

ATTACHMENT 3: PARENT OR GUARDIAN SCREENER AND BASELINE INSTRUMENT

OMB No. 0910-xxxx
Exp. Date xx/xx/xxxx

Evaluation of the Public Education Campaign on Teen Tobacco- Adult (ExPECTT-A)

Subjects for Questionnaire:

- Study Screener
- Section A: Home Media Environment
- Section B: Environment and Demographics
- Section C: Tobacco Use and Cessation
- Section D: Youth Topics

Parent or Guardian Screener

STUDY INTRODUCTION

SCR1.

Hello, my name is (*FI NAME*) with RTI International in North Carolina. We are conducting a national study sponsored by the U.S. Food and Drug Administration's Center for Tobacco Products.

[IF NOT ADDED DU] You should have received a letter explaining the study.

[IF NOT ADDED DU] HAND R COPY OF LETTER IF NEEDED
[IF ADDED DU] HAND R LEAD LETTER, ALLOW TIME TO READ

Next [GOTO SCR2]

SCR2. First, let me verify: do you live here?

- 1 YES
- 2 NO
- 3 DK
- 4 REF

[IF SCR2=YES]

SCR3. Are you 18 or older?

- 1 YES
- 2 NO

- 3 DK
- 4 REF

[IF SCR2=NO/DK/REF OR SCR3=NO/DK/REF]

SCR3a.

I need to speak with someone who is 18 or older and lives here. May I speak with someone who can help me?

- 1 YES, PERSON IS AVAILABLE
- 2 YES, BUT NEED TO SCHEDULE
- 3 NO, NO ONE LIVING HERE 18 OR OLDER
- 4 NODK
- 5 NOREF

PROGRAMMER: IF SCR3a=1 THEN SKIP BACK TO SCR1. IF SCR3a=2 THEN SEND USER TO SCR15 FOR SCHEDULING. IF SCR3a=3 THEN SKIP TO SCR17 VERIFICATION.

SCR4. ADDRESS VERIFICATION

First, I need to verify -- is this

STREET: *(NUMBER AND STREET)*

CITY: *(CITY)*

STATE: *(STATE)*

ZIP: *(ZIP)*

Address Is Correct [GOTO SCR5.]

Need to Edit Address [**EDIT ADDRESS**]

Fl At Wrong Address [**BREAKOFF SELECT CORRECT CASE**]

SCR4a.

EDIT ADDRESS [IF ADDRESS VERIFICATION = NEED TO EDIT ADDRESS]

TOUCH THE ITEM YOU NEED TO EDIT

STREET # *(NUMBER)*

STREET: *(STREET)*

CITY: *(CITY)*

STATE: *(STATE)*

ZIP: *(ZIP)*

Update [SAVE UPDATED ADDRESS, THEN GOTO **SCR5**]

**SCR5.
STUDY DESCRIPTION**

GIVE PERSON STUDY DESCRIPTION AND SAY

I'd like you to follow along with me as I read the following statement. It describes the survey and assures the privacy to the fullest extent allowable by law of any information you provide. It also explains that your answers are used for statistical purposes only and that your participation is voluntary.

INTERVIEW READ THE STUDY DESCRIPTION TO THE PERSON

I have some questions about people living here that will take a few minutes to complete. The screening questions will determine if anyone in your household is eligible to participate in the full interview. We are looking for and interviewing youth between the ages of 11-16 in order to understand their attitudes and beliefs towards tobacco use as well as their media use. If any youth in your household meets these criteria and completes the full interview, we will offer them an incentive of \$20 in cash after the interview is completed.

Next [**SCR6**]

SCR6.

FOR REGULAR HUs SUCH AS INDIVIDUAL HOUSES, TOWNHOUSES, DUPLEXES,
TRAILERS, COTTAGES

Before we begin, are there any other living quarters within this structure or on this property, such as a separate apartment with a separate entrance?

- 1 YES
- 2 NO
- 3 DK
- 4 REF

Yes [**SCR6a**]

[IF MISSED DU: **CANNOT ADD UNIT**
"YOU CANNOT ADD A MISSED DU
FROM A DU THAT HAS BEEN ADDED"
MISSED DUs]

No [**SCR7**]

SCR6a.

RECORD STREET ADDRESS OR DESCRIPTION OF UNIT

STREET #:
STREET:

SAVE[**OCCUPANCY**]

Cancel [**CANCEL DU: "ARE YOU SURE YOU WANT TO CANCEL ADDITION OF THIS DU? IF Yes, **OCCUPANCY**. IF No, **MISSED DU ADDRESS.**]**

**SCR7.
TOTAL SDU MEMBERS**

(Including yourself), how many people usually live in this household?

ENTER NUMBER 1-20

[IF TOTAL SDU MEMBERS = 1, **ONLY HOUSEHOLD MEMBER: "CONFIRM RESPONSE: IS THERE ONLY 1 PERSON IN THIS HOUSEHOLD?" IF No, **TOTAL SDU MEMBERS**. IF Yes, GOTO SCR17 VERIFICATION.**

IF SCR7 = 0 , ???

IF SCR7 = 1 , GOTO SCR7_CONFIRM

SCR7_CONFIRM

IS THERE ONLY 1 PERSON IN THIS HOUSEHOLD?

1 YES

2 NO

IF SCR7_CONFIRM = 1, GOTO SCR17

IF SCR7_CONFIRM = 2, GO BACK TO SCR7 TO CORRECT

SCR7a.

How many youth ages 11 to 16 live here now?

 (range 0-9]
DK/REF

PROGRAMMER:

IF SCR7a = 1, GO TO SCR8

IF SCR7a = 2-9, GO TO SCR8a LOOP Series

IF SCR7a=0, SKIP TO SCR17 VERIFICATION

IF SCR7a = DK or REF SKIP TO SCR7b

SCR7b. I'm sorry but I'm unable to determine whether anyone in your household is eligible.
Is there someone else who lives in this household that I can speak with?

- 1 YES
- 2 YES, BUT NEED TO SCHEDULE
- 3 NO
- DK/REF

PROGRAMMER: IF SCR7b = 1 GO BACK TO SCR1. IF SCR7b = 2 THEN SKIP TO SCR15. IF SCR7b = 3 DK REF SKIP TO SCR18.

IF SCR7a = 1

SCR8a.

YOUTH ROSTER INTRO

Please tell me the first name or nickname of the youth between 11 and 16 years of age, and his or her age?

(ASK IF NOT OBVIOUS: Is this person male or female?)

SCR 8a1
<NAME>_____ [ALLOW 20 CHARACTERS]

SCR8a2
<Age>____ (range 11-16)
DK/REF

SCR8a3
<Gender>
1 Male
2 Female

PROGRAMMER: GOTO SCR9

IF SCR7a > 1

LOOP STARTS

SCR8b:

Next I'll ask a few questions about the youth who live here. Let's start with the oldest child between the ages of 11 to 16 and then continue with the next oldest child.

What is the **oldest** **/[the next]** child's first name or nickname and age?
(ASK IF NOT OBVIOUS: Is this person male or female?)

Note: **[the next]** is used starting with the second loop

SCR8b1
<NAME> _____ [ALLOW 20 CHARACTERS]
NODK
NOREF

SCR8b2
<Age> _____ (range 11-16)
DK/REF

SCR8b3
<Gender>
1 Male
2 Female

PROGRAMMER:
RECORD NAME, AGE, AND GENDER IN SCR8 AND SCR8a FOR SCR7a TIMES (ONCE FOR EACH CHILD REPORTED IN SCR7a).

PROGRAMMER: GOTO SCR10

**SCR9.
ONE ELIGIBLE YOUTH**

Thank you. It turns out that [IF SCR7a = 1 FILL SCR8a1 <NAME>] is eligible for the survey. The survey will collect data from youth in order to understand attitudes and beliefs toward tobacco use, as well as youth media use.

In order to proceed, I need to speak with the parent or legal guardian of [PROGRAMMER: INSERT SCR8a1 <NAME>].

PRESS 1 TO CONTINUE.

SCR9a.

What is the first name or nickname of the parent or legal guardian of [PROGRAMMER INSERT SCR8a1 <NAME>].

<LG_NAME> _____ [ALLOW 20 CHARACTERS]
DK/REF

PROGRAMMER: IF SCR9a = DK/REF, SKIP TO SCR15.

SCR9b.

(Would that be you?)

- 1 YES
- 2 NO
- 3 DK
- 4 REF

IF SCR9b = YES SKIP TO SCR 12.

IF SCR9b = NO SKIP TO SCR13.

SCR10.

MORE THAN ONE ELIGIBLE YOUTH

IF SCR7a>1

Thank you. It turns out that [IF SCR7a > 1, FILL SCR8b1 LOOP <NAMES>] are eligible for the survey. The survey will collect data from youth in order to understand attitudes and beliefs towards tobacco use, as well as youth media use.

In order to proceed, I need to speak with the parent or legal guardian of [FILL SCR8b1 series LOOP <NAMES>].

GOTO SCR10a

SCR10a.

Do [FILL CHILD NAMES FROM SCR8b1 LOOP] have the same parent or legal guardian?

- 1 YES
- 2 NO
- 3 DK
- 4 REF

IF SCR10a = YES, GOTO SCR10b.

IF SCR10a = NO, GOTO SCR11

IF SCR10a = DK/REF, SKIP TO SCR15.

SCR10b.

What is the first name or nickname of the parent and legal guardian of [PROGRAMMER: INSERT CHILD NAMES FROM SCR8b1 SERIES]

<LG_NAME> _____ [ALLOW 20 CHARACTERS]

DK/REF

SCR10c.

(Would that be you?)

- 1 YES
- 2 NO

IF SCR10c = YES, GOTO SCR12

IF SCR10c = NO, GOTO SCR13

SCR11.

LOOP SERIES

Please tell me the first name or nickname of [FILL FIRST CHILD NAME COLLECTED IN SCR8b1 SERIES]'s parent or legal guardian.

SCR11_1
<LG_NAME> _____ [ALLOW 20 CHARACTERS]
DK/REF

SCR11a.

(Would that be you?)

- 1 YES
- 2 NO

IF SCR11a = YES, GOTO SCR12

IF SCR11a = NO, GOTO SCR13

SCR12.

[IF SCR9b = YES, IF SCR10c = YES, IF ANY SCR11 LOOP = YES] I'd like to explain more about this study and how you may be able to help us. If this is a good time, we could get started now. I will need a place to set up a laptop computer.

- 1 YES
 - 2 NOT NOW, BUT LATER
 - 3 NO, REFUSAL TO INTERVIEW
- NODK
NOREF

PROGRAMMER: IF SCR12=1 THEN SKIP TO SCRFINISH AND CODE AS ELIGIBLE, READY-FOR-CONSENT. IF SCR12=2 THEN SKIP TO SCR15 SCHEDULER. IF SCR12=3, SKIP TO SCR16 REFUSAL.

SCR13.

[IF SCR9b = NO, IF SCR10c = NO AND ALL SCR11b LOOP = NO] May I speak with [FILL: CHILD NAME]'s parent or guardian?

- 1 YES
 - 2 NOT NOW, BUT LATER
 - 3 NO, REFUSAL TO INTERVIEW
- 4 NODK
5 NOREF

PROGRAMMER: IF SCR13 = 2 THEN SKIP TO SCR15 SCHEDULER, IF SCR13=3 THEN SKIP TO SCR16 REFUSAL

SCR14.

[IF SCR13=YES] [ONCE PARENT/GUARDIAN IS AVAILABLE] Hello, my name is [INTERVIEWER NAME] from RTI International in North Carolina. We are conducting a national study of youth in order to understand attitudes and beliefs toward tobacco use, as well as youth media use. Based on answers to the screening questions, [IF SC7 =1 your child has] [IF SCR >1 your children have] been selected for the interview. I'd like to explain the study and how you may be able to help us. If this is a good time, we could get started. I have some information for you about the study and I will need a place to set up a laptop computer.

- 1 YES
- 2 NOT NOW, BUT LATER

- 3, NO, REFUSAL TO INTERVIEW
- 4 NODK
- 5 NOREF

PROGRAMMER: IF SCR14=1 THEN SKIP TO SCRFINISH AND CODE AS SC Completed - Child Selected (ExPECTT RESULT CODE 31 or 32), READY-FOR-CONSENT. IF SCR14=3, SKIP TO SCR16 REFUSAL.

[IF SCR12=2 OR SCR13=2 OR SCR14=2]

SCR15.

Let me schedule a convenient time to come back. First what would be a good date?

ENTER MONTH AND DAY HERE; ENTER TIME ON THE NEXT THREE SCREENS.

MONTH

DK/REF

DAY

DK/REF

[IF SCR12=2 OR SCR13=2 OR SCR14=2]

SCR15a. (Let me schedule a convenient time to come back.) What would be a good time on [FILL SCR15 DATE]?

ENTER HOUR (1-12) HERE; ENTER MINUTES ON NEXT SCREEN.

HOUR

DK/REF

[IF SCR12=2 OR SCR13=2 OR SCR14=2]

SCR15b. (Let me schedule a convenient time to come back. What would be a good time on [FILL SCR15 DATE])?

ENTER MINUTES HERE.

DK/REF

[IF SCR12=2 OR SCR13=2 OR SCR14=2]

SCR15c.

ENTER AM OR PM

DK/REF

[IF SCR12=2 OR SCR13=2 OR SCR14=2].

SCR15d. Thank you for setting an appointment for the interview/ IF SCR3a=2, me to return to complete the brief screening questions]. I will return on [FILL SCR15 MONTH] [FILL SCR15 DAY] at [FILL SCR15a HOUR]:[FILL SCR15b MINUTE] [FILL SCR15c AM OR PM].

PROGRAMMER: UPON COMPLETING SCR15a-d, SKIP TO SCRFINISH

[IF SCR12=3 OR SCR13=3 OR SCR14=3 OR SCR3a=REF]

SCR16.

Thank you for your time and consideration. I have just a few more questions if you can spare just a couple more minutes. Can you tell me more about your reasons for not participating in this study?

_____ [ALLOW 100 CHARACTERS]

DK/REF

[IF SCR3a=3, NO ADULT LIVING HERE OR SCR7a= 0]

SCR17

I'm sorry, but based on your answers to the screening questions no one in your household is eligible to participate in this study. Thank you for taking the time to answer these screening questions. So that my supervisor may check the quality of my work, please give me just your first name and telephone number.

IF THE SR REFUSES TO ANSWER, ENTER 99

<FIRST NAME> _____ [ALLOW 20 CHARACTERS]

DK/REF

<TELEPHONE NUMBER> _____ (APPLY 3-3-4 FORMAT)

DK/REF

SCR18. Those are all the questions I have. Thank you for your assistance.

INTERVIEWER: THE REMAINING 2 QUESTIONS ARE TO BE RECORDED BY OBSERVATION.

PRESS NEXT TO CONTINUE

SCR19. INTERVIEWER RECORD SCREENING RESPONDENT'S GENDER

- 1 MALE
- 2 FEMALE

SCR20. [PROGRAMMER: ALL SCREENINGS WILL ANSWER] INTERVIEWER RECORD PRIMARY LANGUAGE USED FOR THIS SCREENING

- 1 ENGLISH
- 2 SPANISH

SCRFINISH

TAP "EXIT" TO EXIT TO CASE MANAGEMENT SYSTEM (CMS) OR "BACK" TO GO BACK.
PRESS 1 TO EXIT SCREENER

Section A: Home Media Environment

A1. How many of the following items are there in your home? [INSERT PHOTOS]

	0 Items	1	2	3	4	5	6	7	8	9 or more items	99 Prefer not to answer
A1_1. TVs?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 99
A1_2. DVD or VCR players?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 99
A1_3. Digital TV recorders such as TiVo or other DVR?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 99
A1_4. Access to paid streaming services such as Netflix or Hulu Plus?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 99
A1_5. Access to streaming video boxes like Roku or Apple TV?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 99
A1_6. Access to premium channels such as HBO or Showtime?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 99
A1_7. Tablet computers like an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 99
A1_7a. (ASK IF A2_8 >0) How many of your (INSERT #) tablets have internet access?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 99
A1_8. Other computers or laptops?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 99

A1_8a. (ASK IF A2_7 >0) How many of your (INSERT #) computers or laptops have internet access?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
A1_9. Ipods or other MP3 players, CD players, radios?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
A1_10. Video game players that hook up to TV (Xbox, Wii, PSP) and handheld players (Nintendo DS, Sony PSP, iPod)	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99

A2. Is a TV usually kept on in your home, even when no one is watching?

- _1 Yes, we usually keep a TV on.
- _2 No, we do not keep a TV on.
- _9 Prefer not to answer

A3. In your home, is the TV usually on during meals, or not?

- _1 Yes, the TV is usually on during meals.
- _2 No, the TV is not usually on during meals.
- _9 Prefer not to answer

A4. During the past 7 days, how many meals did all or most of your family sit down and eat together at home?"

- _____ Number of days
- _9 Prefer not to answer

Section B: Demographics

B1. What is your age?

_____ years old

_9 Prefer not to answer

B2 How many children aged 17 or younger live in your household 6 months or more of the year?

_____ Number of Children

_9 Prefer not to answer

B3 Are you Hispanic, Latino/a, or of Spanish origin?

_1 No, not of Hispanic, Latino/a, or Spanish origin

_2 Yes, Mexican American, Chicano/a

_3 Yes, Puerto Rican

_4 Yes, Cuban

_5 Yes, another Hispanic, Latino/a, or Spanish origin

_9 Prefer not to answer

B4 What race or races do you consider yourself to be? Please select 1 or more of these categories.

	1 Yes		
B4_1. White	<input type="checkbox"/> _1		
B4_2. Black or African American	<input type="checkbox"/> _1		
B4_3. American Indian or Alaska Native	<input type="checkbox"/> _1		
B4_4. Asian Indian	<input type="checkbox"/> _1		
B4_5. Chinese	<input type="checkbox"/> _1		
B4_6. Filipino	<input type="checkbox"/> _1		
B4_7. Japanese	<input type="checkbox"/> _1		
B4_8. Korean	<input type="checkbox"/> _1		
B4_9. Vietnamese	<input type="checkbox"/> _1		
B4_10. Native Hawaiian	<input type="checkbox"/> _1		
B4_11. Guamanian or Chamorro	<input type="checkbox"/> _1		
B4_12. Samoan	<input type="checkbox"/> _1		
B4_13. Other Asian	<input type="checkbox"/> _1		
B4_14. Other Pacific Islander	<input type="checkbox"/> _1		

B5. What is the highest grade or level of schooling you completed?

- _1 5th grade or less
- _2 6th grade
- _3 7th grade
- _4 8th grade
- _5 9th grade
- _6 10th grade
- _7 11th grade
- _8 12th grade, no diploma
- _9 GED or equivalent
- _10 High school diploma
- _11 Some college, no degree
- _12 Certificate, diploma, or associate degree: occupational, technical, or vocational program
- _13 Associate degree: academic program
- _14 Bachelor's degree
- _15 Master's degree
- _16 Professional school degree (examples: ND, DDS, DVM, LLB, JD)
- _17 Doctoral degree (examples: PhD, Edd)
- _99 Prefer not to answer

The next question is about the total income of YOUR HOUSEHOLD for the PAST 12 MONTHS. Please include your income PLUS the income of all members living in your household (including cohabiting partners and armed forces members living at home). Please count income BEFORE TAXES and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and Social Security, public assistance, pensions, or retirement benefits).

B6. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year?

- ₁ \$0 to \$9,999
- ₂ \$10,000 to \$14,999
- ₃ \$15,000 to \$19,999
- ₄ \$20,000 to \$34,999
- ₅ \$35,000 to \$49,999
- ₆ \$50,000 to \$74,999
- ₇ \$75,000 to \$99,999
- ₈ \$100,000 to \$199,999
- ₉ \$200,000 or more
- ₉₉ Prefer not to answer

B7. Are you now ...?

- ₁ Married
- ₂ Living with a partner
- ₃ Divorced
- ₄ Widowed
- ₅ Separated
- ₆ Single, that is, never married and not now living with a partner
- ₉ Prefer not to answer

B8. Which statement best describes your current employment status?

- ₁ Working full time as a paid employee
- ₂ Working full time, self-employed
- ₃ Not working, on temporary layoff from a job
- ₄ Not working, looking for work
- ₅ Not working, retired
- ₆ Not working, disabled
- ₇ Not working, other
- ₉ Prefer not to answer

B9. Do you currently own or rent your home?

- ₁ Rent
- ₂ Own
- ₉₉ Prefer not to answer

Section C: Tobacco Use and Cessation

C1. About how many cigarettes have you smoked in your entire life? Your best guess is fine.

- ₁ 1 or more puffs, but never a whole cigarette [GO TO C1a]
- ₂ 1 cigarette
- ₃ 2 to 5 cigarettes
- ₄ 6 to 15 cigarettes (about half a pack)
- ₅ 16 to 25 cigarettes (about a pack)
- ₆ 26 to 99 cigarettes (more than a pack but less than 5 packs)
- ₇ 100 or more cigarettes (5 or more packs)
- ₉ Prefer not to answer

C1a. Do you now smoke every day, some days, or not at all?

- ₁ I smoke every day
- ₂ I smoke on some days
- ₃ I do not smoke at all
- ₉ Prefer not to answer

C2. About how long has it been since you last smoked cigarettes—even a puff?

- _ _ Hours [RANGE: 0-23]
- _ Days [RANGE: 0-6]
- _ _ Weeks [RANGE: 0-3]
- _ _ Months [RANGE: 0-11]
- _ _ Years [RANGE: 0-97]
- ₁ I have never tried cigarette smoking, even one or two puffs.
- ₉ Prefer not to answer

C3. On the average, about how many cigarettes a day do you now smoke?

Please enter the number of cigarettes below. You can use the chart below, which tells you how many cigarettes are in a pack.

$\frac{1}{4}$ PACK = 5	1- $\frac{1}{4}$ PACKS = 25	2- $\frac{1}{4}$ PACKS = 45
$\frac{1}{2}$ PACK = 10	1- $\frac{1}{2}$ PACKS = 30	2- $\frac{1}{2}$ PACKS = 50
$\frac{3}{4}$ PACK = 15	1- $\frac{3}{4}$ PACKS = 35	2- $\frac{3}{4}$ PACKS = 55
1 PACK = 20	2 PACKS = 40	3 PACKS = 60

_____ Number of cigarettes

- ₉ Prefer not to answer

C4. On the days that you smoke, how soon after you wake up do you usually have your first cigarette? Would you say...

- ₁ Within 5 minutes
- ₂ 6–30 minutes
- ₃ From more than 30 minutes to 1 hour
- ₄ After more than 1 hour
- ₉ Prefer not to answer

C5. During the past 3 months, did you stop smoking for one day or longer because you were trying to quit smoking cigarettes for good?

- ₁ Yes
- ₂ No
- ₉ Prefer not to answer

The next questions are about the use of tobacco other than cigarettes.

C6. Have you ever used smokeless tobacco, smokeless tobacco, such as chewing tobacco, snuff, or dip?

- ₁ Yes
- ₂ No
- ₉ Prefer not to answer

C7. Do you now use smokeless tobacco, such as chewing tobacco, snuff, or dip, every day, some days, or not at all?

- ₁ I use smokeless tobacco every day
- ₂ I use smokeless tobacco on some days
- ₃ I do not use smokeless tobacco at all
- ₉ Prefer not to answer

C8. On the days that you use smokeless tobacco, such as chewing tobacco, snuff, or dip, how soon after you wake up do you usually use it? Would you say...

- ₁ Within 5 minutes
- ₂ 6–30 minutes
- ₃ From more than 30 minutes to 1 hour
- ₄ After more than 1 hour
- ₉ Prefer not to answer

C9. Do you....

	1 Yes	2 No	9 Prefer Not to Answer
C9_1 Smoke cigars, cigarillos, or little cigars?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
C9_2 Use any other form of tobacco? (if yes, specify)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9

C10. Among close friends, do....

- _1 All of them smoke?
- _2 Most of them smoke?
- _3 Most of them not smoke?
- _4 None of them smoke?
- _9 Prefer not to answer

C11. Among close relatives, do...

- _1 All of them smoke?
- _2 Most of them smoke?
- _3 Most of them not smoke?
- _4 None of them smoke?
- _9 Prefer not to answer

C12. Other than you, have any adults in your household used any of the following during the past 30 days...? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

- _1 cigarettes
- _2 smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as Copenhagen, Skoal, Grizzly, Kodiak, and Red Seal
- _3 cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's
- _4 any other form of tobacco
- _6 No, no one who lives with me has used any form of tobacco during the past 30 days
- _9 Prefer not to answer

C13. To the best of your knowledge, has your child [YOUTH NAME] used any of the following during the past 30 days...? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

- ₁ cigarettes
- ₂ smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as Copenhagen, Skoal, Grizzly, Kodiak, and Red Seal
- ₃ cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's
- ₄ any other form of tobacco
- ₆ No, [YOUTH NAME] has not used any form of tobacco during the past 30 days
- ₉ Prefer not to answer

C14. Which statement best describes the rules about smoking in your home? Would you say...

- ₁ Smoking is not allowed anywhere inside your home
- ₂ Smoking is allowed in some places or at some times
- ₃ Smoking is allowed anywhere inside the home
- ₄ There are no rules about smoking inside the home
- ₉ Prefer not to answer

Section D: Youth Topics

D1. Does [YOUTH NAME] have a cell phone?

- ₁ Yes, [YOUTH NAME] has (his/her) own cell phone
- ₂ Yes, [YOUTH NAME] shares a phone or uses someone else's in our home
- ₃ No, [YOUTH NAME] does not own or use a cell phone.
- ₉ Prefer not to answer

(ASK if A1 = 1 or 2)

D2. Some cell phones are called 'smartphones' because of certain features they have. Is [YOUTH NAME]'s cell phone a smartphone, such as an iPhone or Android?

- ₁ Yes
- ₂ No
- ₃ I don't know
- ₉ Prefer not to answer

D3. Which of these best describes where [YOUTH NAME] sleeps at night?

- ₁ In a bedroom of (his/her) own
- ₂ In a bedroom [HE/SHE] shares with someone else
- ₂ In another room, specify _____
- ₉ Prefer not to answer

(IF D1 = 1 or 2, AND A1_1 to A4_10 > 0, ASK CORRESPONDING FOLLOW-UP ITEM A5_1 TO A_10)

D4_1—D4_10. Does [YOUTH NAME 1] have (INSERT A1_1 to A1_10) in (his/her) bedroom?

- _1 yes
- _2 no
- _2 I don't know
- _9 Prefer not to answer

The next questions are about your relationship in general with [YOUTH NAME].

D5a. In the past 30 days, how many times have you done the following things with [YOUTH NAME]?

	1 At least once a week	2 At least once a month	3 Less Often	4 Never	5 Don't Know	9 Prefer Not to Answer
D5_1. Gone shopping?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5_2. Gone to a movie, sport event, concert, play, or museum?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5_3. Watched an entire television show together?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

D5b. For the following list of activities, indicate whether this is something you and [YOUTH NAME] do together at least once a week, at least once a month, less often, or never. How often do you. . .

	1 At least once a week	2 At least once a month	3 Less Often	4 Never	5 Don't Know	9 Prefer Not to Answer
D5_1. Go to religious services or other religious activities together?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5_2. Do homework or school projects when school is in session	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5_3. Attend a party or a family gathering together?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5_4. Do volunteer work together to help other people or improve your neighborhood?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5_5. Play a game or sport together?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

D5c. Please tell me how often you do each of the following?

How often do you.....	1 Often	2 Some- times	3 Rarely	4 Never	5 Don't Know	9 Prefer Not to Answer
D5c_1. make [YOUTH NAME] feel better when [HE/SHE] is upset?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5c_2. Tell [YOUTH NAME] when [HE/SHE] does a good job on things.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5c_3. Want to hear about his/her problems.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5c_4. Tell [YOUTH NAME] times when [HE/SHE] must come home.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5c_5. Have rules that [YOUTH NAME] must follow.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5c_6. Make sure [YOUTH NAME] doesn't stay up too late.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5c_7. Monitor what [YOUTH NAME] watches on TV.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5c_8. Put restrictions on the music [YOUTH NAME] listens to or videogames [HE/SHE] can play	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D5c_9. Give [YOUTH NAME] chores around the house that [HE/SHE] is responsible for doing.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

D6. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statement.

I am satisfied are with the way [YOUTH NAME] and I communicate with each other.

Would you say you...

- _1 Strongly Disagree
- _2 Disagree
- _3 Neither agree nor disagree (neutral)
- _4 Agree
- _5 Strongly Agree
- _9 Prefer not to answer

D7. How close do you feel to [YOUTH NAME]?

- ₁ Not at all close
- ₂ Not very close
- ₃ Somewhat close
- ₄ Quite close
- ₅ Very close
- ₉ Prefer not to answer

D8. Have you ever talked to [YOUTH NAME] about reasons for not smoking cigarettes or using other types of tobacco like cigars and chewing tobacco?

- ₁ Yes
- ₂ No
- ₉ Prefer not to answer

Thank you for taking time to complete this survey.

OMB No: 0910-xxxx

Expiration Date: xx/xx/xxxx

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