     |
| Have you ever placed your child under the care of someone else because of interruptions or problems in parenting?                                                                                                                                                                       | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) |
| <p>If Yes,</p> <p>Who did you place your child with?</p> <p>Number of times?</p> <p>Longest period of time the child was in someone else's care? _____ months</p> <p>Have you given up legal custody of your child <input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)</p> |                                                                     |

-Candice

Now, I'm going to ask you some questions about what it is like to be a parent

|                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>When your child has done something wrong, how often do you lose your temper with him/her.</b>                                                       |
| <input type="checkbox"/> Never (1) <input type="checkbox"/> Almost Never (2) <input type="checkbox"/> Sometimes (3) <input type="checkbox"/> Often (4) |
| <b>How often do you have to spank your child?</b>                                                                                                      |
| <input type="checkbox"/> Never (1) <input type="checkbox"/> Almost Never (2) <input type="checkbox"/> Sometimes (3) <input type="checkbox"/> Often (4) |
| <b>How often do you have difficulty controlling your child?</b>                                                                                        |
| <input type="checkbox"/> Never (1) <input type="checkbox"/> Almost Never (2) <input type="checkbox"/> Sometimes (3) <input type="checkbox"/> Often (4) |
| <b>How often do you yell at your child?</b>                                                                                                            |
| <input type="checkbox"/> Never (1) <input type="checkbox"/> Almost Never (2) <input type="checkbox"/> Sometimes (3) <input type="checkbox"/> Often (4) |
| <b>How often do you have to threaten your child with punishment in order to get him/her to do something?</b>                                           |
| <input type="checkbox"/> Never (1) <input type="checkbox"/> Almost Never (2) <input type="checkbox"/> Sometimes (3) <input type="checkbox"/> Often (4) |

PPI- R2 [Fast Track]

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

## AGGRESSION SRO-R / SELF REPORT OF OFFENDING

Now I am going to ask you some questions about activities that you may have been involved in since your release from custody and in the past 6 months. Remember, all of your answers are confidential, that means they are just between you and I, *unless you tell me that you are going to hurt yourself or someone else [verify this statement complies with SFU/UVA ethics]*. Also, I don't want to know any details about the activities that I am asking you about, just whether you have done any of these things – OK.

When were you released from CJCC/Maples/YDC? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DAY MONTH YEAR

[note to interviewer: verify this date prior to the interview with release records; we may have to insert an exercise here to assist with recall. If the period since release was greater than 6 months also ask the number of times since release from custody]

Okay, when I ask you about your involvement in certain activities in the **PAST 6 months**. I will be talking about the time between \_\_\_\_\_ and \_\_\_\_\_. Can you remember back to that time period? [Assist in recall if necessary]. OK. Remember, I don't want any specifics.

| Have you:                                                                                  | Since your release from custody                                     | In the <b><u>past 6 months</u></b>                                  | # Times in the <b><u>past 6 months</u></b> |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------|
| 1. Driven while drunk or high?                                                             | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____                                      |
| 2. Sold Marijuana, pot or hashish?                                                         | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____                                      |
| 3. sold hard drugs other than pot, such as heroin, cocaine, acid or others?                | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____                                      |
| 4. Broken or tried to break into a building, or vehicle to steal something                 | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____                                      |
| 5. Stolen or tried to steal a motor vehicle such as a car or a motorcycle to keep or sell? | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____                                      |
| 6. Carried a gun?                                                                          | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____                                      |
| 7. Used a weapon to get money or things from people?                                       | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____                                      |
| 8. Used a weapon (stick, knife, gun, rocks) while fighting with another person?            | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____                                      |

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                                 |                                                                     |                                                                     |       |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-------|
| 9. Participated in gang activity?                                               | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____ |
| 10. Been in a fistfight?                                                        | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____ |
| 11. Attacked someone with the idea of seriously hurting or killing that person? | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____ |
| 12. Shot at someone?                                                            | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____ |
| 13. Been paid to have sexual relations with someone?                            | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1) | _____ |

SRO-R

## ***OVERT AND RELATIONAL AGGRESSION (LAI)***

Now, I'm going to ask you some questions about what type of person you are when you are upset with others.

Rate how much each of the following statements describes you. You can answer that the statement is "Not at all true", "Somewhat true", "Mostly True" or "Completely True" of you.

| I'm the kind of person who:                                                  | Not at all true            | Somewhat True              | Mostly True                | Completely True            |
|------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. often fights with others.                                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2. tells my friends to stop liking someone.                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. says mean things about others.                                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 4. gossips or spreads rumors.                                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>I often:</b>                                                              |                            |                            |                            |                            |
| 5. tell my friends to stop liking someone to get what I want.                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6. threaten others to get what I want.                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7. hit, kick, or punch others to get what I want                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>To get what I want, I often:</b>                                          |                            |                            |                            |                            |
| 8. gossip or spread rumors about others.                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
|                                                                              |                            |                            |                            |                            |
| 9. When I'm hurt by someone, I often fight back..                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 10..If others make me mad or upset, I often hurt them.                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 11. If others upset or hurt me, I often tell my friends to stop liking them. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                          |                            |                            |                            |                            |
|--------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 12. When I am upset with others, I often ignore or stop talking to them. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
|--------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

 LAI- 25

**For each of the following statements, answer Yes or No based on how the item describes you.**

1. Have you often become frantic when you thought that someone you really cared about was going to leave you? ☐ YES (1) ☐ NO (2)
2. Do your relationships with people you really care about have lots of extreme ups and downs? ☐ YES (1) ☐ NO (2)
3. Have you all of a sudden changed your sense of who you are and where you are headed? ☐ YES (1) ☐ NO (2)
4. Does your sense of who you are often change dramatically? ☐ YES (1) ☐ NO (2)
5. Are you different with different people or in different situations, so that you sometimes don't know who you really are? ☐ YES (1) ☐ NO (2)
6. Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on? ☐ YES (1) ☐ NO (2)
7. Have you often done things impulsively? ☐ YES (1) ☐ NO (2)
8. Have you tried to hurt or kill yourself or threatened to do so? ☐ YES (1) ☐ NO (2)
9. Have you ever cut, burned, or scratched yourself on purpose? ☐ YES (1) ☐ NO (2)
10. Do you have a lot of sudden mood changes? ☐ YES (1) ☐ NO (2)
11. Do you often feel empty inside? ☐ YES (1) ☐ NO (2)
12. Do you often have temper outbursts or get so angry that you lose control? ☐ YES (1) ☐ NO (2)
13. Do you hit people or throw things when you get angry? ☐ YES (1) ☐ NO (2)
14. Do even little things get you very angry? ☐ YES (1) ☐ NO (2)
15. When you are under a lot of stress, do you get suspicious of other people or feel especially spaced out? ☐ YES (1) ☐ NO (2)

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

### ***AFFECT REGULATION***

**These questions are about your feelings. I am going to read out a statement and I want to tell me whether it is ‘a lot like you’ ‘a little like you’ ‘not like you’.**

|                                                                            |                                                     |
|----------------------------------------------------------------------------|-----------------------------------------------------|
| 1. I have a hard time controlling my feelings.                             | A lot like me(1) A little like me(2) Not like me(3) |
| 2. My feelings just take over me and I can’t do anything about it.         | A lot like me(1) A little like me(2) Not like me(3) |
| 3. When I get upset, it takes a long time for me to get over it.           | A lot like me(1) A little like me(2) Not like me(3) |
| 4. Thinking about why I act in certain ways helps me to understand myself. | A lot like me(1) A little like me(2) Not like me(3) |
| 5. If I think about my feelings, it just makes everything worse.           | A lot like me(1) A little like me(2) Not like me(3) |
| 6. I try hard not to think about my feelings.                              | A lot like me(1) A little like me(2) Not like me(3) |
| 7. I keep my feelings to myself.                                           | A lot like me(1) A little like me(2) Not like me(3) |

### **Rejection Sensitivity**

Each of the items below describes things that adolescents sometimes ask or do. Please imagine that you are in each situation and answer the following questions.

#### **1. Your boyfriend/girlfriend has plans to go out with friends tonight, but you really want to spend the evening with him/her, and you tell him/her so.**

a) How **angry** would you be imagining that he or she might **not** willingly choose to stay with you?

☐1 Not at all angry (1)      ☐2 Somewhat angry (2)      ☐3 Very Angry (3)      ☐4 Extremely Angry(4)

b) How **nervous** would you be imagining that he or she might **not** willingly choose to stay with you?

☐1 Not at all nervous (1)      ☐2 Somewhat nervous (2)      ☐3 Very nervous (3)      ☐4 Extremely nervous(4)

#### **2. You ask your boyfriend/girlfriend if he/she really loves you.**

a) How **angry** would you be imagining that he or she might **not** answer you directly or honestly?

☐1 Not at all angry (1)      ☐2 Somewhat angry (2)      ☐3 Very Angry (3)      ☐4 Extremely Angry(4)

b) How **nervous** would you be imagining that he or she might **not** answer you directly or honestly?

☐1 Not at all nervous (1)      ☐2 Somewhat nervous (2)      ☐3 Very nervous (3)      ☐4 Extremely nervous(4)

#### **3. You call your boyfriend/girlfriend after a bad argument and tell him/her you want to see him/her.**

a) How **angry** would you be imagining that he or she might **not** want to see you?

☐1 Not at all angry (1)      ☐2 Somewhat angry (2)      ☐3 Very Angry (3)      ☐4 Extremely Angry(4)

b) How **nervous** would you be imagining that he or she might **not** want to see you?

☐1 Not at all nervous (1)      ☐2 Somewhat nervous (2)      ☐3 Very nervous (3)      ☐4 Extremely nervous(4)

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

### 4. Your close friend has plans to go out with another group of people but you would rather go out alone with him/her.

a) How **angry** would you be at imagining that he or she would **not** willingly chose to stay with you?

☐1 Not at all angry (1)

☐2 Somewhat angry (2)

☐3 Very Angry (3)

☐4 Extremely Angry(4)

b) How **nervous** would you be imagining that he or she would **not** willingly chose to stay with you?

☐1 Not at all nervous (1)

☐2 Somewhat nervous (2)

☐3 Very nervous (3)

☐4 Extremely nervous(4)

### 5. You are worried that your relationship with a close friend is falling apart and you would like talk to him/her about it.

a) How **angry** would you be imagining that he or she might **not** want to talk about it?

☐1 Not at all angry (1)

☐2 Somewhat angry (2)

☐3 Very Angry (3)

☐4 Extremely Angry(4)

b) How **nervous** would you be imagining that he or she might **not** want to talk about it?

☐1 Not at all nervous (1)

☐2 Somewhat nervous (2)

☐3 Very nervous (3)

☐4 Extremely nervous(4)

### 6. You and your close friend have a bad argument and you call him/her to talk about it?

a) How **angry** would you be imagining that he or she might **not** want to talk about it?

☐1 Not at all angry (1)

☐2 Somewhat angry (2)

☐3 Very Angry (3)

☐4 Extremely Angry(4)

b) How **nervous** would you be imagining that he or she might **not** want to talk about it?

☐1 Not at all nervous (1)

☐2 Somewhat nervous (2)

☐3 Very nervous (3)

☐4 Extremely nervous(4)

## MENTAL HEALTH AND SERVICE UTILIZATION

These questions are about mental health problems you may have experienced.

|                                                                                                                                                     |                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In the last 6 months, have you seen a counselor or therapist for mental health problems, like depression, anxiety, or other problems?               | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                                                                                                            |
| How helpful has the counselor or therapist been for your problems?                                                                                  | <input type="checkbox"/> Very Helpful (1)<br><input type="checkbox"/> Somewhat Helpful (2)<br><input type="checkbox"/> A little Helpful (3)<br><input type="checkbox"/> Not at all Helpful (4) |
| In the last 6 months, have you received medication for mental health problems, like depression anxiety of other problems?                           | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                                                                                                            |
| How helpful has the medications been for your mental health problems?                                                                               | <input type="checkbox"/> Very Helpful (1)<br><input type="checkbox"/> Somewhat Helpful(2)<br><input type="checkbox"/> A little Helpful (3)<br><input type="checkbox"/> Not at all Helpful (4)  |
| In the last 6 months, have mental health problems interfered with your ability to parent? [need to insert specific examples, OR insert a checklist] | <input type="checkbox"/> No (0)                                                                                                                                                                |

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                                                                                                                    |                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                    | <input type="checkbox"/> Yes (1)                                                                            |
| In the last 6 months, have mental health problems interfered with your ability <i>to work</i> ? [need to insert specific examples, OR insert a checklist]          | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                         |
| In the last 6 months, have mental health problems interfered with your ability <i>to attend school</i> ? [need to insert specific examples, OR insert a checklist] | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                         |
| In the last 6 months, how would you rate your mental health?                                                                                                       | <input type="checkbox"/> Good (3)<br><input type="checkbox"/> Fair (2)<br><input type="checkbox"/> Poor (1) |
| <p>Can you remember what grade you were in when you first got your period? How old were you at the time?</p> <p>AGE:                      GRADE:</p>               |                                                                                                             |

Candice

## **RISKY BEHAVIOR/HARM TO SELF**

These questions are about whether you have been hurt recently.

| <u>Have you:</u>                                                                                                                                                                                                                                                                                | <b>Since your release from custody</b>                                                          | <b>In the <u>past 6 months</u></b>                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| ....been hospitalized for an illness                                                                                                                                                                                                                                                            | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)<br><br>If yes, # times_____ | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)<br><br>If yes, # times_____ |
| ....been hospitalized due to an accident or injury<br><br>Details: (code whether it was one of the following)<br><input type="checkbox"/> Assault (1) <input type="checkbox"/> Vehicle Accident (2)<br><input type="checkbox"/> Overdose (3) <input type="checkbox"/> Other (4), Specify: _____ | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)<br><br>If yes, # times_____ | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)<br><br>If yes, # times_____ |
| ...tried to kill yourself? {could also just ask “thought about killing yourself, or made a plan to kill yourself}                                                                                                                                                                               | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                             | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                             |
| ...done anything on purpose to hurt yourself but not necessarily to kill yourself? (Let youth answer first, then provide examples like burning                                                                                                                                                  | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                             | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                             |

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                       |                                                                                                    |                                                                                                    |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| yourself with cigarettes, cutting yourself)                           | If yes, #<br>times_____                                                                            | If yes, #<br>times_____                                                                            |
| ...engaged in unprotected sex?                                        | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                |
| ...contracted an STD?                                                 | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                |
| ....taken to many drugs/alcohol and needed to seek medical attention? | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)<br><br>If yes, #<br>times_____ | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)<br><br>If yes, #<br>times_____ |

*Candice*

|                                                                                          |                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is your <u>current legal status</u> ?                                               | 0. None (0)<br>1. On probation only (1)<br>2. On parole only (2)<br>3. On probation and parole (3)<br>4. Awaiting charge, trial, or sentence (4)<br>5. Outstanding warrant (5)<br>6. Case pending (6)<br>7. Other (7) |
| Altogether, how many TIMES in the last 6 months were you arrested?                       |                                                                                                                                                                                                                       |
| Since being released, have you violated your parole/probation order and BEEN CAUGHT?     | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                                                                                                                                   |
| Since being released, have you violated your parole/probation order and NOT BEEN CAUGHT? | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                                                                                                                                   |

*Treatment Needs Survey*

CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

**PAROLE OFFICER RELATIONSHIP AND PSYCHOSOCIAL BARRIERS TO TREATMENT**

*Now, I'm going to ask you some questions regarding your relationship with your parole officer.*

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| 1. It's always easy to follow or understand what your parole officer is trying to tell you.         |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 2. Your parole officer is easy to talk to.                                                          |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 3. You trust your parole officer.                                                                   |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 4. You are motivated and encouraged by your parole officer.                                         |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 5. Your parole officer is well organized and prepared for each meeting.                             |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 6. Your parole officer views your problems and situations realistically.                            |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 7. Your parole officer is sensitive to your situation and problems.                                 |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 8. Your parole officer makes you feel foolish or ashamed.                                           |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 9. Your parole officer recognizes the progress you make in treatment.                               |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 10. Your parole officer helps you develop confidence in yourself.                                   |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 11. You can depend on your parole officer's understanding.                                          |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 12. Your parole officer respects you and your opinions.                                             |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |
| 13. Your parole plan has reasonable objectives.                                                     |
| 1. Strongly Disagree(1)    2. Disagree(2)    3. Uncertain(3)    4. Agree(4)    5. Strongly Agree(5) |

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

## **BARRIERS TO MENTAL HEALTH TREATMENT**

Now I'm going to ask you some problems people face in receiving services

|                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Have you experienced any problems in getting mental health treatment (counseling, medication, etc.)?<br><b>Ask about each type even if they say NO</b>              | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                                                                                                                                                                                                                                                                                                                    |
| <b>1b. If yes,</b><br>What?<br><b>Check all that apply</b><br><b>For question 1b: If box is checked enter a "1" for yes, if box is not checked enter a "0" for no.</b> | <input type="checkbox"/> A.) Insurance (or Medicaid) wouldn't cover it<br><input type="checkbox"/> B.) No insurance (or Medicaid)<br><input type="checkbox"/> C.) Lack of transportation<br><input type="checkbox"/> D.) Waiting lists<br><input type="checkbox"/> E.) Didn't know how to arrange it<br><input type="checkbox"/> F.) Didn't want services<br><input type="checkbox"/> G.) Other: _____ |
| 2. How frequently have you contacted or been contacted by your parole/probation officer since your release?                                                            | <input type="checkbox"/> Daily (1)<br><input type="checkbox"/> Weekly (2)<br><input type="checkbox"/> Few times a month (3)<br><input type="checkbox"/> Monthly (4)<br><input type="checkbox"/> Step Down System (5)<br><input type="checkbox"/> Other: _____ (6)                                                                                                                                      |
| 3. How helpful has your parole officer been in getting you services or a job?                                                                                          | <input type="checkbox"/> Very helpful (1)<br><input type="checkbox"/> Somewhat helpful (2)<br><input type="checkbox"/> A little helpful (3)<br><input type="checkbox"/> Not at all helpful (4)                                                                                                                                                                                                         |
| 4. How helpful has your parent/guardian been in getting you services or a job?                                                                                         | <input type="checkbox"/> Very helpful (1)<br><input type="checkbox"/> Somewhat helpful (2)<br><input type="checkbox"/> A little helpful (3)<br><input type="checkbox"/> Not at all helpful (4)                                                                                                                                                                                                         |
| 5. Is there any other adult in your life that has been helpful?                                                                                                        | <input type="checkbox"/> No (0)<br><input type="checkbox"/> Yes (1)                                                                                                                                                                                                                                                                                                                                    |
| <b>5b. If yes,</b> Who?                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                        |

Treatment Needs Survey

## **SERVICES – NEEDED/RECEIVED**

|  |                |                  |                                                                                                       |
|--|----------------|------------------|-------------------------------------------------------------------------------------------------------|
|  | <b>Needed?</b> | <b>Received?</b> | <b>If received, ask</b><br>"How soon <b>after</b> being released from Culpeper did it begin for you?" |
|--|----------------|------------------|-------------------------------------------------------------------------------------------------------|

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                  |                                                                           |                                                                            |                                                                                                                                   |
|------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. Therapy Counseling                                            | a)<br><input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (2) | B1)<br><input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (2) | b2)<br><input type="checkbox"/> < 2 weeks (1)<br><input type="checkbox"/> 2-4 weeks (2)<br><input type="checkbox"/> > 1 month (3) |
| 2. Treatment for drug or alcohol use (other than support groups) | a)<br><input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (2) | B1)<br><input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (2) | b2)<br><input type="checkbox"/> < 2 weeks (1)<br><input type="checkbox"/> 2-4 weeks (2)<br><input type="checkbox"/> > 1 month (3) |
| 3. Medication for mental health needs                            | a)<br><input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (2) | B1)<br><input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (2) | b2)<br><input type="checkbox"/> < 2 weeks (1)<br><input type="checkbox"/> 2-4 weeks (2)<br><input type="checkbox"/> > 1 month (3) |
| 4. Medicaid                                                      | a)<br><input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (2) | B1)<br><input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (2) | b2)<br><input type="checkbox"/> < 2 weeks (1)<br><input type="checkbox"/> 2-4 weeks (2)<br><input type="checkbox"/> > 1 month (3) |
| 5. Transportation to program                                     | a)<br><input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (2) | B1)<br><input type="checkbox"/> Yes (1)<br><input type="checkbox"/> No (2) | b2)<br><input type="checkbox"/> < 2 weeks (1)<br><input type="checkbox"/> 2-4 weeks (2)<br><input type="checkbox"/> > 1 month (3) |

*Treatment Needs Survey*

### **EMPLOYMENT AND FINANCIAL RESOURCES**

|                                                                                     |                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Where have you been <u>living or staying</u> most of the time in the last month? | 1. With family or other relatives (1)<br>2. With group of friend(s) (2)<br>3. Alone in own dwelling (3)<br>4. With boyfriend/girlfriend (4)<br>5. Homeless (specify): (5)<br>6. Hospital, rehabilitation facility (6)<br>7. Jail, prison, or other correctional facility (7) |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                          | 8. Other (specify):_____ (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2. Did you hold a job anytime since being released?                                                                                                                                                                                      | <p>1. Not in labor force--student, disabled, in jail, etc. (1)</p> <p>2. No, needed <u>at home</u> to take care of other family members (2)</p> <p>3. No, could not find a job (3)</p> <p>4. No, did not try to find a job (4)</p> <p>5. Unable to work due to alcohol or drug problems. (5)</p> <p>6. <u>Yes</u>, usually at <u>odd jobs</u> (occasional or irregular work) (6)</p> <p>7. <u>Yes</u>, usually at <u>part-time</u> jobs (under 35 hours per week) (7)</p> <p>8. <u>Yes</u>, usually <u>full-time</u> at a steady job (35 hours or more per week) (8)</p> |
| 3. What was your major (or largest) source of support during the past 6 months?                                                                                                                                                          | <p>1. Job (1)</p> <p>2. Boyfriend/Girlfriend/Spouse (2)</p> <p>3. Family or friends (3)</p> <p>4. Unemployment (4)</p> <p>5. Welfare (5)</p> <p>6. Prostitution (6)</p> <p>7. Illegal activities (7)</p> <p>8. Others (8):</p>                                                                                                                                                                                                                                                                                                                                           |
| <p>3a. Have you received any of these services</p> <p><b>For question 3a: If the box is checked enter a “1” for yes, if the box is not checked enter a “0” for no. →</b></p>                                                             | <p>1. <input type="checkbox"/> Medicaid</p> <p>2. <input type="checkbox"/> TANF</p> <p>3. <input type="checkbox"/> Food Stamps</p> <p>4. <input type="checkbox"/> WIC</p>                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>3.. If you are not receiving social services (Medicaid, TANF, etc.), why?</p> <p><b>Read all options</b></p> <p><b>For question 3: If the box is checked enter a “1” for yes, if the box is not checked enter a “0” for no. →</b></p> | <p><input type="checkbox"/> a.) Didn’t know how to arrange it</p> <p><input type="checkbox"/> b.) Didn’t want services</p> <p><input type="checkbox"/> c.) Didn’t need services</p> <p><input type="checkbox"/> d.) Didn’t apply</p> <p><input type="checkbox"/> e.) Lack of transportation</p> <p><input type="checkbox"/> f.) Waiting lists</p> <p><input type="checkbox"/> g.) Other: _____</p>                                                                                                                                                                       |

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

TRAUMA -Candice

I am going to read you a list of things that sometimes happen to people and I would like you to let me know about the things that you have you've lived through or seen since we last spoke. For each event that I read I would like you to tell me (a) happened to you; (b) you saw it happen to someone else; or (c) it never happened to you or anyone close to you.

|                                                                                                                                                                                                           |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1.) Have you been in a vehicle accident SINCE WE LAST SPOKE? (for example, car, bus, truck, or boat accident; train wreck, or plane crash)                                                                | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 2.) Have you seen a vehicle accident in the SINCE WE LAST SPOKE? (for example, car, bus, truck, or boat accident; train wreck, or plane crash)                                                            | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 3.) Have you been in a bad accident at school, home or while playing SINCE WE LAST SPOKE?                                                                                                                 | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 4.) Have you seen a bad accident at school, home or while playing SINCE WE LAST SPOKE?                                                                                                                    | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 5.) Have you been attacked with a weapon (for example, belt, bottles, knife, gun, or bomb); or being told you would be hurt with a weapon (but weren't hurt after all) SINCE WE LAST SPOKE?               | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 6.) Have you seen someone being attacked with a weapon (for example, belt, bottles, knife, gun, or bomb); or seen someone being threatened that would be hurt with a weapon (but weren't hurt after all)? | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 7.) Have you not had enough food, water, clothing; not had a home; or were left alone for many days without food or anyone to take care of you?                                                           | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 8.) Have you seen other people who have not had enough food, water, clothing; not had a home; or were left alone for many days without food or anyone to take of them?                                    | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 9.) Have you been near dying, hungry, or homeless people or been around kids without any adults to care for them?                                                                                         | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 10.) Have you been forced to stay someplace against your wishes (kidnapped or stolen)?                                                                                                                    | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 11.) Have you seen other people stay someplace against their wishes (kidnapped or stolen)?                                                                                                                | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 12.) Have you been ill or injured in a way that might have caused you to die?                                                                                                                             | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 13.) Have you seen someone so ill or injured in a way that might have caused their death?                                                                                                                 | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 14.) Have you seen a violent death or dead bodies?                                                                                                                                                        | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                                                          |                                                                |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 15.) Have you experienced the death of someone close to you?                                             | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 16.) Have you seen the death of someone close of you?                                                    | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 17.) Have you been badly hurt by someone on purpose or by accident?                                      | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 18.) Have you seen someone be badly hurt by someone on purpose or by accident?                           | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 19.) Have you had someone touch your body in a way you didn't want to be touched?                        | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 20.) Have you seen someone being touched in a way they didn't want to be touched?                        | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 21.) Have you been made to touch someone else's body?                                                    | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 22.) Have you seen someone be made to touch someone else's body?                                         | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 23.) Have you been sexually assaulted or made to be involved in unwanted sexual experiences?             | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 24.) Have you seen someone get sexually assaulted or made to be involved in unwanted sexual experiences? | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 25.) Have you been forced to participate in sex trade (e.g., prostitution)?                              | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |
| 26.) Have you seen others forced to participate in sex trade (e.g., prostitution)?                       | <input type="checkbox"/> YES(1) <input type="checkbox"/> NO(2) |

### ***EXPOSURE TO VIOLENCE***

**Please answer the following questions about your experiences at HOME, at School, and in Your Neighborhood.**

***Interviewer: Indicate the appropriate number next to the appropriate question.***

1. Never (1)
2. Sometimes (2)
3. Always (3)

1. I feel safe:

- a) at home \_\_\_\_\_
- b) In your school \_\_\_\_\_
- c) In your Neighborhood \_\_\_\_\_

2. I feel as though I belong:

- a) At home \_\_\_\_\_
- b) In your school \_\_\_\_\_
- c) In your neighborhood \_\_\_\_\_

3. It is clean:

- a) At home \_\_\_\_\_
- b) In your school \_\_\_\_\_
- c) In your neighborhood \_\_\_\_\_

# CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

|                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>4. I am afraid of being made fun of because of my culture/race:</p> <p>a) at home _____</p> <p>b) In your school _____</p> <p>c) In my neighborhood _____</p> | <p>5. There are activities that I participate in:</p> <p>a) At home _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood _____</p>   | <p>6. I am afraid of being physically attacked:</p> <p>a) At home. _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood _____</p> |
| <p>7. I am afraid of being verbally harassed or humiliated:</p> <p>a) At home _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood _____</p>      | <p>8. I feel like I have people that I can talk to</p> <p>a) At home _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood. _____</p> |                                                                                                                                                  |

***CMS – Approved for Baseline Study***

| <b>How often do you see:</b>                                                                                                                                                             |                                                                                                                                          |                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <p>9. People smoking drugs?</p> <p>a) At home. _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood _____</p>                                                             | <p>10. Drug Deals?</p> <p>a) At home _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood _____</p>                       | <p>11. Someone getting beat up?</p> <p>a) At home. _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood _____</p> |
| <p>12. Guns?</p> <p>a) At home _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood _____</p>                                                                             | <p>13. Guns being shot?</p> <p>a) At home _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood _____</p>                  | <p>14. Someone getting arrested?</p> <p>a) At home _____</p> <p>b) In your school _____</p> <p>c) In my neighborhood _____</p>   |
| <p>15. Gang activity (i.e. gang members hanging out or involved in criminal activities)?</p> <p>a) At home _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood _____</p> | <p>16. Somebody getting stabbed or shot?</p> <p>a) At home _____</p> <p>b) In your school _____</p> <p>c) In your neighborhood _____</p> |                                                                                                                                  |

***CMS – Approved for Baseline Study***

FAST-TRACK

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

What is the worst thing that has happened to you since you left CJCC/Maples/YDC?

What has put you most at risk for committing new acts that could get you sent to CJCC or to adult jail/prison?

What do you think has been the most helpful in keeping you out of serious trouble?

What is the best thing that has happened to you since you left CJCC/Maples/YDC?

Is there anything else that has been going on in your life that you would like to tell us about?

## CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

### TRACKING INFORMATION

---

Thank you for talking with us today. We would like to contact you again in X months.

[insert description of the incentive that we will offer and ask for consent to contact again in X months].

Will you be at the same address and phone number?

**If YES** → Ensure that you have the correct contact information. Record that contact information here:

| Address | Phone Number (s) |
|---------|------------------|
| <hr/>   |                  |

**If NO** → What address can we contact you at? Phone number?

| Address | Phone Number (s) /Email |
|---------|-------------------------|
| <hr/>   |                         |

---

CIHR-GAP FOLLOW-UP INTERVIEW – FINAL

Now I would like to get the names of 3 people who would know how to get a hold of you.

**First, is there someone that you live with that would know where you are:**

☐ NO (0)      ☐ YES (1)

What is his/ her name? \_\_\_\_\_

What is his/her address: \_\_\_\_\_ and Phone number: \_\_\_\_\_

**Do you have another relative that would know where to reach you?**

☐ NO (0)      ☐ YES (1)

Who is that relative? \_\_\_\_\_

What is his/her address: \_\_\_\_\_ and Phone number: \_\_\_\_\_

**Finally, do you have a friend that would know how to get a hold of you?**

☐ NO (0)      ☐ YES (1)

Who is that friend? \_\_\_\_\_

What is his/her address: \_\_\_\_\_ and Phone number: \_\_\_\_\_

Probation Officers Name: \_\_\_\_\_

Office that Probation Officer Works From: \_\_\_\_\_