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: <mark>0925-XXXX</mark>   Expiration Date: <mark>XX/XX/XXXX</mark>

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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

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.

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.

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	I__I I__I__I 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	I__I__I__I 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.

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.

    2   ADHD medications - for example: Adderall, Ritalin, Concerta, or Strattera

    3   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.

    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), theophylline

    4   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.

    1   Asthma

    2   High blood pressure

    3   Diabetes

    4   A cholesterol problem

    5   None of the above

   -8   DON'T KNOW

   -7   REFUSED

ASK: Parent/guardian of sampled youth.

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   GO TO PT0024

    -8   DON'T KNOW   GO TO PT0024

    -7   REFUSED   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).

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).

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

-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.

CONTACT INFORMATION

BOX P4
ASK CONTACT INFORMATION 1 TIME FOR EACH PARENT RESPONDENT. IF PARENT IS AN SP AND HAS ALREADY PROVIDED CONTACT INFORMATION AT THE END OF THE ADULT INTERVIEW, DO NOT ASK CONTACT INFORMATION AGAIN.

PATH ID: PL0001	Screen ID:

I'd like to take a brief moment and get some of your contact information for my records. I'll use this information to contact you about [INSERT ALL SAMPLED YOUTH AND SHADOW SAMPLED CHILDREN'S NAMES]'s participation in the study.

I would like to re-confirm your name and street address.

[PROBE FOR APT AS NECESSARY. VERIFY ALL SPELLING.]

NAME: _____

        FIRST   MI   LAST

_____

  STREET   APT #

_____

  CITY   STATE   ZIP

PROGRAMMER NOTE: PRE-POPULATE NAME FIELDS (FIRST, MI, LAST) BASED ON INFO OBTAINED IN THE SCREENER

PATH ID: PL0002	Screen ID:

Do you receive mail at the address you just gave me?

1	YES	GO TO PL0004
2	NO	
-8	DON'T KNOW	
-7	REFUSED	

ASK: All respondents.

PATH ID: PL0003	Screen ID:

Can I please have your mailing address? [VERIFY ALL SPELLING.]

_____

          MAILING ADDRESS

_____

  CITY   STATE   ZIP

PROGRAMMER NOTE: PRE-POPULATE NAME FIELDS (FIRST, MI, LAST) BASED ON INFO OBTAINED IN THE SCREENER

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.

PATH ID:	PL0008	Screen ID:

Do you have any other phone numbers you wish to provide?

_____   _____
AREA CODE   PHONE NUMBER

-8   DON'T KNOW   GO TO PL0010
-7   REFUSED   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.

PATH ID:	PL0017	Screen ID:

Of all the contact information you just provided, what is the best way to reach you?   Is it your…

	1	Home Phone
	2	Cell Phone
	3	Work Phone
	4	E-mail
	-8	DON'T KNOW
	-7	REFUSED

ASK: All respondents.

PATH ID:	PL0018	Screen ID:

Do you anticipate moving or relocating either permanently or temporarily in the next 6 to 12 months?

	1	YES	
	2	NO	GO TO PL0020
	-8	DON'T KNOW	GO TO PL0020
	-7	REFUSED	GO TO PL0020

ASK: All respondents.

PATH ID:	PL0019	Screen ID:

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.]
_____

ASK: All respondents.

PATH ID:	PL0020	Screen ID:

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.]
_____

FIRST NAME   MI   LAST NAME

ASK: All respondents.

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.

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?

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:	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.