

Attachment 2h

**PATH Study Data Collection Instruments:
Parent Interview**

July 23, 2012

**PATH
Parent Interview
Version 6.1**

Section	Number of questions
All	57

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OMB Control Number: 0925-XXXX

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Box P1	Screen ID:
DISPLAY THE FOLLOWING FOR THE INTERVIEWER: Parent name: {PARENT NAME/AGE/SEX} Children associated with this parent in the household screener: Sampled youth: {CHILD NAME/AGE/SEX}, [LIST UP TO 6 SAMPLED YOUTH] Shadow sample child: {CHILD NAME/AGE/SEX}	

Box P2	Screen ID:
PROGRAM: Repeat the PT0001 and PT0002 (as appropriate) sequence for each sampled youth associated with this parent in the household screener. After questions have been asked about all sampled youth, ask the specified questions about the shadow sampled youth (PT0001).	

PATH ID: PT0001	Screen ID:
What is your relationship to {CHILD'S FIRST NAME/AGE/SEX}?	
1 BIOLOGICAL MOTHER	
2 BIOLOGICAL FATHER	
3 ADOPTED MOTHER	
4 ADOPTED FATHER	
5 STEP MOTHER	
6 STEP FATHER	
7 FOSTER MOTHER	
8 FOSTER FATHER	
9 GRANDMOTHER	
10 GRANDFATHER	
11 AUNT	
12 UNCLE	
91 OTHER RELATIVE (SPECIFY) _____	
92 NON RELATIVE (SPECIFY) _____	
-8 DON'T KNOW	
-7 REFUSED	
IF ASKING ABOUT A SAMPLED YOUTH, GO TO PT0002	
IF ASKING ABOUT A SHADOW SAMPLE CHILD, GO TO BOX P4	
ASK: Parent/guardian of sampled youth, about each sampled youth and each shadow sample child	

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PATH ID:	PT0002	Screen ID:
What is your spouse or partner's relationship to {CHILD'S FIRST NAME/AGE/SEX}?		
1	I do not have a spouse or partner	
2	BIOLOGICAL MOTHER	
3	BIOLOGICAL FATHER	
4	ADOPTED MOTHER	
5	ADOPTED FATHER	
6	STEP MOTHER	
7	STEP FATHER	
8	FOSTER MOTHER	
9	FOSTER FATHER	
10	GRANDMOTHER	
11	GRANDFATHER	
12	AUNT	
13	UNCLE	
91	OTHER RELATIVE	(SPECIFY) _____
92	NON RELATIVE	(SPECIFY) _____
-8	DON'T KNOW	
-7	REFUSED	
ASK: Parent/guardian of sampled youth.		

PATH ID:	PT0009	Screen ID:
Does {CHILD'S FIRST NAME/AGE/SEX} have a set time that {he/she} needs to be home on school nights?		
1	YES	
2	NO	
-8	DON'T KNOW	
-7	REFUSED	
ASK: Parent/guardian of sampled youth.		

PATH ID:	PT0011	Screen ID:
Does {CHILD'S FIRST NAME/AGE/SEX} have a set time that {he/she} needs to be home on weekend nights?		
1	YES	
2	NO	
-8	DON'T KNOW	
-7	REFUSED	
ASK: Parent/guardian of sampled youth.		

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PATH ID: PT0019	Screen ID:
How would you describe how {CHILD'S FIRST NAME/AGE/SEX} has performed at school in the past 12 months? Would you say {CHILD'S FIRST NAME/AGE/SEX}'s grades are..	
1 Straight A's	
2 Mostly A's	
3 Mostly B's	
4 Mostly C's	
5 Mostly D's, or	
6 Mostly F's?	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth.	

PATH ID: PT0030	Screen ID:
How often during the past 12 months did {CHILD'S FIRST NAME/AGE/SEX} miss school due to illness?	
1 Never	
2 Rarely	
3 Sometimes	
4 Often	
5 Very often	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth.	

PATH ID: PT0021	Screen ID:
As far as you know, has {CHILD'S FIRST NAME/AGE/SEX} ever smoked a cigarette or used other tobacco products, such as a pipe, smokeless tobacco, chew, dip, snus, dissolvable products, e-cigarettes, or hookah? Would you say...	
1 You know that {she/he} has	
2 You strongly suspect {she/he} has,	
3 You don't think {she/he} has or	
4 You are confident {she/he} has not?	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth.	

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PATH ID: PX0001	Screen ID:
What are the rules or restrictions in your household about using any type of tobacco? Would you say...	
1 Tobacco use is completely banned	
2 Tobacco use is generally banned with few exceptions	
3 Tobacco use is allowed in some rooms only, or	
4 There are no restrictions on tobacco use?	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth.	

PATH ID: PT0007	Screen ID:
What is {CHILD'S FIRST NAME/AGE/SEX's} current height?	
1 __ __ __ FEET INCHES	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth.	

PATH ID: PT0008	Screen ID:
What is {CHILD'S FIRST NAME/AGE/SEX's} current weight?	
1 __ __ __ POUNDS	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth.	

PATH ID: PT0035	Screen ID:
In general, would you say {CHILD'S FIRST NAME/AGE/SEX} health is...	
1 Poor	
2 Fair	
3 Good	
4 Very good	
5 Excellent	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth.	

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PATH ID: PT0022	Screen ID:
In the past 12 months, what medications has {CHILD'S FIRST NAME/AGE/SEX} taken regularly? Choose all that apply.	
<ul style="list-style-type: none">2 ADHD medications - for example: Adderall, Ritalin, Concerta, or Strattera3 Asthma medications (pills or inhalers)4 Other medications-8 DON'T KNOW-7 REFUSED	
ASK: Parent/guardian of sampled youth.	
GO TO: IF RESPONDENT SELECTED YES FOR ASTHMA MEDICATIONS, GO TO PT0036. OTHERWISE GO TO PT0031.	

PATH ID: PT0036	Screen ID:
In the past 12 months, which of the following medications did {CHILD'S FIRST NAME/AGE/SEX} regularly take for asthma? Choose all that apply.	
<ul style="list-style-type: none">1 Quick-relief inhaler - for example: albuterol (ProAir, Ventolin, Xopenex)2 Controller or long-acting inhaler including steroid inhaler – for example: beclomethasone (Qvar), fluticasone (Flovent), salmeterol (Serevent), or a combination inhaler (Advair)3 Other controlling medication – for example: montelukast (Singulair), zafirlukast (Accolate), theophylline4 Oral or injected steroid medication – for example: prednisone, prednisolone (Orapred), dexamethasone (Decadron)5 Other asthma medication-8 DON'T KNOW-7 REFUSED	
ASK: If sampled youth took medications for asthma (PT0022=3)	

PATH ID: PT0031	Screen ID:
Has {CHILD'S FIRST NAME/AGE/SEX} ever been told by a doctor or a health professional that {he/she} has any of the following? Choose all that apply.	
<ul style="list-style-type: none">1 Asthma2 High blood pressure3 Diabetes4 A cholesterol problem5 None of the above-8 DON'T KNOW-7 REFUSED	
ASK: Parent/guardian of sampled youth.	

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PATH ID: PT0033	Screen ID:
In the past 12 months, has {CHILD'S FIRST NAME/AGE/SEX} been told by a doctor or a health professional that [he/she] has any of the following? Choose all that apply.	
1 Bronchitis, pneumonia, or chronic cough	
2 Dental health issues or bad breath	
3 None of the above	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth.	

PATH ID: PX0302	Screen ID:
In the past 12 months, has {CHILD'S FIRST NAME/AGE/SEX} visited an emergency room or urgent care center for a health problem?	
1 Yes	
2 No	
-8 DON'T KNOW	
-7 REFUSED	
GO TO PT0024	
GO TO PT0024	
GO TO PT0024	
ASK: Parent/guardian of sampled youth.	

PATH ID: PT0034	Screen ID:
How many visits to the emergency room or urgent care has {CHILD'S FIRST NAME/AGE/SEX} made in the past 12 months?	
1 _ _ _ _	
VISITS	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth who has visited an emergency room or urgent care in the past 12 months (PX0302=1).	
GO TO: If PT0034 IN (0, DK, RF), go to PT0024	
Else go to PT0037	

PATH ID: PT0037	Screen ID:
Why did {CHILD'S FIRST NAME/AGE/SEX} go to the emergency room or urgent care in the past 12 months? Choose all that apply.	
1 Asthma attack or other respiratory illness	
2 Accident or trauma	
3 Another medical condition	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth who have been to the emergency room or urgent care at least one time in the past 12 months (PT0034>0).	

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PATH ID: PT0024	Screen ID:
Is {CHILD'S FIRST NAME/AGE/SEX} limited in the ability to go to school, do chores around the house, or work at a job because of an impairment or a physical or mental health problem?	
1 YES	
2 NO	GO TO PT0003
-8 DON'T KNOW	GO TO PT0003
-7 REFUSED	GO TO PT0003
ASK: Parent/guardian of sampled youth.	

PATH ID: PT0025	Screen ID:
Which activities is {CHILD'S FIRST NAME/AGE/SEX} limited in doing because of an impairment or a physical or mental health problem? Choose all that apply.	
1 Going to school	
2 Doing chores	
3 Working at a job	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth whose child has some limited abilities (PT0024=1).	

PATH ID: PT0003	Screen ID:
Does {CHILD'S FIRST NAME/AGE/SEX} have another parent who lives somewhere else?	
1 YES	
2 NO	GO TO PM0001
-8 DON'T KNOW	GO TO PM0001
-7 REFUSED	GO TO PM0001
ASK: Parent/guardian of sampled youth.	

PATH ID: PT0006	Screen ID:
How often does {CHILD'S FIRST NAME/AGE/SEX} stay there? Would you say.	
1 Less than half the time	
2 About half the time, or	
3 More than half the time?	
91 OTHER	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth if that child has another parent who lives somewhere else (PT0003=1).	

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PATH ID: PT0005	Screen ID:
Do you think cigarettes or tobacco might be available to {CHILD'S FIRST NAME/AGE/SEX} when {he/she} is at the other parent's home?	
1 YES	
2 NO	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth if that child has another parent who lives somewhere else (PT0003=1).	

PATH ID: PM0001	Screen ID:
These next few questions are about you.	
What is the highest grade or year of school that <u>you</u> completed?	
1 UP TO 8TH GRADE	
2 9TH TO 11TH GRADE	
3 12TH GRADE BUT NO DIPLOMA	
4 HIGH SCHOOL DIPLOMA/EQUIVALENT	
5 VOC/TECH PROGRAM AFTER HS BUT NO VOC/TECH DIPLOMA	
6 VOC/TECH DIPLOMA AFTER HS	
7 SOME COLLEGE BUT NO DEGREE	
8 ASSOCIATE'S DEGREE (A.A., A.S.)	
9 BACHELOR'S DEGREE (B.A., B.S.)	
10 SOME GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	
11 MASTER'S DEGREE (M.A., M.S.)	
12 DOCTORATE DEGREE (PH.D., ED.D)	
13 PROFESSIONAL DEGREE BEYOND BACHELOR'S (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC)	
-8 DON'T KNOW	
-7 REFUSED	
ASK: Parent/guardian of sampled youth.	

PROGRAM:
Ask questions PN0001 to PN0003 only of parents/guardians who are not the Household Screener Respondent and who have not been sampled for the Adult survey. All respondents who are the Household Screener Respondent or who have been sampled for the Adult survey, go to Box P4.

PATH ID: PN0001	Screen ID:
In the past 30 days, have you smoked a cigarette, a cigar, or a pipe?	
1 YES	
2 NO	

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- 8 DON'T KNOW
- 7 REFUSED

ASK: All respondents.

PATH ID: PN0002

Screen ID:

In the past 30 days, have you used smokeless tobacco, such as chewing tobacco, snuff, snus or dip?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 7 REFUSED

ASK: All respondents.

PATH ID: PN0003

Screen ID:

NOTE: SHOW CARD SC602. (CARD WILL HAVE GENERIC IMAGES OF ALL THESE PRODUCTS)
In the past 30 days, have you used any of the following: electronic or e-cigarettes (like Blu, Smoking Everywhere, NJOY, Gamucci, or some other brand), a hookah or waterpipe, or a tobacco product that dissolves in the mouth (such as Camel Orbs, Sticks or Strips)?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 7 REFUSED

ASK: All respondents.

PATH ID: PT0029

Screen ID:

Do you think cigarettes or tobacco might be available to {CHILD'S FIRST NAME/AGE/SEX} at home?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 7 REFUSED

ASK: All respondents.

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PATH ID: PL0004	Screen ID:	
I'd like to get up to two telephone numbers to reach you in the future. Can I please have your telephone number with area code?		

AREA CODE	PHONE NUMBER	
-8	DON'T KNOW	GO TO PL0006
-7	REFUSED	GO TO PL0006
ASK: All respondents.		

PATH ID: PL0005	Screen ID:
Is this your home phone, cell phone or work number?	
1	HOME
2	CELL
3	WORK
4	OTHER
-8	DON'T KNOW
-7	REFUSED
ASK: All respondents.	

PATH ID: PL0006	Screen ID:	
Can I please have a second telephone number with area code?		

AREA CODE	PHONE NUMBER	
-8	DON'T KNOW	GO TO PL0008
-7	REFUSED	GO TO PL0008
ASK: All respondents.		

PATH ID: PL0007	Screen ID:
Is this your home phone, cell phone or work number?	
1	HOME
2	CELL
3	WORK
4	OTHER
-8	DON'T KNOW
-7	REFUSED
ASK: All respondents.	

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PATH ID: PL0008	Screen ID:
Do you have any other phone numbers you wish to provide?	

AREA CODE	PHONE NUMBER
-8	DON'T KNOW
-7	REFUSED
	GO TO PL0010
	GO TO PL0010
ASK: All respondents.	

PATH ID: PL0009	Screen ID:
What type of phone number is this?	
1	HOME
2	CELL
3	WORK
4	OTHER
-8	DON'T KNOW
-7	REFUSED
ASK: All respondents.	

PATH ID: PL0010	Screen ID:
What is the best number to use to contact you?	
1	HOME
2	CELL
3	WORK
4	OTHER
-8	DON'T KNOW
-7	REFUSED
ASK: All respondents.	

PATH ID: PL0011	Screen ID:
What is the best time of day to reach you? Is it...	
1	Morning
2	Afternoon
3	Anytime
-8	DON'T KNOW
-7	REFUSED
ASK: All respondents.	

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PATH ID: PL0012	Screen ID:
Can you please give me your e-mail address? [LIST UP TO 2 E-MAIL ADDRESSES. VERIFY ALL SPELLING AND PUNCTUATION.]	
_____ @ _____	
E-MAIL ADDRESS	
_____ @ _____	
E-MAIL ADDRESS	
ASK: All respondents.	

PATH ID: PL0013	Screen ID:
Do you have a Facebook® account?	
1 YES	
2 NO	GO TO PL00015
-8 DON'T KNOW	GO TO PL00015
-7 REFUSED	GO TO PL00015
ASK: All respondents.	

PATH ID: PL0014	Screen ID:
Can I please have your Facebook® name? We would only use this to contact you about the study. We would not use it for any other reason. [VERIFY ALL SPELLING, PUNCTUATION AND SPACING.]	

FACEBOOK® NAME	
ASK: All respondents	

PATH ID: PL0015	Screen ID:
Do you have a Twitter® account?	
1 YES	
2 NO	GO TO PL0017
-8 DON'T KNOW	GO TO PL0017
-7 REFUSED	GO TO PL0017
ASK: All respondents.	

PATH ID: PL0016	Screen ID:
Can I please have your Twitter® handle? We would only use this to contact you about the study. We would not use it for any other reason. [VERIFY ALL SPELLING, PUNCTUATION AND SPACING.]	

TWITTER® HANDLE	
ASK: All respondents.	

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PATH ID: PL0017	Screen ID:
<p>Of all the contact information you just provided, what is the best way to reach you? Is it your...</p> <ul style="list-style-type: none"> 1 Home Phone 2 Cell Phone 3 Work Phone 4 E-mail -8 DON'T KNOW -7 REFUSED <p>ASK: All respondents.</p>	

PATH ID: PL0018	Screen ID:
<p>Do you anticipate moving or relocating either permanently or temporarily in the next 6 to 12 months?</p> <ul style="list-style-type: none"> 1 YES 2 NO GO TO PL0020 -8 DON'T KNOW GO TO PL0020 -7 REFUSED GO TO PL0020 <p>ASK: All respondents.</p>	

PATH ID: PL0019	Screen ID:
<p>Can you provide any additional information on your relocation plans? For example, your new street address or the city or state to which you plan to move? [PROBE FOR AND RECORD ANY KNOWN INFORMATION.]</p> <p>_____</p> <p>ASK: All respondents.</p>	

PATH ID: PL0020	Screen ID:			
<p>In case we cannot reach you, can you please give me the contact information of two relatives, friends or neighbors who will always know how to get in touch with you? We would prefer to have information on someone who does not live with you. Who is the first person? [VERIFY ALL SPELLING.]</p> <p>_____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">FIRST NAME</td> <td style="width: 33%; text-align: center;">MI</td> <td style="width: 33%; text-align: center;">LAST NAME</td> </tr> </table> <p>ASK: All respondents.</p>		FIRST NAME	MI	LAST NAME
FIRST NAME	MI	LAST NAME		

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PATH ID: PL0021	Screen ID:
How is [FIRST NAME IN PL0020] related to you?	
1 HUSBAND/WIFE	
2 FATHER/MOTHER	
3 FATHER-IN-LAW/MOTHER-IN-LAW	
4 GRANDPARENT	
5 SON/DAUGHTER	
6 SON-IN-LAW/DAUGHTER-IN-LAW	
7 GRANDCHILD	
8 BROTHER/SISTER	
9 BROTHER-IN-LAW/SISTER-IN-LAW	
10 AUNT/UNCLE/COUSIN	
11 NIECE/NEPHEW	
12 ROOMMATE	
13 FRIEND	
14 NEIGHBOR	
91 OTHER RELATIVE (SPECIFY) _____	
92 OTHER NON-RELATIVE (SPECIFY) _____	
-8 DON'T KNOW	
-7 REFUSED	
ASK: All respondents.	

PATH ID: PL0022	Screen ID:	
What is [FIRST NAME IN PL0020]'s address and telephone number? [VERIFY ALL SPELLING.]		

MAILING ADDRESS		

CITY	STATE	ZIP
_____	_____	_____
AREA CODE	PHONE NUMBER	
_____	_____	
ASK: All respondents.		

PATH ID: PL0023	Screen ID:
What type of phone number is this?	
1 HOME	
2 CELL	
3 WORK	
4 OTHER	
-8 DON'T KNOW	
-7 REFUSED	
ASK: All respondents who provided a telephone number in PL0022.	

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PATH ID: PL0024	Screen ID:
Can you please tell me [FIRST NAME IN PL0020]'s e-mail address? [VERIFY ALL SPELLING AND PUNCTUATION.]	
_____ @ _____	
E-MAIL ADDRESS	
ASK: All respondents.	

PATH ID: PL0025	Screen ID:
What is the name of the second friend or relative? Again, we would prefer someone who does not live with you.	

FIRST NAME	MI
LAST NAME	
ASK: All respondents.	

PATH ID: PL0026	Screen ID:
How is [FIRST NAME IN PL0025] related to you?	
<ul style="list-style-type: none"> 1 HUSBAND/WIFE 2 FATHER/MOTHER 3 FATHER-IN-LAW/MOTHER-IN-LAW 4 GRANDPARENT 5 SON/DAUGHTER 6 SON-IN-LAW/DAUGHTER-IN-LAW 7 GRANDCHILD 8 BROTHER/SISTER 9 BROTHER-IN-LAW/SISTER-IN-LAW 10 AUNT/UNCLE/COUSIN 11 NIECE/NEPHEW 12 ROOMMATE 13 FRIEND 14 NEIGHBOR 91 OTHER RELATIVE (SPECIFY) _____ 92 OTHER NON-RELATIVE (SPECIFY) _____ -8 DON'T KNOW -7 REFUSED 	
ASK: All respondents.	

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PATH ID: PL0027	Screen ID:
What is [FIRST NAME IN PL0025]'s address and telephone number? [VERIFY ALL SPELLING.]	

MAILING ADDRESS	

CITY	STATE ZIP
_____	_____
AREA CODE	PHONE NUMBER
ASK: All respondents.	

PATH ID: PL0028	Screen ID:
What type of phone number is this?	
1 HOME	
2 CELL	
3 WORK	
4 OTHER	
-8 DON'T KNOW	
-7 REFUSED	
ASK: All respondents who provided a telephone number in PL0027.	

PATH ID: PL0029	Screen ID:
Can you please tell me [FIRST NAME IN PL0025]'s e-mail address? [VERIFY ALL SPELLING AND PUNCTUATION.]	
_____ @ _____	
E-MAIL ADDRESS	
ASK: All respondents.	