

SC Places You've Lived Interview (PLI)

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)

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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

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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