

CSSCD Phase 3

2.10: Life Stressors and Social Resources Inventory: Youth Form – Form LISR

**INSTRUCTIONS FOR ADMINISTERING THE LIFE STRESSORS AND SOCIAL RESOURCES
INVENTORY: YOUTH FORM (LISRES-Y)**

• **SECTION ONE**

The adolescent completes this section of the form independently. Please pass out only this section at this point.

**QUESTION-BY-QUESTION SPECIFICATIONS FOR THE LIFE STRESSORS AND
SOCIAL RESOURCES INVENTORY YOUTH FORM (LISRES-Y) SECTION 1**

Question 1. Person administering test: The clinic staff member that conducts the interview portion of the LISRES-Y (Section 2) should enter his/her name on the line and initials in the three boxes to the right of the line.

Question 2. Date test given: The date the test was administered to/completed by the patient should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94). All three sections of the LISRES-Y should be completed on THE SAME DAY.

Question 3.1. How long have you lived at your present address?: Please check to be sure that only 1 set of boxes is filled in, EITHER months OR Years, NOT both.

Question 3.2. Have you moved to a new home in the past 12 months?: This question MUST be answered 1.NO or 2.YES. If the answer to 3.2 is 2.YES, question 3.2.1 MUST be answered.

Question 3.2.1. If Yes to 3.2 you moved to a home in the past 12 months: A check mark should be placed in the SINGLE box that best describes the patient's new home.

Question 4. Which of the people listed below do you live with now?: More than one response box may be checked for this question.

Question 5. Please list the ages of your brothers (include stepbrothers and halfbrothers) and sisters (include stepsisters and half-sisters). Circle the ages of those who live with you now: If the patient does not have any brothers/stepbrothers or sisters/stepsisters, place a check mark in N/A box. Note: Data Coordinators should check that the age of the sibling(s) currently living with the patient are circled.

Question 6.1 In the past 12 months, has someone new moved into your home?: A check

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mark should be placed in the 1. NO or 2. YES box. If question 6.1 is answered 2. YES, the patient MUST answer question 6.1.1.

Question 6.1.1 If YES to question 6.1: A check mark should be placed in the SINGLE box that best describes how someone new moving into the patient's home has affected his/her living situation.

Question 6.2. Has someone moved out of your home?: A check mark should be placed in the 1. NO or 2. YES box. If question 6.2 is answered 2. YES, the patient MUST answer question 6.2.1.

Question 6.2.1 If YES to question 6.2: A check mark should be placed in the SINGLE box that best describes how someone moving out of the patient's home has affected his/her living situation.

Question 7. In the past 12 months did any of the following events occur?: A check mark should be placed in the 1. NO or 2. YES box for each of 7.1 - 7.7. If question 7.6 is answered 2. YES the patient MUST answer question 7.6.1, if question 7.7 is answered 2. YES the patient MUST answer question 7.7.1.

Questions 8.1. - 8.6 questions about the patient's home and neighborhood: A check mark should be placed in one of the answer boxes for each of questions 8.1 - 8.6

Questions 9.1 - 9.6 questions about the patient's financial situation: A check mark should be placed in one of the answer boxes for each of questions 9.1 - 9.6

Questions 10.1 - 10.6 questions about the patient's personal safety/health: A check mark should be placed in one of the answer boxes for each of questions 10.1 - 10.6

Question 11. Are you working right now?: A check mark should be placed in one of the three answer boxes. If 2. YES, part-time or 2. YES, full-time is checked, the patient MUST answer question 11.1.

Question 11.1. If YES to question 11, how long have you held your job?: Question 11.1 should be answered in EITHER Months OR Years, NOT both.

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Question 12. Is your mother currently in your life?: A check mark should be placed in the appropriate 1. NO or 2. YES box. By currently in your life, we do not just mean is the patient living with his/her mother, but is the patient's mother in some way actively involved in the patient's life regardless of who the patient lives with. If the patient answers 1. NO to question 12, the patient may skip questions 13 - 17.

Question 13. Is your mother or stepmother currently working?: A check mark should be placed in the appropriate box. If the patient has both a mother and a stepmother, he/she should answer questions 13 - 17 about the one that he/she spends the most time with.

Question 14. What is your mother's or stepmother's job (or usual job if not currently working)?: The patient should write his/her mother/stepmothers job on the line for question 14.

Question 15. How many years of schooling did your mother or stepmother complete?: A check mark should be placed in only ONE of the response boxes.

Questions 16.1 - 16.7 Events that have happened in the past 12 months involving the patient's mother: A check mark should be placed in the 1. NO or 2. YES boxes for each of questions 16.1 - 16.7.

Questions 17.1 - 17.12 Questions about the patient's relationship with his/her mother or stepmother: A check mark should be placed in one of the answer boxes for each of questions 17.1 - 17.12.

Question 18. Is your father currently in your life?: A check mark should be placed in the appropriate 1. NO or 2. YES box. By currently in your life, we do not just mean is the patient living with his/her father, but is the patient's father in some way actively involved in the patient's life regardless of who the patient lives with. If the patient answers 1. NO to question 12, the patient may skip questions 19 - 23.

Question 19. Is your father or stepfather currently working?: A check mark should be placed in the appropriate box. If the patient has both a father and a stepfather, he/she should answer questions 19 - 23 about the one that he/she spends the most time with.

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Question 20. What is your father’s or stepfather’s job (or usual job if not currently working)?:

The patient should write his/her father/stepfathers job on the line for question 20.

Question 21. How many years of schooling did your father or stepfather complete?: A

check mark should be placed in only ONE of the response boxes.

Questions 22.1 - 22.7 Events that have happened in the past 12 months involving the

patient’s father: A check mark should be placed in the 1. NO or 2. YES boxes for each of questions 22.1 - 22.7.

Questions 23.1 - 23.12 Questions about the patient’s relationship with his/her father or

stepfather: A check mark should be placed in one of the answer boxes for each of questions 23.1-23.12.

Question 24. Do you have any brothers or sisters?: A check mark should be placed in the 1.

NO or 2. YES box.

Question 25. Do you have any stepbrothers or stepsisters?: A check mark should be placed

in the 1. NO or 2. YES box.

If the patient has no siblings (biological, half-siblings or step-siblings),and answers 1. NO to questions 24 and 25, the patient may skip questions 26 - 27.

Questions 26.1 - 26.6 Events that have happened in the past 12 months involving the

patient’s brother(s)/stepbrother(s)/sister(s)/stepsister(s): A check mark should be placed in the 1. NO or 2. YES boxes for each of questions 26.1 - 26.6.

Questions 27.1 - 27.11 Questions about the patient’s relationship with ONE of his/her

brothers/stepbrothers or sisters/stepsisters: A check mark should be placed in one of the answer boxes for each of questions 27.1 - 27.11.

Question 28.1 How many relatives do you feel close to, that is, relatives you feel at ease

with and can talk to about personal problems?: A check mark should be placed in only ONE of the response boxes.

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Question 28.2 How often do you spend time with the relative or relatives to whom you feel the closest?: A check mark should be placed in only ONE of the response boxes.

Questions 29.1 - 29.8 Events that have happened in the past 12 months involving the patient's other relatives: A check mark should be placed in the 1. NO or 2. YES boxes for each of questions 29.1 - 29.8.

Questions 30.1 - 30.10 Questions about the patient's relationship with ONE of his/her other relatives: A check mark should be placed in one of the answer boxes for each of questions 30.1 - 30.10.

- **SECTION TWO**

The clinic personnel are to administer this section of the form to the patient in an interview format.

QUESTION-BY-QUESTION SPECIFICATIONS FOR THE LIFE STRESSORS AND SOCIAL RESOURCES INVENTORY YOUTH FORM (LISRES-Y) SECTION 2

Question 1. Person administering test: The clinic staff member that conducts the interview portion of the LISRES-Y (Section 2) should enter his/her name on the line and initials in the three boxes to the right of the line.

Question 2. Date test given: The date the test was administered to the patient should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94). All three sections of the LISRES-Y should be completed on THE SAME DAY.

Question 3. Is your mother currently in your life?: A check mark should be placed in the appropriate 1. NO or 2. YES box. By currently in your life, we do not just mean is the patient living with his/her mother, but is the patient's mother in some way actively involved in the patient's life regardless of who the patient lives with.

Question 4. Is your stepmother currently in your life?: A check mark should be placed in the appropriate 1. NO, 2. YES, or 3. N/A box.

If BOTH the patient's mother and stepmother are currently in his/her life, have the patient respond about the one he/she spends the most time with.

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Question 5. Mother/Stepmother’s medical conditions or physical problems: A check mark should be placed in the appropriate 1. NO or 2. YES box. If 2. YES is selected, he/she MUST answer questions 5.1. A (and if applicable 5.1.B) and 5.1.A.2 (and if applicable 5.1.B.2).

Question 5.1.A/B. Name of the problem(s): List the mother’s/stepmother’s medical condition/physical problem(s) here.

Question 5.1.A.2/B.2 Did it begin in the last 12 months?: Place a check mark in the appropriate 1. NO or 2. YES box.

Question 6. Mother’s/Stepmother’s emotional/behavioral problems, etc.: A check mark should be placed in the appropriate 1. NO or 2. YES box. If 2. YES is selected, he/she MUST answer questions 6.1. A (and if applicable 6.1 .B) and 6.1 .A.2 (and if applicable 6.1 .B.2).

Question 6.1.A/B. Name of the problem(s): List the mother’s/stepmother’s emotional/behavioral, etc. problem(s) here.

Question 6.1.A.2/B.2 Did it begin in the last 12 months?: Place a check mark in the appropriate 1. NO or 2. YES box.

Question 7. Is your father currently in your life?: A check mark should be placed in the appropriate 1. NO or 2. YES box. By currently in your life, we do not just mean is the patient living with his/her father, but is the patient’s father in some way actively involved in the patient’s life regardless of who the patient lives with.

Question 8. Is your stepfather currently in your life?: A check mark should be placed in the appropriate 1. NO, 2. YES, or 3. N/A box.

If BOTH the patient’s father and stepfather are currently in his/her life, have the patient respond about the one he/she spends the most time with.

Question 9. Father/Stepfather’s medical conditions or physical problems: A check mark should be placed in the appropriate 1. NO or 2. YES box. If 2. YES is selected, he/she MUST answer questions 9.1. A (and if applicable 9.1.B) and 9.1.A.2 (and if applicable 9.1.B.2).

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Question 9.1.A./B. Name of the problem(s): List the father's/stepfather's medical condition/physical problem(s) here.

Question 9.1.A.2./B.2 Did it begin in the last 12 months?: Place a check mark in the appropriate 1. NO or 2. YES box.

Question 10. Father's/Stepfather's emotional/behavioral problems, etc.: A check mark should be placed in the appropriate 1. NO or 2. YES box. If 2. YES is selected, he/she MUST answer questions 10.1. A (and if applicable 10.1.B) and 10.1.A.2 (and if applicable 10.1.8.2).

Question 10.1.A./B. Name of the problem(s): List the father's/stepfather's emotional/behavioral, etc. problem(s) here.

Question 10.1.A.2./B.2 Did it begin in the last 12 months?: Place a check mark in the appropriate 1. NO or 2. YES box.

Question 11. Do you have any brothers or sisters?: A check mark should be placed in the appropriate 1. NO or 2. YES box.

Question 12. Do you have any stepbrothers or stepsisters?: A check mark should be placed in the appropriate 1. NO or 2. YES box.

Question 13. Brother's/Stepbrother's or Sister's/Stepsister's medical conditions or physical problems: A check mark should be placed in the appropriate 1. NO or 2. YES box. If 2. YES is selected, he/she MUST answer questions 13.1. A (and if applicable 13.1.B) and 13.1.A.2 (and if applicable 13.1.8.2). You may answer this question in regard to more than 1 sibling (if the patient has more than 1 sibling with medical conditions/physical problems).

Question 13.1.A./B. Name of the problem(s): List the brother's/stepbrother's or sister's/stepsister's medical condition/physical problem(s) here.

Question 13.1.A.2./B.2 Did it begin in the last 12 months?: Place a check mark in the appropriate 1. NO or 2. YES box.

Question 14. Brother's/Stepbrother's or Sister's/Stepsister's emotional/behavioral

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problems, etc.: A check mark should be placed in the appropriate 1. NO or 2. YES box. If 2. YES is selected, you MUST answer questions 14.1. A (and if applicable 14.1.8) and 14.1.A.2 (and if applicable 14.1.B.2). You may answer this question in regard to more than 1 sibling (if the patient has more than 1 sibling with emotional/behavioral problems).

Question 14.1.A/B. Name of the problem(s): List the brother's/stepbrother's or sister's/stepsister's emotional/behavioral. etc. problem(s) here.

Question 14.1.A.2/B.2 Did it begin in the last 12 months?: Place a check mark in the appropriate 1. NO or 2. YES box.

Questions 15 and 16 are about the patient's parent's relationship. If the patient lives with only one parent or guardian but their mate also lives in the household, that is the pair the patient should answer about. If the patient lives with two parents (or a parent and stepparent), that is the pair the patient should answer about. If the patient lives with two adults (not necessarily biological parents) who are in a dyadic relationship and at least one is acting as the parent for the adolescent, that is the pair the patient should answer about.

Note that there may be some adolescents who live in two settings perhaps because of divorce or custody arrangements. In that event, they should answer the question about the parents with whom they spend the most time.

If the adolescent only lives with one or no parents, questions 15 and 16 should not be answered. The patient should proceed to Section 3.

Question 15. Do you live with only one adult?: Place a check mark in the appropriate 1. NO or 2. YES box. If the patient answers 2. YES, stop the interview and pass out section three at this point.

Questions 16.1 - 16.5 Questions about the patient's parent's relationship: A check mark should be placed in one of the answer boxes for each of questions 16.1 - 16.5.

- **SECTION THREE**

The adolescent completes this section of the form independently. Please pass out the final

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section at this point.

QUESTION-BY-QUESTION SPECIFICATIONS FOR THE LIFE STRESSORS AND SOCIAL RESOURCES INVENTORY YOUTH FORM (LISRES-Y) SECTION 3

Question 1. Person administering test: The clinic staff member that conducts the interview portion of the LISRES-Y (Section 2) should enter his/her name on the line and initials in the three boxes to the right of the line.

Question 2. Date test given: The date the test was administered to the patient should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94). All three sections of the LISRES-Y should be completed on THE SAME DAY.

Questions 3.1 - 3.10. questions about school and school activities that occurred in the past 12 months: A check mark should be placed in the 1. NO or 2. YES box for each of 3.1 - 3.10. If question 3.10 is answered 2. YES the patient MUST answer question 3.10.1. Some adolescents may come to you with a question regarding whether a particular activity applies to items 3.1 or 3.2. We are pulling for involvement so any group activity that is not a class assignment applies.

Question 4. How many school clubs and organizations do you belong to?: A check mark should be placed in the SINGLE box that best describes the number of clubs/organizations the patient belongs to.

Questions 5.1 - 5.6 questions about other students at school: A check mark should be placed in one of the answer boxes for each of questions 5.1 - 5.6.

Questions 6.1 - 6.10 questions about the patient's teachers, coaches, and counselors: A check mark should be placed in one of the answer boxes for each of questions 6.1 - 6.10.

Question 7.1 How many close friends do you have, people you feel at ease with and can talk to about personal matters?: A check mark should be placed in the SINGLE box that best describes the number of close friends the patient has.

Question 7.2 How often are you in touch with the friend or friends with whom you feel the closest?: A check mark should be placed in the SINGLE box that best describes how often the patient is in touch with his/her closest friend(s).

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Questions 8.1 - 8.9 events that have occurred in the past 12 months: A check mark should be placed in the 1. NO or 2. YES box for each of 8.1 - 8.9.

Questions 9.1 - 9.11 questions about the patients current relationship with his/her friends:
A check mark should be placed in one of the answer boxes for each of questions 9.1-9.11.

Question 10. How many clubs and organizations outside of school does the patient belong to?: A check mark should be placed in the SINGLE box that best describes the number of clubs/organizations the patient belongs to.

Question 11. How often do you attend religious services and activities?: A check mark should be placed in the SINGLE box that best describes the number of times the patient attends religious services and activities. Church camps and after school programs do not apply.

Questions 12.1 - 12.7 questions about the patient's current dating situation and relationships: A check mark should be placed in the 1. NO or 2. YES box for each of 12.1 - 12.7.

Question 13. Do you currently have a boyfriend/girlfriend?: A check mark should be placed in the 1. NO or 2. YES box.

If the patient does not currently have a boyfriend/girlfriend (answers NO to question 13), the patient should skip questions 14.1 - 14.11 and go directly to question 15.

Questions 14.1 - 14.11 questions about the patient's current relationship with a boyfriend or girlfriend: A check mark should be placed in the 1. NO or 2. YES box for each of 14.1 - 14.11.

Question 15. What is today's date?: The date should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94).

CODEBOOK FOR CSSCD FORM LISR
LIFE STRESSORS AND SOCIAL RESOURCES INVENTORY: YOUTH FORM
 CSSCD INFANT COHORT PATIENTS

The following variables were removed from the limited access dataset

lisbage5 lissage5 lisfc2 lisfc add_by lisfc3 lismajob lispajob lismprb1 lismbgn1 lismprb2 lismbgn2
 lismbev lismbp1 lismbb1 lismbp2 lismbb2 lisfprb1 lisfbgn1 lisfprb2 lisfbgn2 lisfbev lisfbp1 lisfbb1
 lisfbp2 lisfbb2 lisbsp1 lisbsb1 lisbsp2 lisbsb2 lisbsbev lisbsbp1 lisbsbn1 lisbsbp2 lisbsbn2

The following variables have been modified

lisaddr lisplivw listotb listots lismasch lispasch

Distribution of modified variables

31 HOW LONG LIVED AT PRESENT ADDRESS

LISADDR	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	4	1.65	4	1.65
2	8	3.29	12	4.94
3	5	2.06	17	7.00
4	7	2.88	24	9.88
6	3	1.23	27	11.11
7	3	1.23	30	12.35
8	7	2.88	37	15.23
10	1	0.41	38	15.64
11	2	0.82	40	16.46
12	25	10.29	65	26.75
17	1	0.41	66	27.16
18	2	0.82	68	27.98
24	22	9.05	90	37.04
25	1	0.41	91	37.45
30	1	0.41	92	37.86
36	15	6.17	107	44.03
39	1	0.41	108	44.44
46	1	0.41	109	44.86
48	11	4.53	120	49.38
58	1	0.41	121	49.79
60	13	5.35	134	55.14
72	9	3.70	143	58.85
84	6	2.47	149	61.32
96	13	5.35	162	66.67
108	4	1.65	166	68.31
120	20	8.23	186	76.54
132	10	4.12	196	80.66
144+	47	19.34	243	100.00

Frequency Missing = 17

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4 WHO DO YOU LIVE WITH NOW

LISPLIYW	Frequency	Percent	Cumulative Frequency	Cumulative Percent
MOTHER	111	43.36	111	43.36
OTHER	145	56.64	256	100.00

Frequency Missing = 4

The FREQ Procedure

TOTAL NUMBER OF BROTHERS/STEPBROTHERS

LISTOTB	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	46	20.81	46	20.81
1	77	34.84	123	55.66
2	63	28.51	186	84.16
3	19	8.60	205	92.76
4+	16	7.24	221	100.00

Frequency Missing = 39

TOTAL NUMBER OF SISTERS/STEPSISTERS

LISTOTS	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	52	24.41	52	24.41
1	78	36.62	130	61.03
2	43	20.19	173	81.22
3	24	11.27	197	92.49
4+	16	7.51	213	100.00

Frequency Missing = 47

15 # YRS OF SCHOOL MOM/STEPMOM COMPLETED

LISMASCH	Frequency	Percent	Cumulative Frequency	Cumulative Percent
COMPLETED GRADE 9 OR LESS	21	10.05	21	10.05
COMPLETED SOME HIGH SCHOOL	51	24.40	72	34.45
COMPLETED HIGH SCHOOL/GRADUATED/GED	60	28.71	132	63.16
COMPLETED SOME TECHNICAL TRAINING	15	7.18	147	70.33
COMPLETED SOME COLLEGE/ASSOCIATES DEGREE	42	20.10	189	90.43
RECEIVED AT LEAST BACHELORS DEGREE	20	9.57	209	100.00

Frequency Missing = 51

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The FREQ Procedure

LISPASCH	Frequency	Percent	Cumulative Frequency	Cumulative Percent
COMPLETED GRADE 9 OR LESS	9	7.03	9	7.03
COMPLETED SOME HIGH SCHOOL	25	19.53	34	26.56
COMPLETED HIGH SCHOOL/GRADUATED/GED	57	44.53	91	71.09
COMPLETED SOME TECHNICAL TRAINING	10	7.81	101	78.91
COMPLETED SOME COLLEGE/ASSOCIATES DEGREE	14	10.94	115	89.84
RECEIVED AT LEAST BACHELORS DEGREE	13	10.16	128	100.00

Frequency Missing = 132

CODEBOOK FOR CSSCD FORM LISR
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 CSSCD INFANT COHORT PATIENTS

CONTENTS OF SAS DATASET: LISRPUB.SD2 DATA FROM CSSCD FORM LISR - LIFE STRESSORS AND
 SOCIAL RESOURCES INVENTORY: YOUTH FORM VARIABLES ARE LISTED IN ALPHABETICAL ORDER
 IN THE SAS DATASET AND ON FORM LISR

The CONTENTS Procedure

Data Set Name: LISRPUBN	Observations:	260
Member Type: DATA	Variables:	224
Engine: V612	Indexes:	0
Created:	Observation Length:	1779
Last Modified:	Deleted Observations:	0
Protection:	Compressed:	NO
Data Set Type:	Sorted:	NO
Label:		

-----Engine/Host Dependent Information-----

Data Set Page Size:	16384
Number of Data Set Pages:	31
First Data Page:	2
Max Obs per Page:	9
Obs in First Data Page:	2
Number of Data Set Repairs:	0
File Name:	lisrpubn.sd2
Release Created:	6.08.00
Host Created:	WIN

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Informat	Label
1	ANONID	Char	8	0			ANONYMIZED ID #
146	LIS1ADLT	Num	8	1153	2.	2.	15 DO YOU LIVE WITH ONLY ONE ADULT
49	LISACCID	Num	8	377	2.	2.	105 IN PAST 12 MO YOU HAVE ACCDENT/INJRY
43	LISACTET	Num	8	329	2.	2.	95 CAN YOU AFFORD ACTIVITIES/ENTERTAINMT
4	LISADDR	Num	8	17	3.	3.	31 HOW LONG LIVED AT PRESENT ADDRESS
150	LISANGRY	Num	8	1185	2.	2.	164 GET ANGRY/LOSE TEMPER W/EACH OTHER
147	LISARGU	Num	8	1161	2.	2.	161 DO THEY HAVE ARGUEMENTS OR FIGHTS
47	LISATTAK	Num	8	361	2.	2.	103 IN PAST 12 MO YOU PERSONALY ATTACKED
157	LISAWARD	Num	8	1241	2.	2.	36 GOT AN AWARD FOR SCHOOL ACHIEVEMENT
9	LISBAGE1	Num	8	57	2.	2.	511 AGE OF BROTHER 1
10	LISBAGE2	Num	8	65	2.	2.	512 AGE OF BROTHER 2
11	LISBAGE3	Num	8	73	2.	2.	513 AGE OF BROTHER 3
12	LISBAGE4	Num	8	81	2.	2.	514 AGE OF BROTHER 4
218	LISBGANG	Num	8	1729	2.	2.	147 HE/SHE GET ANGRY/LOSE TEMPER W/YOU
213	LISBGARG	Num	8	1689	2.	2.	142 HAVE ARGUMENTS/FIGHT W/BOY/GIRLFRND
217	LISBGCHR	Num	8	1721	2.	2.	146 HE/SHE CHEER YOU UP WHEN SAD/WORRIED
214	LISBGCRT	Num	8	1697	2.	2.	143 BOY/GIRLFRND CRITICAL/DISAPPRVE OF U
220	LISBGEXP	Num	8	1745	2.	2.	1410 DOES HE/SHE EXPECT TOO MUCH FROM U
215	LISBGFEL	Num	8	1705	2.	2.	144 BOY/GIRLFRND UNDERSTND HOW YOU FEEL
221	LISBGFUN	Num	8	1753	2.	2.	1411 YOU HAVE FUN, LAUGH, JOKE W/HIM/HER
212	LISBGHLP	Num	8	1681	2.	2.	141 CAN U COUNT ON BOY/GIRLFRND FOR HELP
216	LISBGNRV	Num	8	1713	2.	2.	145 DOES BOY/GIRLFRND GET ON YOUR NERVES
219	LISBGRSP	Num	8	1737	2.	2.	148 DOES HE/SHE RESPECT YOUR OPINION
13	LISBLIV	Num	8	89	2.	2.	51A NUMBER OF BROTHERS THAT LIVE WITH PT
208	LISBRKUP	Num	8	1649	2.	2.	125 PAST 12 MO DID U BREAK UP W/SOMEONE
98	LISBR SIS	Num	8	769	2.	2.	24 DO YOU HAVE ANY BROTHERS/SISTERS?

CODEBOOK FOR CSSCD FORM LISR
LIFE STRESSORS AND SOCIAL RESOURCES INVENTORY: YOUTH FORM
 CSSCD INFANT COHORT PATIENTS

The CONTENTS Procedure

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Informat	Label
143	LISBRSS	Num	8	1129	2.	2.	11 DO YOU HAVE ANY BROTHERS OR SISTERS
102	LISBSACC	Num	8	801	2.	2.	263 SIS/BRO HAD SERIOUS ACCIDENT/INJURY
112	LISBSANG	Num	8	881	2.	2.	277 HE/SHE GET ANGRY/LOSE TEMPER W/YOU
107	LISBSARG	Num	8	841	2.	2.	272 DO YOU HVE ARGUMNTS/FIGHTS W/HIM/HER
105	LISBSBTH	Num	8	825	2.	2.	266 BIRTH OF A NEW SISTER/BROTHER
100	LISBSBTR	Num	8	785	2.	2.	261 RELATIONSHP SIS/BRO CHNGE FOR BETTER
111	LISBSCHR	Num	8	873	2.	2.	276 HE/SHE CHEER YOU UP WHEN SAD/WORRIED
108	LISBSCRT	Num	8	849	2.	2.	273 IS HE/SHE CRITICAL/DISAPPROVE OF YOU
28	LISBSDI	Num	8	209	2.	2.	75 PAST 12 MO BROTHER/SISTER DIED
114	LISBSEXP	Num	8	897	2.	2.	279 DOES HE/SHE EXPECT TOO MUCH FROM YOU
109	LISBSFEL	Num	8	857	2.	2.	274 HE/SHE UNDERSTND HOW FEEL ABT THINGS
115	LISBSFUN	Num	8	905	2.	2.	2710 DO U HAVE FUN,LAUGH,JOKE W/HIM/HER
106	LISBSHLP	Num	8	833	2.	2.	271 CAN YOU COUNT ON HIM/HER FOR HELP
103	LISBSHSP	Num	8	809	2.	2.	264 SIS/BRO HOSPITALIZED FOR ANY REASON
104	LISBSILL	Num	8	817	2.	2.	265 SIS/BRO RECOVER FROM ILL/EMOT PROB
145	LISBSMED	Num	8	1145	2.	2.	13 BRO/SIS HAVE ANY MEDICAL CONDITIONS
110	LISBSNRV	Num	8	865	2.	2.	275 DOES HE/SHE GET ON YOUR NERVES
113	LISBSRSP	Num	8	889	2.	2.	278 DOES HE/SHE RESPECT YOUR OPINION
116	LISBSUP	Num	8	913	2.	2.	2711 DOES HE/SHE ACT SUPERIOR TO YOU
101	LISBSWRS	Num	8	793	2.	2.	262 RELATIONSHP SIS/BRO CHANGE FOR WORSE
46	LISBURGL	Num	8	353	2.	2.	102 IN PAST 12 MO YOUR HOME BURGLARIZED
211	LISCBGFR	Num	8	1673	2.	2.	13 DO YOU CURRENTLY HAVE BOY/GIRLFRIEND
202	LISCLOUT	Num	8	1601	2.	2.	10 # CLUBS/ORGS BELONG TO OUTSIDE SCHOOL
222	LISCOMM	Num	8	1761	2.	2.	ADDITIONAL COMMENTS BY PATIENT RE LISR
36	LISCOOL	Num	8	273	2.	2.	84 IS IT COOL ENOUGH IN THE SUMMER
148	LISCRIT	Num	8	1169	2.	2.	162 R CRITICAL/DISAPPROV OF EACH OTHER
160	LISDROP	Num	8	1265	2.	2.	39 PAST 12 MO DID SCHOOL FRIENDS DROP U
151	LISEXPCT	Num	8	1193	2.	2.	165 THEY EXPECT TOO MUCH FROM EACH OTHER
44	LISEXTRA	Num	8	337	2.	2.	96 CAN YOU AFFORD EXTRA THINGS YOU WANT
197	LISFANGR	Num	8	1561	2.	2.	97 FRNDS GET ANGRY/LOSE TEMPER WITH YOU
192	LISFARGU	Num	8	1521	2.	2.	92 HAVE ARGUMENTS/FIGHT W/FRIENDS
140	LISFATH	Num	8	1105	2.	2.	7 IS YOUR DAD CURRENTLY IN YOUR LIFE
182	LISFBTR	Num	8	1441	2.	2.	81 PAST 12 MO FRNDSHP CHANGED FOR BETTER
196	LISFCHR	Num	8	1553	2.	2.	96 FRNDS CHEER YOU UP WHEN SAD/WORRIED
193	LISFCRIT	Num	8	1529	2.	2.	93 FRIENDS CRITICAL/DISAPPROVING OF YOU
40	LISFDCL	Num	8	305	2.	2.	92 CAN YOU AFFORD ENOUGH FOOD/CLOTHING
189	LISFDIED	Num	8	1497	2.	2.	88 PAST 12 MO A FRIEND DIED
186	LISFDROP	Num	8	1473	2.	2.	85 PAST 12 MO A GRP OF FRNDS DROPPED YOU
199	LISFEXP	Num	8	1577	2.	2.	99 FRIENDS EXPECT TOO MUCH FROM YOU
194	LISFFEEL	Num	8	1537	2.	2.	94 FRNDS UNDERSTND HOW U FEEL ABT THINGS
200	LISFFUN	Num	8	1585	2.	2.	910 YOU HAVE FUN, LAUGH, JOKE W/FRIENDS
191	LISFHELP	Num	8	1513	2.	2.	91 CAN U COUNT ON YOUR FRIENDS FOR HELP
181	LISFINTH	Num	8	1433	2.	2.	72 HOW OFTEN ARE IN TOUCH W/CLOSE FRNDS
205	LISFLOVE	Num	8	1625	2.	2.	122 PAST 12 MO DID YOU FALL IN LOVE
142	LISFMEDC	Num	8	1121	2.	2.	9 STEP/DAD HAVE ANY MEDICAL CONDITIONS
190	LISFMVD	Num	8	1505	2.	2.	89 PAST 12 MO A FRIEND MOVED AWAY
195	LISFNERV	Num	8	1545	2.	2.	95 DO ANY FRIENDS GET ON YOUR NERVES
180	LISFPERS	Num	8	1425	2.	2.	71 HOW MANY CLOSE FRIENDS DO YOU HAVE
201	LISFPRES	Num	8	1593	2.	2.	911 FRNDS PRESSURE U TO SMOKE/DRINK/DRUG

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#	Variable	Type	Len	Pos	Format	Informat	Label
198	LISFRSPC	Num	8	1569	2.	2.	98 FRIENDS RESPECT YOUR OPINION
183	LISFWRS	Num	8	1449	2.	2.	82 PAST 12 MO FRNDSHIP CHANGED FOR WORSE
35	LISHEAT	Num	8	265	2.	2.	83 IS THERE ENOUGH HEAT IN THE WINTER
156	LISHELD	Num	8	1233	2.	2.	35 PAST 12 MO HELD BACK A YEAR IN SCHOOL
52	LISHELDJ	Num	8	401	3.	3.	111 HOW LONG HAVE YOU HELD YOUR JOB
50	LISHLTIM	Num	8	385	2.	2.	106 IN PAST 12 MO YOUR HEALTH IMPROVED
6	LISHOMES	Num	8	33	2.	2.	321 HOW IS NEW HOME MOVED TO
48	LISHOSP	Num	8	369	2.	2.	104 IN PAST 12 MO WERE YOU HOSPITALIZED
2	LISID2	Num	8	8	3.	3.	FOLLOW-UP IDENTIFIER
33	LISKEPTU	Num	8	249	2.	2.	81 IS HOME/NEIGHBORHOOD WELL KEPT UP
41	LISLIVE	Num	8	313	2.	2.	93 CAN YOU AFFORD A NICE PLACE TO LIVE
59	LISMACC	Num	8	457	2.	2.	163 MOM HAD SERIOUS ACCIDENT OR INJURY
26	LISMADI	Num	8	193	2.	2.	73 PAST 12 MO MOTHER/FEMALE GUARD DIED
55	LISMAJBC	Num	8	425	3.	3.	JOB CODE - CURRENTLY NOT ASSIGNED
53	LISMALFE	Num	8	409	2.	2.	12 MOM/STEPMOM CURRENTLY IN YOUR LIFE
70	LISMANGR	Num	8	545	2.	2.	177 MOM GET ANGRY/LOSE TEMPER WITH YOU
29	LISMAREM	Num	8	217	2.	2.	76 PAST 12 MO MOM RE/MARRIED/NEW MATE
65	LISMARGU	Num	8	505	2.	2.	172 DO YOU HAVE ARGUMENTS/FIGHTS W/MOM
30	LISMARMS	Num	8	225	2.	2.	761 RESULT OF MOM RE/MARRIED/NEW MATE
56	LISMASCH	Num	8	433	2.	2.	15 # YRS OF SCHOOL MOM/STEPMOM COMPLETED
54	LISMAWKN	Num	8	417	2.	2.	13 MOM/STEPMOM CURRENTLY WORKING
57	LISMBTR	Num	8	441	2.	2.	161 RELATIONSHIP W/MOM CHANGE FOR BETTER
69	LISMCHR	Num	8	537	2.	2.	176 MOM CHEER YOU UP WHEN SAD/WORRIED
66	LISMCRIT	Num	8	513	2.	2.	173 IS MOM CRITICAL/DISAPPROVING OF YOU
39	LISMEDC	Num	8	297	2.	2.	91 CAN YOU AFFORD GOOD MED/DENTAL CARE
72	LISMEXP	Num	8	561	2.	2.	179 DOES MOM EXPECT TOO MUCH FROM YOU
67	LISMFEEL	Num	8	521	2.	2.	174 MOM UNDERSTND HOW U FEEL ABOUT THING
73	LISMFUN	Num	8	569	2.	2.	1710 DO YOU HAVE FUN, LAUGH, JOKE W/MOM
64	LISMHELP	Num	8	497	2.	2.	171 CAN YOU COUNT ON MOM FOR HELP
60	LISMHOSP	Num	8	465	2.	2.	164 MOM HOSPITALIZED FOR ANY REASON
61	LISMILL	Num	8	473	2.	2.	165 MOM RECOVERED FROM ILLNESS/EMOT PROB
62	LISMLSTJ	Num	8	481	2.	2.	166 MOM LOST HER JOB
139	LISMMEDC	Num	8	1097	2.	2.	5 STEP/MOM HAVE ANY MEDICAL CONDITIONS
68	LISMNERV	Num	8	529	2.	2.	175 DOES MOM GET ON YOUR NERVES
137	LISMOTH	Num	8	1081	2.	2.	3 IS YOUR MOM CURRENTLY IN YOUR LIFE
22	LISMOUT	Num	8	161	2.	2.	62 PST 12 MO SOMEONE MOVED OUT OF HOME
23	LISMOUTS	Num	8	169	2.	2.	621 RESULT OF PERSON MOVING OUT
75	LISMPRES	Num	8	585	2.	2.	1712 MOM PUT 2 MUCH PRESS ON U 2 DO WELL
71	LISMRSP	Num	8	553	2.	2.	178 DOES MOM RESPECT YOUR OPINION
74	LISMSTRT	Num	8	577	2.	2.	1711 IS MOM TOO STRICT WITH YOU
63	LISMWORK	Num	8	489	2.	2.	167 MOM WENT BACK TO WORK AFTER UNEMPLOY
58	LISMWRS	Num	8	449	2.	2.	162 RELATIONSHIP W/MOM CHANGE FOR WORSE
149	LISNERVS	Num	8	1177	2.	2.	163 DO THEY GET ON EACH OTHERS NERVES
185	LISNEWBF	Num	8	1465	2.	2.	84 PAST 12 MO YOU MADE A NEW BEST FRIEND
184	LISNEWFR	Num	8	1457	2.	2.	83 PAST 12 MO U JOINED NEW GROUP FRIENDS
5	LISNEWH	Num	8	25	2.	2.	32 MOVED TO NEW HOME IN PAST 12 MONTHS
20	LISNEWMN	Num	8	145	2.	2.	61 PST 12 MO SOMEONE NEW MOVED INTO HOME
21	LISNEWMS	Num	8	153	2.	2.	611 RESULT OF NEW PERSON MOVING IN
161	LISNEWS	Num	8	1273	2.	2.	310 PAST 12 MO DID YOU CHANGE SCHOOLS

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#	Variable	Type	Len	Pos	Format	Informat	Label
162	LISNEWSS	Num	8	1281	2.	2.	3101 HOW IS NEW SCHOOL
163	LISNUMCL	Num	8	1289	2.	2.	4 NUMBER OF SCHOOL CLUBS/ORG U BELONG TO
42	LISOTHTH	Num	8	321	2.	2.	94 CAN YOU AFFORD OTHER THINGS YOU NEED
187	LISOTM	Num	8	1481	2.	2.	86 U MADE CLUB/TEAM OUTSIDE OF SCHOOL
188	LISOTRY	Num	8	1489	2.	2.	87 TRIED OUT CLUB/TEAM-DID NOT MAKE IT
224	LISOVERS	Char	2	1777			VERSION DATA TRANSCRIBED FROM
81	LISPACC	Num	8	633	2.	2.	223 DAD HAD SERIOUS ACCIDENT OR INJURY
27	LISPADI	Num	8	201	2.	2.	74 PAST 12 MO FATHER/MALE GUARD DIED
76	LISPALFE	Num	8	593	2.	2.	18 DAD/STEPDAD CURRENTLY IN YOUR LIFE
92	LISPANGR	Num	8	721	2.	2.	237 DAD GET ANGRY/LOSE TEMPER WITH YOU
31	LISPAREM	Num	8	233	2.	2.	77 PAST 12 MO DAD RE/MARRIED/NEW MATE
87	LISPARGU	Num	8	681	2.	2.	232 DO YOU HAVE ARGUMENTS/FIGHTS W/DAD
32	LISPARMS	Num	8	241	2.	2.	771 RESULT OF DAD RE/MARRIED/NEW MATE
78	LISPASCH	Num	8	609	2.	2.	21 # YRS OF SCHOOL DAD/STEPDAD COMPLETED
77	LISPAWKN	Num	8	601	2.	2.	19 DAD/STEPDAD CURRENTLY WORKING
79	LISPBTR	Num	8	617	2.	2.	221 RELATIONSHIP W/DAD CHANGE FOR BETTER
91	LISPCHR	Num	8	713	2.	2.	236 DAD CHEER YOU UP WHEN SAD/WORRIED
88	LISPCRIT	Num	8	689	2.	2.	233 IS DAD CRITICAL/DISAPPROVING OF YOU
94	LISPEXP	Num	8	737	2.	2.	239 DOES DAD EXPECT TOO MUCH FROM YOU
89	LISPFEEEL	Num	8	697	2.	2.	234 DAD UNDERSTND HOW YOU FEEL
95	LISPFUN	Num	8	745	2.	2.	2310 DO YOU HAVE FUN, LAUGH, JOKE W/DAD
86	LISPHHELP	Num	8	673	2.	2.	231 CAN YOU COUNT ON DAD FOR HELP
82	LISPHOSP	Num	8	641	2.	2.	224 DAD HOSPITALIZED FOR ANY REASON
83	LISPILL	Num	8	649	2.	2.	225 DAD RECOVERED FROM ILLNESS/EMOT PROB
7	LISPLIVW	Num	8	41	2.	2.	4 WHO DO YOU LIVE WITH NOW
84	LISPLSTJ	Num	8	657	2.	2.	226 DAD LOST HIS JOB
90	LISPNERV	Num	8	705	2.	2.	235 DOES DAD GET ON YOUR NERVES
97	LISPPRES	Num	8	761	2.	2.	2312 DAD PUT 2 MUCH PRESS ON U 2 DO WELL
25	LISPRDIV	Num	8	185	2.	2.	72 IN PAST 12 MO PARENTS DIVORCED
24	LISPRSEP	Num	8	177	2.	2.	71 IN PAST 12 MO PARENTS SEPARATED
93	LISPRSPT	Num	8	729	2.	2.	238 DOES DAD RESPECT YOUR OPINION
96	LISPSTRT	Num	8	753	2.	2.	2311 IS DAD TOO STRICT WITH YOU
85	LISPWORK	Num	8	665	2.	2.	227 DAD WENT BACK TO WORK AFTER UNEMPLOY
80	LISPWRS	Num	8	625	2.	2.	222 RELATIONSHIP W/DAD CHANGE FOR WORSE
37	LISQUIET	Num	8	281	2.	2.	85 IS IT QUIET ENOUGH
121	LISRACC	Num	8	953	2.	2.	293 RELATIVE HAD SERIOUS ACCIDENT/INJURY
133	LISRANGR	Num	8	1049	2.	2.	307 DO THEY GET ANGRY/LOSE TEMPER W/YOU
128	LISRARGU	Num	8	1009	2.	2.	302 DO YOU HVE ARGUMNTS/FIGHTS WITH THEM
119	LISRBTR	Num	8	937	2.	2.	291 RELATIONSH W/RELAT CHNGE FOR BETTER
132	LISRCHR	Num	8	1041	2.	2.	306 HE/SHE CHEER YOU UP WHEN SAD/WORRIED
129	LISRCRIT	Num	8	1017	2.	2.	303 ARE THEY CRITICAL/DISAPPROVE OF YOU
125	LISRDIED	Num	8	985	2.	2.	297 A RELATIVE DIED
124	LISRECIL	Num	8	977	2.	2.	296 RELATIVE RECOVER FROM ILL/EMOT PROB
210	LISRECW	Num	8	1665	2.	2.	127 RELIIONSH W/BOY/GIRLFRND GET WORSE
206	LISREJCT	Num	8	1633	2.	2.	123 PAST 12 MO REJECTD BY SOMEONE U LIKE
117	LISRELAT	Num	8	921	2.	2.	281 HOW MANY RELATIVES FEEL CLOSE TO
209	LISRELCB	Num	8	1657	2.	2.	126 RELIIONSH W/BOY/GIRLFRND GET BETTER
203	LISRELIG	Num	8	1609	2.	2.	11 HOW OFTEN U ATTEND RELIGIOUS SERVICES
123	LISREMOT	Num	8	969	2.	2.	295 RELATIVE HAD EMOTIONAL/MENTAL PROBS

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#	Variable	Type	Len	Pos	Format	Informat	Label
135	LISREXP	Num	8	1065	2.	2.	309 DO THEY EXPECT TOO MUCH FROM YOU
130	LISRFEEL	Num	8	1025	2.	2.	304 THEY UNDRSTND HOW U FEEL ABT THINGS?
136	LISRFUN	Num	8	1073	2.	2.	3010 DO U HAVE FUN,LAUGH,JOKE W/THEM
127	LISRHELP	Num	8	1001	2.	2.	301 CAN YOU COUNT ON THEM FOR HELP
122	LISRILL	Num	8	961	2.	2.	294 RELATIVE BECAME ILL/HAD MEDICAL PROB
126	LISRMVD	Num	8	993	2.	2.	298 A RELATIVE MOVED FAR AWAY
131	LISRNERV	Num	8	1033	2.	2.	305 DOES THEY GET ON YOUR NERVES
134	LISRRSPT	Num	8	1057	2.	2.	308 DO THEY RESPECT YOUR OPINION
118	LISRTME	Num	8	929	2.	2.	282 HOW OFT SPEND TIME W/THOSE RELATIVES
120	LISRWSE	Num	8	945	2.	2.	292 RELATIONSHP W/RELAT CHANGE FOR WORSE
38	LISSAFE	Num	8	289	2.	2.	86 IS SAFE ENOUGH TO WALK ALONE AT NIGHT
15	LISSAGE1	Num	8	105	2.	2.	521 AGE OF SISTER 1
16	LISSAGE2	Num	8	113	2.	2.	522 AGE OF SISTER 2
17	LISSAGE3	Num	8	121	2.	2.	523 AGE OF SISTER 3
18	LISSAGE4	Num	8	129	2.	2.	524 AGE OF SISTER 4
167	LISSANG	Num	8	1321	2.	2.	54 STUDENTS GET ANGRY/LOSE TEMPER W/YOU
164	LISSARGU	Num	8	1297	2.	2.	51 ARGUE/FIGHT W/ANY STUDENTS AT SCHOOL
144	LISSBRSS	Num	8	1137	2.	2.	12 DO YOU HAVE ANY STEP BROTHERS/SISTERS
159	LISSGRP	Num	8	1257	2.	2.	38 DID U GET INTO SCHOOL GRP YOU WANTED
165	LISSCRIT	Num	8	1305	2.	2.	52 ANY STUDENTS CRITICAL/DISAPPROVE OF U
204	LISSDATE	Num	8	1617	2.	2.	121 PAST 12 MO DID YOU START DATING
168	LISSEXP	Num	8	1329	2.	2.	55 ANY STUDENTS EXPECT TOO MUCH OF YOU
141	LISSFATH	Num	8	1113	2.	2.	8 IS STEPDAD CURRENTLY IN YOUR LIFE
19	LISSLIV	Num	8	137	2.	2.	52A NUMBER OF SISTERS THAT LIVE WITH PT
138	LISSMOTH	Num	8	1089	2.	2.	4 IS STEPMOM CURRENTLY IN YOUR LIFE
166	LISSNERV	Num	8	1313	2.	2.	53 STUDENTS AT SCHOOL GET ON YOUR NERVES
34	LISSPACE	Num	8	257	2.	2.	82 DO YOU HAVE ENOUGH SPACE/PRIVACY
169	LISSPRES	Num	8	1337	2.	2.	56 2 MUCH PRESSURE TO COMPETE W/OTH STUD
207	LISSTDY	Num	8	1641	2.	2.	124 PAST 12 MO DID U START GOING STEADY
99	LISSTEP	Num	8	777	2.	2.	25 DO YOU HAVE ANY STEPBROS/STEPSISTERS?
45	LISSTOLE	Num	8	345	2.	2.	101 IN PAST 12 MO WERE BELONGINGS STOLEN
155	LISSUSCH	Num	8	1225	2.	2.	34 PAST 12 MO WAS SUSPENDED FROM SCHOOL
176	LISTANGR	Num	8	1393	2.	2.	67 TCHR/COACH GET ANGRY/LOSE TEMPER W/ U
171	LISTARGU	Num	8	1353	2.	2.	62 HAVE ARGUMENTS/FIGHT W/TEACHER/COACH
175	LISTCHR	Num	8	1385	2.	2.	66 TCHR/COACH CHEER YOU WHEN SAD/WORRIED
172	LISTCRIT	Num	8	1361	2.	2.	63 TCHR/COACH CRITICAL/DISAPPROVE OF YOU
152	LISTEAM	Num	8	1201	2.	2.	31 PAST 12 MO DID U MAKE A TEAM/CLUB
178	LISTEXP	Num	8	1409	2.	2.	69 TEACHER/COACH EXPECT TOO MUCH FROM U
173	LISTFEEL	Num	8	1369	2.	2.	64 TCHR/COACH UNDERSTND HOW YOU FEEL
179	LISTFUN	Num	8	1417	2.	2.	610 HAVE FUN, LAUGH, JOKE W/TCHR/COACH
170	LISTHELP	Num	8	1345	2.	2.	61 CAN U COUNT ON TEACHER/COACH FOR HELP
158	LISTINFL	Num	8	1249	2.	2.	37 DID REALLY GOOD TEACHER INFLUENCE YOU
174	LISTNERV	Num	8	1377	2.	2.	65 DO ANY TCHR/COACH GET ON YOUR NERVES
8	LISTOTB	Num	8	49	2.	2.	TOTAL NUMBER OF BROTHERS/STEPBROTHERS
14	LISTOTS	Num	8	97	2.	2.	TOTAL NUMBER OF SISTERS/STEPSISTERS
154	LISTRBLS	Num	8	1217	2.	2.	33 PAST 12 MO GOT IN TROUBLE IN SCHOOL
223	LISTRNSC	Num	8	1769	2.	2.	DATA TRANSCRIBED FROM OLDER VERSION
177	LISTRSPT	Num	8	1401	2.	2.	68 DO TEACHER/COACH RESPECT YOUR OPINION
153	LISTRYOT	Num	8	1209	2.	2.	32 TRIED OUT FOR TEAM-DID NOT MAKE IT
3	LISVERS	Char	1	16			FORM VERSION
51	LISWORK	Num	8	393	2.	2.	11 ARE YOU WORKING RIGHT NOW