Here we would like you to describe the places you lived in during your childhood. We ask several questions about the house or apartment you lived in when you were 5 years old (kindergarten), when you were 10 years old (4th-5th grade), and when you were 15 years old (9th-10th grade). If you cannot remember where you lived at a specific age, pick a place you remember living in when you were ABOUT THAT AGE.
INSTRUCTIONS: For each question answer for the street that you lived on when you were 5 years old (kindergarten). If you cannot remember exactly, make your best guess by picking a place you lived when you were between 3 and 7 years of age (pre-school – 2nd grade).

1. What town or city (and state) did you primarily live in?

__________________

2. Was your home located in a

   City ____ Suburb ____ Small town ____ Rural community ____

3. Was there a lot of automobile traffic on your street (i.e. a steady stream of cars passing in front of your house)?

   ____yes ____no

4. Was the condition of the street very poor (i.e. many sizeable cracks, potholes, or broken curbs)?

   ____yes ____no

5. Was the street very noisy (i.e. difficult to hear a person talking near to you when standing in front of your house)?

   ____yes ____no

6. Was the street lined with trees?

   ____yes ____no

7. Was there graffiti on buildings, signs, or walls?

   ____yes ____no

8. Was there often litter on the street, yard or alley (For example: garbage, broken glass, bottles, papers, cigarette packages or butts, or drug related paraphernalia).

   ____yes ____no
9. How would you rate the condition of the house or apartment you lived in?
(CHECK ONE)
   ____Very well kept/good condition – attractive for its type
   ____Moderately well kept condition
   ____Fair condition (peeling paint, needs repair)
   ____Poor/Badly deteriorated condition

10. Was your street considered safe?
    ______ All the time ______ Often ______ Occasionally ______ Never

11. Did you have friends in the neighborhood?
    ______ All the time ______ Often ______ Occasionally ______ Never

12. Were there any adult neighbors who might watch out for you?
    ______ All the time ______ Often ______ Occasionally ______ Never

13. Were the other people in your neighborhood friendly?
    ______ All the time ______ Often ______ Occasionally ______ Never

14. How often did you observe violent acts (for example, fist fights, beatings or use of weapons such as knives or guns) on your street
    ______ All the time ______ Often ______ Occasionally ______ Never

15. How often did you see people using drugs or drinking alcohol on your street?
    ______ All the time ______ Often ______ Occasionally ______ Never

16. How often did your parents let you play outside in your neighborhood?
    ______ All the time ______ Often ______ Occasionally ______ Never
INSTRUCTIONS: For each question answer for the street that you lived on when you were 10 years old (4th-5th grade). If you cannot remember exactly make your best guess picking a place you lived when you were between 8-12 years of age (3rd-7th grade).

1. What town or city (and state) did you primarily live in?
   ____________

2. Was your home located in a
   City ____ Suburb____ Small town____ Rural community ____

3. Was there a lot of automobile traffic on your street (i.e. a steady stream of cars passing in front of your house)?
   ____yes ____no

4. Was the condition of the street very poor (i.e. many sizeable cracks, potholes, or broken curbs)?
   ____yes ____no

5. Was the street very noisy (i.e. difficult to hear a person talking near to you when standing in front of your house)?
   ____yes ____no

6. Was the street lined with trees?
   ____yes ____no

7. Was there graffiti on buildings, signs, or walls?
   ____yes ____no

8. Was there often litter on the street, yard or alley (For example: garbage, broken glass, bottles, papers, cigarette packages or butts, or drug related paraphernalia).
   ____yes ____no
9. How would you rate the condition of the house or apartment you lived in?
   (CHECK ONE)
   ___ Very well kept/good condition – attractive for its type
   ___ Moderately well kept condition
   ___ Fair condition (peeling paint, needs repair)
   ___ Poor/Badly deteriorated condition

10. Was your street considered safe?
    _____ All the time   _____ Often   _____ Occasionally   _____ Never

11. Did you have friends in the neighborhood?
    _____ All the time   _____ Often   _____ Occasionally   _____ Never

12. Were there any adult neighbors who might watch out for you?
    _____ All the time   _____ Often   _____ Occasionally   _____ Never

13. Were the other people in your neighborhood friendly?
    _____ All the time   _____ Often   _____ Occasionally   _____ Never

14. How often did you observe violent acts (for example, fist fights, beatings or use of weapons such as knives or guns) on your street
    _____ All the time   _____ Often   _____ Occasionally   _____ Never

15. How often did you see people using drugs or drinking alcohol on your street?
    _____ All the time   _____ Often   _____ Occasionally   _____ Never

16. How often did your parents let you play outside in your neighborhood?
    _____ All the time   _____ Often   _____ Occasionally   _____ Never
INSTRUCTIONS: For each question answer for the street that you lived on when you were 15 years old (9th-10th grade). If you cannot remember exactly make your best guess picking a place you live when you were between 13 and 17 years of age (8th-11th grade).

1. What town or city (and state) did you primarily live in?

__________________

2. Was your home located in a

City _____ Suburb_____ Small town____ Rural community ____

3. Was there a lot of automobile traffic on your street (i.e. a steady stream of cars passing in front of your house)?

_____yes _____no

4. Was the condition of the street very poor (i.e. many sizeable cracks, potholes, or broken curbs)?

_____yes _____no

5. Was the street very noisy (i.e. difficult to hear a person talking near to you when standing in front of your house)?

_____yes _____no

6. Was the street lined with trees?

_____yes _____no

7. Was there graffiti on buildings, signs, or walls?

_____yes _____no

8. Was there often litter on the street, yard or alley (For example: garbage, broken glass, bottles, papers, cigarette packages or butts, or drug related paraphernalia).

_____yes _____no
9. How would you rate the condition of the house or apartment you lived in?
(CHECK ONE)
_____Very well kept/good condition – attractive for its type
_____Moderately well kept condition
_____Fair condition (peeling paint, needs repair)
_____Poor/Badly deteriorated condition

10. Was your street considered safe?
      _____ All the time   _____ Often   _____ Occasionally _____Never

11. Did you have friends in the neighborhood?
      _____ All the time   _____ Often   _____ Occasionally _____Never

12. Were there any adult neighbors who might watch out for you?
      _____ All the time   _____ Often   _____ Occasionally _____Never

13. Were the other people in your neighborhood friendly?
      _____ All the time   _____ Often   _____ Occasionally _____Never

14. How often did you observe violent acts (for example, fist fights, beatings or use of weapons such as knives or guns) on your street
      _____ All the time   _____ Often   _____ Occasionally _____Never

15. How often did you see people using drugs or drinking alcohol on your street?
      _____ All the time   _____ Often   _____ Occasionally _____Never

16. How often did your parents let you play outside in your neighborhood?
      _____ All the time   _____ Often   _____ Occasionally _____Never