

Attachment 1

Data collection instrument: Adult questionnaire – Pretest MDF

OMB Control Number: 0925-XXXX

Expiration Date: XX/XX/XXXX

Public reporting burden for this collection of information is estimated to average 50 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 (0925-XXXX). Do not return the completed form to this address.

Introduction to the questionnaire

Thank you for agreeing to complete this questionnaire. Instead of using your name on this questionnaire, you will use a secret number. Because you are using a number instead of your name, your answers will be kept private to the extent permitted by law.

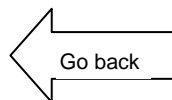
If you have more than one child, please answer the questions with respect to the child who is participating in this research study with you.

Be sure to answer ALL of the questions honestly and carefully. If you are unsure of an answer, please give your best guess. However, if you do not want to answer a particular question, you may skip it. The questionnaire is not a test—there are no right or wrong answers.

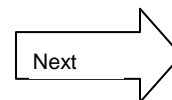
If at any time during this questionnaire you would like to quit, then please click on the link in the corner of your screen that says "Exit This Questionnaire" in order to exit the questionnaire.

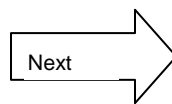
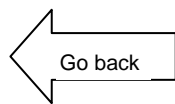
Please ask a project staff member if you have questions while completing this questionnaire.

Thanks again for your assistance!



Screen 1 of 47



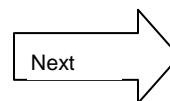
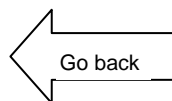


First, please enter your secret number here. The same number is used for you and your child who is participating in this study.

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To be sure that the number was entered correctly, please enter the secret number again here:

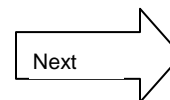
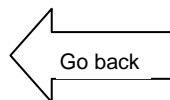
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Now we would like to know a little bit about your media use.

1. How many of the following devices are there in your home?

	# in your home
TVs	
DVD players	
DVRs (e.g., TiVo)	
Radios	
CD players	
Video game consoles (e.g., Xbox, Playstation, Wii)	
Computers (e.g., desktop, laptop)	
Tablet computers (e.g., iPad, Samsung Galaxy tablet)	
MP3-type music players (e.g., iPod, Zune, Sansa Clip)	
Smartphones (e.g., iPhone, Blackberry, Android, Windows phone)	

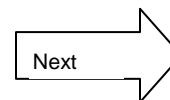
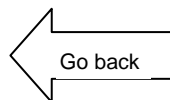


2. How many different NEWSPAPERS do you get each WEEK?

0	1	2	3	4	5	More than 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

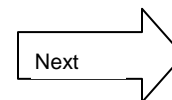
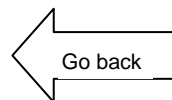
3. How many different MAGAZINES do you get each MONTH?

0	1	2	3	4	5	More than 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



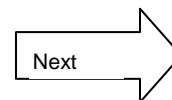
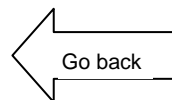
4. Which technology device you currently own would you be most likely to use to access a program for parents and kids to use together? Mark ONE:

Home computer (desktop or laptop)	<input type="radio"/>
Tablet computer (e.g., iPad, Samsung Galaxy tablet)	<input type="radio"/>
Smartphone (e.g., iPhone, Blackberry, Android, Windows phone)	<input type="radio"/>



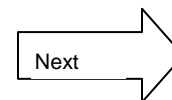
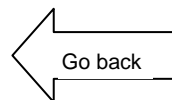
5. Which of the following types of Internet access do you have at home? Mark all that apply.

Do not have Internet access at home.	<input type="radio"/>
Dial-up	<input type="radio"/>
DSL broadband	<input type="radio"/>
Cable broadband	<input type="radio"/>
Mobile broadband (3G/4G/etc. service through a cellular provider)	<input type="radio"/>
Satellite internet	<input type="radio"/>
Other [Specify: _____]	<input type="radio"/>



6. **[If reported having a tablet computer in #4]** Which of the following ways do you connect your tablet computer to the Internet? Mark all that apply.

WiFi at home	<input type="radio"/>
WiFi outside of home (e.g., at school, coffeeshops, libraries, etc.)	<input type="radio"/>
Mobile broadband (3G/4G/etc. service through a cellular provider)	<input type="radio"/>
I don't connect my Tablet to the Internet	<input type="radio"/>
Don't know	<input type="radio"/>

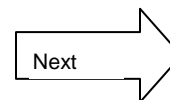
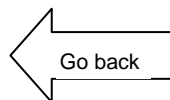


7. **[If reported having a Smartphone in #4]** Which of the following ways do you connect your Smartphone to the Internet? Mark all that apply.

WiFi at home	<input type="radio"/>
WiFi outside of home (e.g., at school, coffeeshops, libraries, etc.)	<input type="radio"/>
Mobile broadband (3G/4G/etc. service through a cellular provider)	<input type="radio"/>
I don't connect my Smartphone to the Internet	<input type="radio"/>
Don't know	<input type="radio"/>

8. Do you have unlimited data service through your cellphone provider?

Yes	<input type="radio"/>
No	<input type="radio"/>
I don't know	<input type="radio"/>



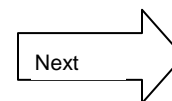
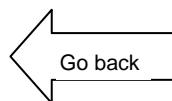
Now we would like to ask a few questions about media and technology that YOUR CHILD may use.

9. Which of the following does your child who is participating in this study have?

	Yes	No
A television in his or her bedroom?	<input type="radio"/>	<input type="radio"/>
A computer in his or her bedroom?	<input type="radio"/>	<input type="radio"/>
His or her own cellphone?	<input type="radio"/>	<input type="radio"/>

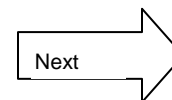
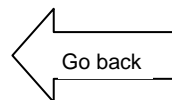
10. **[If reported that child has own cellphone in #9]** Which kinds of capabilities does this child's cellphone have?

Only telephone calls	<input type="radio"/>
Telephone calls and text messages	<input type="radio"/>
Telephone calls, text messages, and Internet access	<input type="radio"/>
I don't know	<input type="radio"/>



11. Which of the following social networking websites (if any) does your child who is participating in this study use? Mark all that apply.

Facebook	<input type="checkbox"/>
Club Penguin	<input type="checkbox"/>
Togetherville	<input type="checkbox"/>
Ohanarama	<input type="checkbox"/>
Foos Kids	<input type="checkbox"/>
KidzVuz	<input type="checkbox"/>
YourSphere	<input type="checkbox"/>
Other [Specify: _____]	<input type="checkbox"/>
None. My child does not use any social networking websites.	<input type="checkbox"/>
I don't know	<input type="checkbox"/>



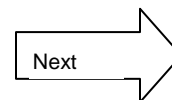
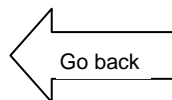
Now we are going to ask questions about your background and your child's background.

12. What is your sex?

Male	Female
<input type="radio"/>	<input type="radio"/>

13. What is your relationship to the child who is participating in this study?

Biological mother/father	<input type="radio"/>
Adoptive mother/father	<input type="radio"/>
Stepmother/stepfather	<input type="radio"/>
Grandmother/grandfather	<input type="radio"/>
Sister/brother or stepsister/stepbrother	<input type="radio"/>
Other relative or in-law [Specify: _____]	<input type="radio"/>
Foster parent	<input type="radio"/>
Parent's partner	<input type="radio"/>



14. Is this child a boy or a girl?

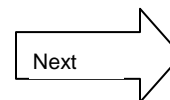
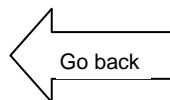
Boy	Girl
<input type="radio"/>	<input type="radio"/>

15. What is this child's age?

Child's age in years
<input type="text"/>

16. Is this child Hispanic or Latino?

Yes, this child is Hispanic or Latino	<input type="radio"/>
No	<input type="radio"/>

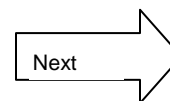
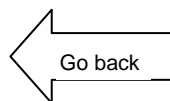


17. What is this child's race? Please select one or more.

White/Anglo/Caucasian	<input type="radio"/>
Black/African American	<input type="radio"/>
American Indian/Alaska Native	<input type="radio"/>
Asian	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>

18. What is YOUR age?

Age in years

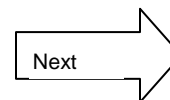
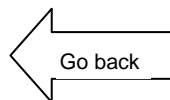


19. Are you Hispanic or Latino?

Yes, I am Hispanic or Latino	<input type="radio"/>
No	<input type="radio"/>

20. What is your race? Please select one or more.

White/Anglo/Caucasian	<input type="radio"/>
Black/African American	<input type="radio"/>
American Indian/Alaska Native	<input type="radio"/>
Asian	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>

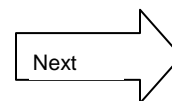
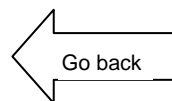


21. What is the highest level of education that you have completed?

Elementary school	<input type="radio"/>
Some high school	<input type="radio"/>
High school or GED	<input type="radio"/>
Some college	<input type="radio"/>
Two-year college degree	<input type="radio"/>
Four-year college degree	<input type="radio"/>
Graduate or professional degree	<input type="radio"/>

22. What type of work are you doing?

Type of work

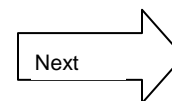
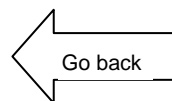


23. Which of the following best describes your household?

Two parent (married)	<input type="radio"/>
Two parent (not married)	<input type="radio"/>
Single parent	<input type="radio"/>
Other [specify: _____]	<input type="radio"/>

24. How many children under age 18 live in your household?

Number of children under age 18

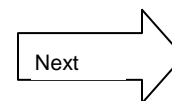
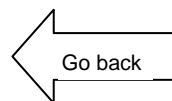


25. **[For two-parent households]** What is the highest level of education that YOUR PARTNER has completed?

Elementary school	<input type="radio"/>
Some high school	<input type="radio"/>
High school or GED	<input type="radio"/>
Some college	<input type="radio"/>
Two-year college degree	<input type="radio"/>
Four-year college degree	<input type="radio"/>
Graduate or professional degree	<input type="radio"/>

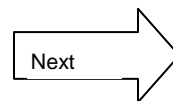
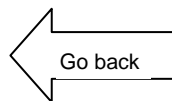
26. **[For two-parent households]** What type of work is YOUR PARTNER doing?

Type of work



27. What is your annual household income? Include all sources of income (wages and salaries, unemployment compensation, disability payments, child support payments received, etc.)

Annual household income
\$



28. **[If respondent attempts to skip income question]** Would you say your yearly household income is...

[Then]

Higher than \$40,000	Lower than \$40,000
<input type="radio"/>	<input type="radio"/>

[or]

[Then]

Higher than \$20,000	Lower than \$20,000
<input type="radio"/>	<input type="radio"/>

[or]

Higher than \$60,000	Lower than \$60,000
<input type="radio"/>	<input type="radio"/>

[OR]

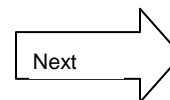
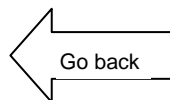
Higher than \$30,000	Lower than \$30,000
<input type="radio"/>	<input type="radio"/>

[or]

Higher than \$10,000	Lower than \$10,000
<input type="radio"/>	<input type="radio"/>

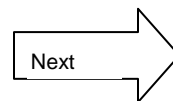
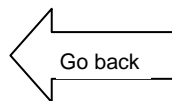
Higher than \$80,000	Lower than \$80,000
<input type="radio"/>	<input type="radio"/>

Higher than \$50,000	Lower than \$50,000
<input type="radio"/>	<input type="radio"/>



29. How many people in your household are supported by this income? Include all adults and children who are supported by this income.

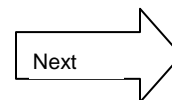
of people supported by this income



In the next set of questions, we are going to ask you about some behaviors.

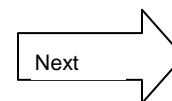
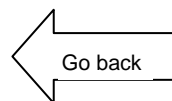
30. During the past 30 days, how often did you do the following things?

During the past 30 days, how often did you...	0 days	1-2 days	3-5 days	6-9 days	10- 19 days	20- 29 days	All 30 days
Drink alcohol (more than just a sip)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use smokeless tobacco? (This includes products like chewing tobacco, snuff, or dip.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



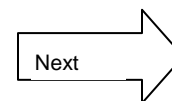
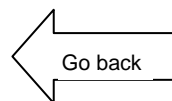
31. **[If yes to cigarettes]** How much do you usually smoke per day?

Less than 1 cigarette per day	<input type="radio"/>
1-5 cigarettes per day	<input type="radio"/>
About ½ a pack per day	<input type="radio"/>
1 pack per day	<input type="radio"/>
More than 1 pack per day	<input type="radio"/>



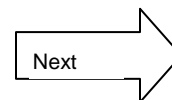
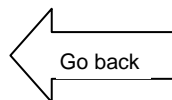
32. **[If yes to smokeless tobacco]** How much do you usually use smokeless tobacco per day?

1-2 times a day	<input type="radio"/>
3-4 times a day	<input type="radio"/>
5-6 times a day	<input type="radio"/>
7-8 times a day	<input type="radio"/>
9-10 times a day	<input type="radio"/>
More than 10 times a day	<input type="radio"/>



33. In the last month have you had [males=5, females=4] or more drinks in a row?

Yes, and I do not intend to stop drinking 5/4 or more drinks in a row	<input type="radio"/>
Yes, but I intend to stop drinking 5/4 or more drinks in a row in the next 6 months	<input type="radio"/>
Yes, but I intend to stop drinking 5/4 or more drinks in a row during the next 30 days	<input type="radio"/>
No, but I have had 5/4 or more drinks in a row in the past 6 months	<input type="radio"/>
No, and I have not had 5/4 or more drinks in a row in the past 6 months	<input type="radio"/>
No, I have never had 5/4 or more drinks in a row.	<input type="radio"/>

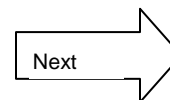
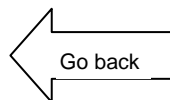


34. Are you currently a smoker?

Yes, I currently smoke	<input type="radio"/>
No, I quit within the last 6 months	<input type="radio"/>
No, I quit more than 6 months ago	<input type="radio"/>
No, I have never smoked	<input type="radio"/>

35. **[For current smokers only]** In the last year, how many times have you quit smoking for at least 24 hours?

of times in past year you quit for at least 24 hours

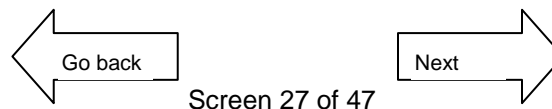


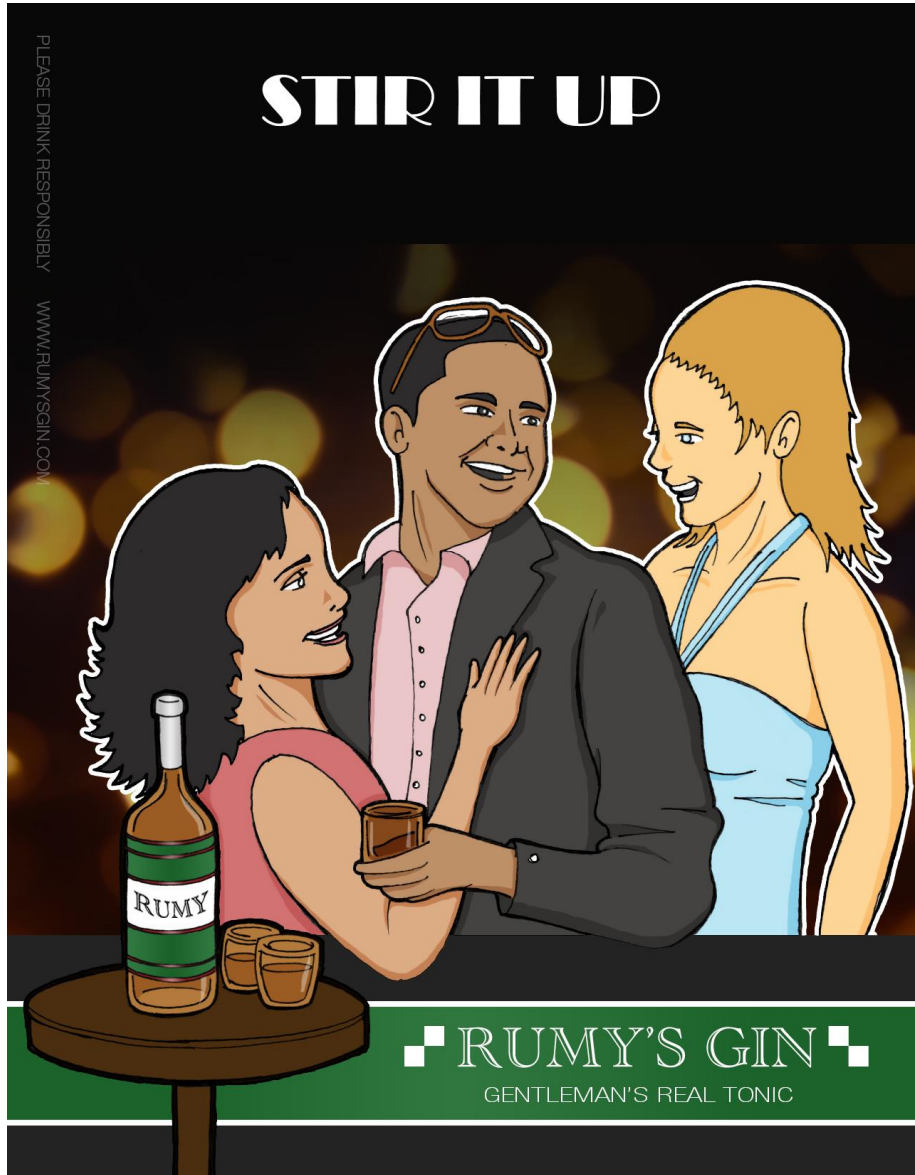
36. **[For current smokers only]** Are you seriously thinking of quitting smoking?

Yes, within the next 30 days	<input type="radio"/>
Yes, within the next 6 months	<input type="radio"/>
No, not thinking of quitting	<input type="radio"/>

Now we have some questions about advertisements.

37. Please look at the advertisement on the next screen and answer questions about it that follow. **The questions are open-ended, which means you will type in your responses.**



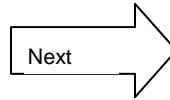
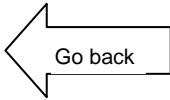


STIR IT UP

PLEASE DRINK RESPONSIBLY
WWW.RUMYSGIN.COM

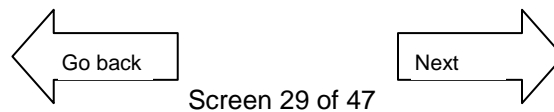
RUMY'S GIN
GENTLEMAN'S REAL TONIC

Ad #1



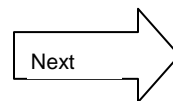
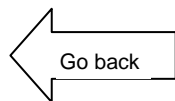
A. Tell me about Ad #1 (the more detail the better).

B. What are some possible messages that the advertisers want the viewer to think after looking at Ad #1?



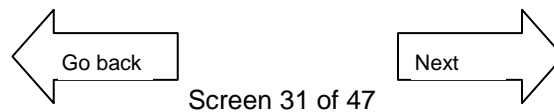
C. How can you tell?

D. What type of person might be interested in Ad #1?



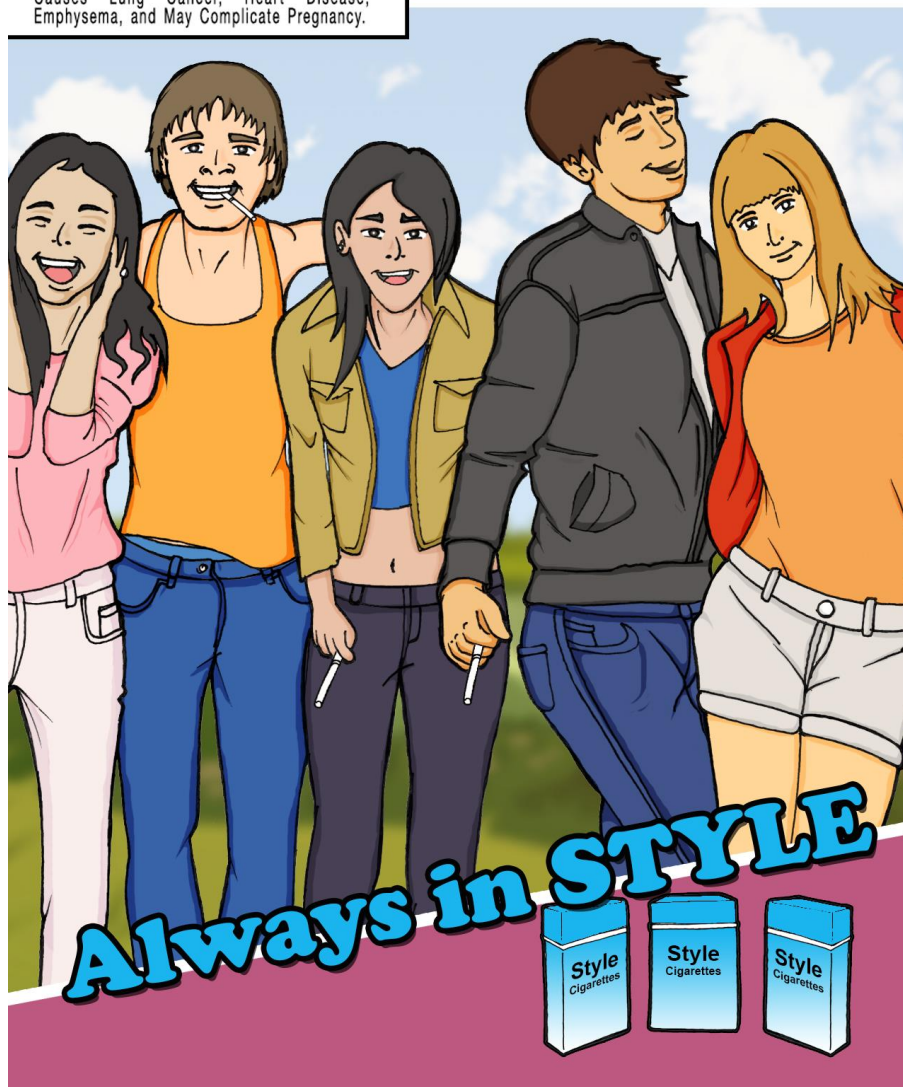
You have finished questions about Ad #1.

**38. Now, please look at a different advertisement on the next screen and answer questions about it that follow.
Again, the questions are open-ended, which means you will type in your responses.**

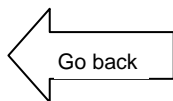


SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy.

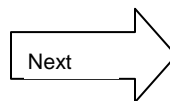
MEWS BOX: 10mg. "tar", 0.9 mg. nicotine, FILTER QUEENS
BOX: 16 mg. "tar", 1.2 mg. nicotine, av. per cigarette by FTC
method. Actual amount may vary depending on how you smoke.
For info, visit www.SPICECIGS.com



Ad #2

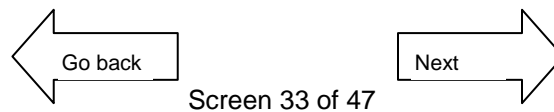


Screen 32 of 47



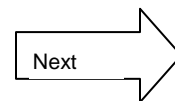
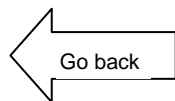
A. Tell me about Ad #2 (the more detail the better).

B. What are some possible messages that the advertisers want the viewer to think after looking at Ad #2?



C. How can you tell?

D. What type of person might be interested in Ad #2?



You have finished questions about Ad #2.

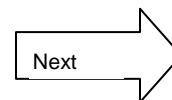
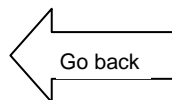
The next few questions are about media and advertising in general.

39. There are many types of media. Which of the following best shows an example of a medium?

Letter to the Editor of a newspaper	<input type="radio"/>
Letter to your grandparents	<input type="radio"/>

40. Why might it be important for children to learn about who pays for TV shows and why?

To increase media concern	<input type="radio"/>
To increase media skepticism	<input type="radio"/>
To increase media awareness	<input type="radio"/>



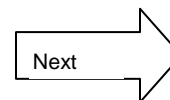
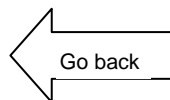
41. Fill in the blank to define "target audience":

The target audience is the people the advertisement is meant to _____.

...show using the product.	<input type="radio"/>
... write favorable online reviews of the product.	<input type="radio"/>
...convince to purchase the product.	<input type="radio"/>

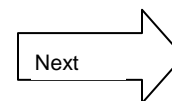
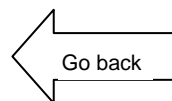
42. What do you think best describes "hidden messages" in advertising?

Ways that advertisers try to made ads desirable to target audiences	<input type="radio"/>
Clues that help solve the mystery of advertising	<input type="radio"/>
Hints that ads are not realistic	<input type="radio"/>



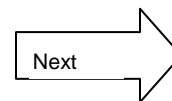
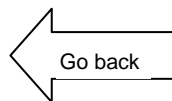
43. Which of the following steps are involved in the production of a counter-ad for alcohol and tobacco?

(A) Identifying the missing information in a preexisting alcohol or tobacco ad	<input type="radio"/>
(B) Finding a clever way of inserting the missing information into the counter-ad	<input type="radio"/>
(C) Learning about the health consequences of alcohol and tobacco	<input type="radio"/>
(D) A and B only	<input type="radio"/>
(E) A, B, and C	<input type="radio"/>

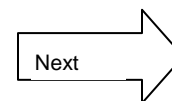
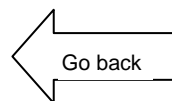


44. Below you will find a number of questions about television advertising. We would like to ask you how you deal with advertising directed at your child who is participating in this study. Can you indicate how often you act in each of the following ways?

How often do you tell your child...	Almost never	Sometimes	Often
That advertising depicts products as better than they really are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That advertising does not always tell the truth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That the purpose of advertising is to sell products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That not all advertised products are of good quality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That some advertised products are not good for children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How often do you tell your child...	Almost never	Sometimes	Often
To turn off the television when s/he is watching commercials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That s/he should not watch commercial networks because they broadcast too many commercials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To switch to a channel that broadcasts fewer commercials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That s/he should not watch television advertising at all?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To watch specific networks that broadcast relatively few commercials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

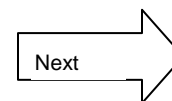
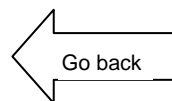


45. How often do you use an alternative means of watching TV (e.g., DVDs, DVRs, or services like Netflix or Hulu) to limit this child's exposure to commercials?

Never	Rarely	Sometimes	Often	Extremely much
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Do you put any controls on the TELEVISIONS in your home to ensure that this child is not watching any inappropriate content? Please mark ONE.

No	<input type="radio"/>
Yes; I use a device that blocks programs based on ratings	<input type="radio"/>
Yes; I only allow my child to watch television when I am present	<input type="radio"/>

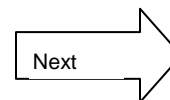
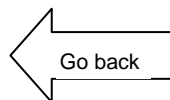


47. Do you put any controls on the COMPUTER OR INTERNET BROWSER to ensure that this child is not viewing any inappropriate content? Please mark ONE.

No	<input type="radio"/>
Yes; I use a device that blocks websites based on ratings	<input type="radio"/>
Yes; I only allow my child to use the computer when I am present	<input type="radio"/>

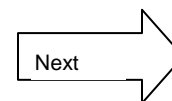
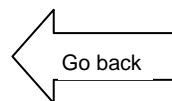
48. Do you put any controls on the VIDEO GAME CONSOLES in your home to ensure that this child is not watching any inappropriate content?

No	<input type="radio"/>
Yes; I use a device that blocks games based on ratings	<input type="radio"/>
Yes; I only allow my child to play video games that I approve	<input type="radio"/>



49. Do you monitor the MOVIES that this child watches to ensure he or she is not watching any inappropriate content?

No	<input type="radio"/>
Yes; I use a device that blocks movies on my TV/DVD/DVR based on ratings	<input type="radio"/>
Yes; I only allow my child to watch movies when I am present	<input type="radio"/>



The next set of questions ask about alcohol and tobacco.

50. How often is alcohol present in your home?

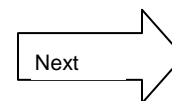
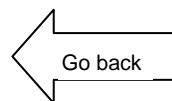
Never	<input type="radio"/>
Occasionally	<input type="radio"/>
Fairly often	<input type="radio"/>
Very often	<input type="radio"/>
Always	<input type="radio"/>

51. Do you keep track of the alcohol supply in your home?

Yes	<input type="radio"/>
No	<input type="radio"/>

52. Do you keep alcohol locked up?

Yes	<input type="radio"/>
No	<input type="radio"/>

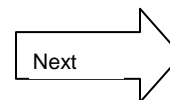
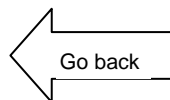


53. How difficult would it be for your child who is participating in this study to obtain alcohol from your home?

Very difficult	Difficult	Neutral	Easy	Very easy	There is no alcohol in my home
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

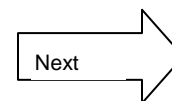
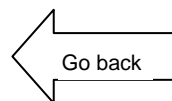
54. In general, how often have you talked with this child about alcohol use?

Never	Rarely	Sometimes	Often	Extremely often
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



55. How often would you say you have done the following specific things? As before, “your child” refers to the child who is participating in this study with you.

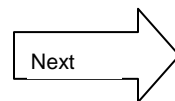
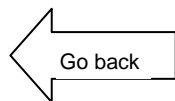
	Never	Once	A few times	A lot of times
Have lectured or given your child a speech about drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have warned your child about the dangers of drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have talked to your child about how to handle offers of alcoholic drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have given your child rules to obey about drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have made a comment to your child about how drinking alcohol is bad if a character on TV is drinking or drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell your child stories of people who drank alcohol or have been drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How often would you say you...	Never	Once	A few times	A lot of times
Tell your child that you would be disappointed if he or she drank alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Show your child information on the web, TV, or in the news about the dangers of drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask for your child's thoughts and opinions about drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

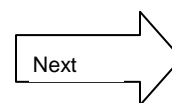
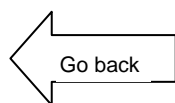
56. In general, how often have you talked with this child about tobacco use (cigarettes, chewing tobacco, or other forms of tobacco)?

Never	Rarely	Sometimes	Often	Extremely often
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



57. How often would you say you have done the following specific things? As before, “your child” refers to the child who is participating in this study with you.

	Never	Once	A few times	A lot of times
Have lectured or given your child a speech about tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have warned your child about the dangers of tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have talked to your child about how to handle offers of tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have given your child rules to obey about tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have made a comment to your child about how tobacco use is bad if a character on TV is smoking or using other forms of tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell your child stories of people who smoke or use other forms of tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How often would you say you...	Never	Once	A few times	A lot of times
Tell your child that you would be disappointed if he or she smoked cigarettes or used other forms of tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Show your child information on the web, TV, or in the news about the dangers of using tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask for your child's thoughts and opinions about smoking or using other forms of tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
CLICK 'NEXT' TO SUBMIT YOUR RESPONSES AND EXIT.**

