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# INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read each question carefully.
- Please write or mark your answer clearly.
- Mark the answer that best fits your situation.

# NEXT Plus Parent In-Home Survey<sup>1</sup>

1. Has a doctor, nurse or other health provider told you that your teen has any of the following conditions? Please circle "yes" or "not" for each item. If the answer is "yes" indicate which medications, if any, your teen takes for this condition.

Health Condition	CIRCLE	ONE			
	<b>NO</b> My teen does not have this health condition now	<b>Yes</b> My teen has this health condition now	If Applicable My teen takes the followin medication(s) for this condition		
a. Cancer or lymphoma or leukemia. Don't include skin cancer, except melanoma	1	2			
b. High blood cholesterol or triglycerides or lipids	1	2			
c. High blood pressure or hypertension (when not pregnant)	1	2			
d. High blood pressure or hypertension (when not pregnant)	1	2			
e. High blood sugar or diabetes (when not pregnant)	1	2			
f. High blood sugar or diabetes (when pregnant <u>only</u> )	1	2			
g. Heart disease	1	2			
h. Asthma, chronic bronchitis or emphysema	1	2			
i. Migraine headaches	1	2			
j. Depression	1	2			
k. Post-traumatic stress disorder or PTSD	1	2			
I. Anxiety or panic disorder	1	2			
m. Epilepsy or another seizure disorder	1	2			
n. Attention problems or ADD or ADHD	1	2			
o. HIV/AIDS	1	2			
p. Hepatitis C	1	2			
q. Allergies	1	2			
r. Celiac disease	1	2			
s. Sleep disorders	1	2			
t. Other (specify)	1	2			

<sup>1</sup> From TAGG

# 2. What is your relationship to TEEN? Please circle ONE response.

Relationship	Circle ONE
a. Mother	1
b. Father	2
c. Stepmother	3
d. Stepfather	4
e. Foster mother	5
f. Foster father	6
g. Grandmother	7
h. Grandfather	8
i. Parent's Partner (female)	9
j. Parent's Partner (male)	10
k. Other	11



### **NEXT Plus Student In-Home Survey**

### INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read each question carefully.
- Please write or mark your answer clearly.
- Mark the answer that best fits your situation.

#### **NEXT Plus Student In-Home Survey<sup>1</sup>**

Please think about the medicines you are using now.

- 1. In the past 24 hours, have you taken aspirin or aspirin containing medications including cold and allergy medications or headache powders? Some examples of those include:
  - Anacin Aspirin B.C. Backache Relief Extra Strength Bayer

Excedrin Goody's Pain Relief Pain Reliever Added Strength Vanquish

Yes
No

- 2. In the past 24 hours, have you taken other anti-inflammatory medications? Some examples of those include:
  - Advil 166 Aleve Nuprin

Ibuprofen Motrin Naproxen

Yes
No

3. In the past 24 hours, have you used any prescription medications whether or not they were prescribed for you?

Yes

No (skip to the paragraph preceding question 5)

<sup>&</sup>lt;sup>1</sup> From TAGG

What is the name of the medication?	At what time did you last take this medication?			
(write in name below)	Hour/Minute ( <i>example: 7:30)</i>	AM or PM (circle one)		
а.		AM / PM		
b.		AM / PM		
С.		AM / PM		
d.		AM / PM		
е.		AM / PM		
f.		AM / PM		
g.		AM / PM		
h.		AM / PM		
i.		AM / PM		
j.		AM / PM		
k.		AM / PM		
Ι.		AM / PM		
m.		AM / PM		
n.		AM / PM		
0.		AM / PM		
р.		AM / PM		
q.		AM / PM		
r.		AM / PM		
S.		AM / PM		
t.		AM / PM		

4. How many different prescription medications have you used in the past 24 hours?

Now, for the next questions, please think about the different facilities in and around your neighborhood. By this we mean the area ALL around your home that you could walk to in <u>10-15 minutes</u>. Please check only <u>one</u> answer for each question.

5. What is the main type of housing in your neighborhood?

1 Detached single-family housing
2 Townhouses, row houses, apartments, or condos of 2-3 stories
3 Mix of single-family residences and townhouses, row houses, apartments or condos
4 Apartments or condos of 4-12 stories
5 Apartments or condos of more than 12 stories
77 Don't know/Not sure

The next items are statements about your neighborhood related to walking and bicycling. Fill in the circle completely and chose only one answer for each statement. There are no right or wrong answers – chose the answer that is best for you.

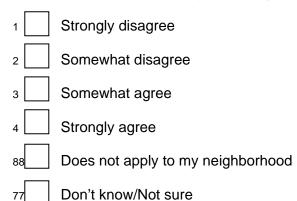
	<u>Strongly</u> Disagree	<u>Somewhat</u> Disagree	Somewhat Agree	<u>Strongly</u> <u>Agree</u>	<u>Don't know/</u> not sure
6. Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home.	1	2	3	4	5
7. It is within a 10-15 minutes walk to a transit stop (such as a bus, train, trolley, or subway) from my home.	0	2	3	4	5
8. My neighborhood has several free or low cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, play grounds public swimming pools, etc .	0	2	3	4	(5)
9. The crime rate in my neighborhood makes it unsafe to go on walks at night.	0	2	3	4	\$
10. I see many people being physically active in my neighborhood doing things like walking, jogging, cycling, or playing sports and active games	0	2	3	4	\$
11. There are many interesting things to look at while walking in my neighborhood	1	2	3	4	5
12. The sidewalks in my neighborhood are well maintained (paved, with few cracks) and not obstructed.	1	2	3	4	5

	<u>Strongly</u> Disagree	<u>Somewhat</u> Disagree	Somewhat Agree	<u>Strongly</u> <u>Agree</u>	<u>Don't know/</u> <u>not sure</u>
13. Places for bicycling (such as bike paths) in and around my neighborhood are well maintained and not obstructed.	0	2	3	4	5
14. There is so much traffic on the streets that it makes it difficult or unpleasant to ride a bicycle in my neighborhood.	0	2	3	4	5
15. The crime rate in my neighborhood makes it unsafe to go on walks during the day.	1	2	3	4	\$

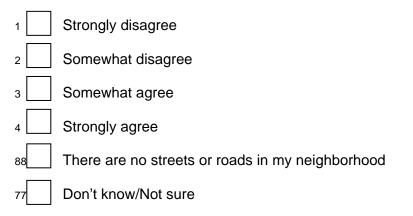
16. There are sidewalks on most of the streets in my neighborhood. Would you say that you...



17. There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for cycles and pedestrians. Would you say that you...



18. There is so much traffic on the streets that it makes it difficult or unpleasant to walk in my neighborhood. Would you say that you...



19. How many motor vehicles in working order (e.g., cars, trucks, motorcycles) are there at your household?

\_\_\_\_ Motor Vehicles \_\_\_\_\_ Don't know/Not sure

77

20. There are many four-way intersections in my neighborhood. Would you say that you...

