



NEXT Plus Parent In-Home Survey

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (####-####). Do not return the completed form to this address.

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 Survey¹

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		
	NO My teen does not have this health condition now	Yes My teen has this health condition now	If Applicable My teen takes the following 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	
l. 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	

¹ 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



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- Mark the answer that best fits your situation.

NEXT Plus Student In-Home Survey¹

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	Excedrin
Aspirin	Goody's
B.C.	Pain Relief
Backache Relief Extra Strength	Pain Reliever Added Strength
Bayer	Vanquish

Yes

No

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

Advil	Ibuprofen
166	Motrin
Aleve	Naproxen
Nuprin	

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)

¹ From TAGG

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

What is the name of the medication?	At what time did you last take this medication?	
(write in name below)	Hour/Minute (example: 7:30)	AM or PM (circle one)
a.		AM / PM
b.		AM / PM
c.		AM / PM
d.		AM / PM
e.		AM / PM
f.		AM / PM
g.		AM / PM
h.		AM / PM
i.		AM / PM
j.		AM / PM
k.		AM / PM
l.		AM / PM
m.		AM / PM
n.		AM / PM
o.		AM / PM
p.		AM / PM
q.		AM / PM
r.		AM / PM
s.		AM / PM
t.		AM / PM

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 10-15 minutes. Please check only one 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
- 7 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 Disagree</u>	<u>Somewhat Disagree</u>	<u>Somewhat Agree</u>	<u>Strongly Agree</u>	<u>Don't know/not sure</u>
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.	①	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	①	②	③	④	⑤
9. The crime rate in my neighborhood makes it unsafe to go on walks at night.	①	②	③	④	⑤
10. I see many people being physically active in my neighborhood doing things like walking, jogging, cycling, or playing sports and active games	①	②	③	④	⑤
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 Disagree</u>	<u>Somewhat Disagree</u>	<u>Somewhat Agree</u>	<u>Strongly Agree</u>	<u>Don't know/not sure</u>
13. Places for bicycling (such as bike paths) in and around my neighborhood are well maintained and not obstructed.	①	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.	①	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	⑤

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

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 88 Does not apply to my neighborhood
- 77 Don't know/Not sure

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...

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 88 Does not apply to my neighborhood
- 77 Don't know/Not sure

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...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

88 There are no streets or roads in my neighborhood

77 Don't know/Not sure

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

____ Motor Vehicles

77 Don't know/Not sure

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

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

88 There are no streets or roads in my neighborhood

77 Don't know/Not sure