Attachment 3

Data collection instrument: Adult Questionnaire – Posttest MDF

OMB Control Number: 0925-XXXX Expiration Date: 09/13/2014

Public reporting burden for this collection of information is estimated to average 45 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.

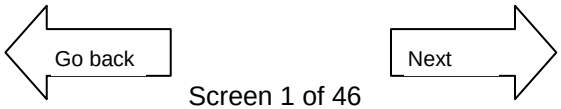
If you have more than one child, please answer the questions with respect to the child who is participating in this research study with you.

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.

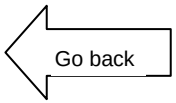
Please ask a project staff member if you have questions while completing this questionnaire.

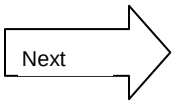
Thanks again for your assistance!



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

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





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

1. 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)?	O	O	O	O	O	O	O
Smoke cigarettes?	O	O	O	O	O	O	O
Use smokeless tobacco? (This includes products like chewing tobacco, snuff, or dip.)	O	O	O	O	O	O	O

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

Less than 1 cigarette per day	O
1-5 cigarettes per day	O
About ½ a pack per day	O
1 pack per day	O
More than 1 pack per day	O

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

1-2 times a day	O
3-4 times a day	O
5-6 times a day	O
7-8 times a day	O
9-10 times a day	O
More than 10 times a day	O

4. 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	O
Yes, but I intend to stop drinking 5/4 or more drinks in a row in the next 6 months	O
Yes, but I intend to stop drinking 5/4 or more drinks in a row during the next 30 days	O
No, but I have had 5/4 or more drinks in a row in the past 6 months	O
No, and I have not had 5/4 or more drinks in a row in the past 6 months	O
No, I have never had 5/4 or more drinks in a row.	O

5. Are you currently a smoker?

Yes, I currently smoke	O
No, I quit within the last 6 months	O
No, I quit more than 6 months ago	O
No, I have never smoked	O

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

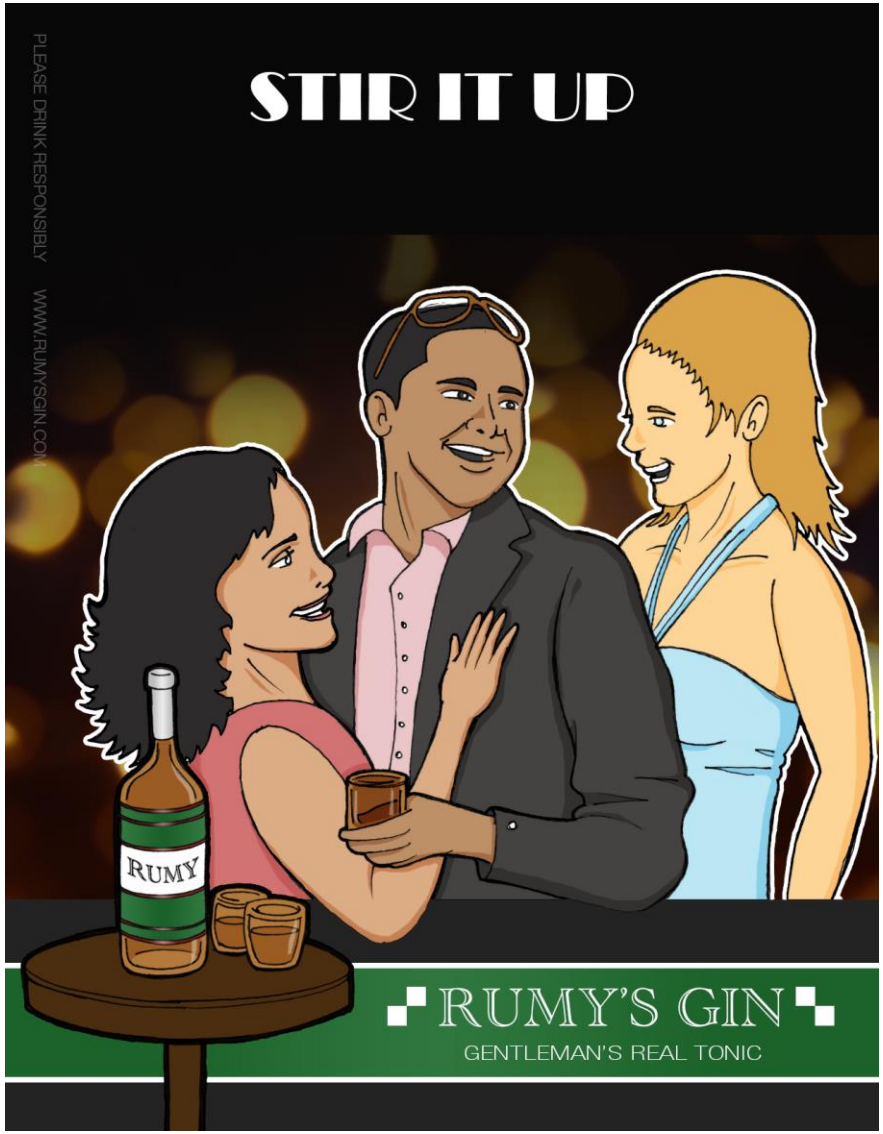
# of times in past year you quit for at least 24 hours

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

Yes, within the next 30 days	O
Yes, within the next 6 months	O
No, not thinking of quitting	O

Now we have some questions about advertisements.

8. **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.**



Ad #1

Go back
Next
Screen 10 of 46

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

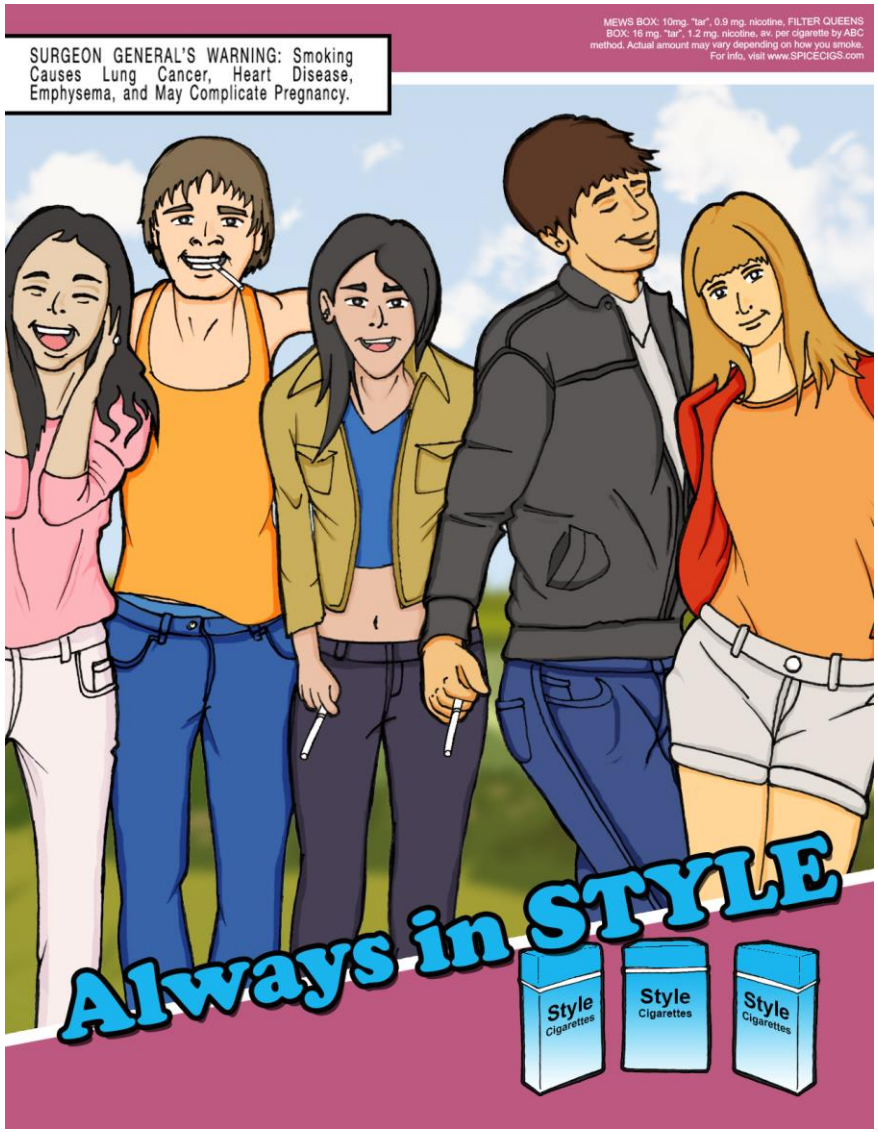
B. What are some possible messages that the advertisers want the viewer to think after looking at Ad #1?

C. How can you tell?

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

You have finished questions about Ad #1.

9. **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.**



Ad #2

Go back
Next

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.

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

Letter to the Editor of a newspaper	O
Letter to your grandparents	O

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

To increase media concern	O
To increase media skepticism	O
To increase media awareness	O

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

The target audience is the people the advertisement is meant to_____.

…show using the product.	O
… write favorable online reviews of the product.	O
…convince to purchase the product.	O

13. What do you think best describes “hidden messages” in advertising?

Ways that advertisers try to made ads desirable to target audiences	O
Clues that help solve the mystery of advertising	O
Hints that ads are not realistic	O

14. 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	O
(B) Finding a clever way of inserting the missing information into the counter-ad	O
(C) Learning about the health consequences of alcohol and tobacco	O
(D) A and B only	O
(E) A, B, and C	O

15. 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?	O	O	O
That advertising does not always tell the truth?	O	O	O
That the purpose of advertising is to sell products?	O	O	O
That not all advertised products are of good quality?	O	O	O
That some advertised products are not good for children?	O	O	O

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

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

Never	Rarely	Sometimes	Often	Extremely much
O	O	O	O	O

17. 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	O
Yes; I use a device that blocks programs based on ratings	O
Yes; I only allow my child to watch television when I am present	O

18. 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	O
Yes; I use a device that blocks websites based on ratings	O
Yes; I only allow my child to use the computer when I am present	O

19. 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	O
Yes; I use a device that blocks games based on ratings	O
Yes; I only allow my child to play video games that I approve	O

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

No	O
Yes; I use a device that blocks movies on my TV/DVD/DVR based on ratings	O
Yes; I only allow my child to watch movies when I am present	O

The next set of questions ask about alcohol and tobacco.

21. How often is alcohol present in your home?

Never	O
Occasionally	O
Fairly often	O
Very often	O
Always	O

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

Yes	O
No	O

23. Do you keep alcohol locked up?

Yes	O
No	O

24. 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
O	O	O	O	O	O

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

Never	Rarely	Sometimes	Often	Extremely often
O	O	O	O	O

26. 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	O	O	O	O
Have warned your child about the dangers of drinking alcohol	O	O	O	O
Have talked to your child about how to handle offers of alcoholic drinks	O	O	O	O
Have given your child rules to obey about drinking alcohol	O	O	O	O
Have made a comment to your child about how drinking alcohol is bad if a character on TV is drinking or drunk	O	O	O	O
Tell your child stories of people who drank alcohol or have been drunk	O	O	O	O

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	O	O	O	O
Show your child information on the web, TV, or in the news about the dangers of drinking alcohol	O	O	O	O
Ask for your child's thoughts and opinions about drinking alcohol.	O	O	O	O

27. 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
O	O	O	O	O

Go back Next

28. 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	O	O	O	O
Have warned your child about the dangers of tobacco use	O	O	O	O
Have talked to your child about how to handle offers of tobacco products	O	O	O	O
Have given your child rules to obey about tobacco use	O	O	O	O
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	O	O	O	O
Tell your child stories of people who smoke or use other forms of tobacco	O	O	O	O

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	O	O	O	O
Show your child information on the web, TV, or in the news about the dangers of using tobacco products	O	O	O	O
Ask for your child's thoughts and opinions about smoking or using other forms of tobacco	O	O	O	O

Now, we would like to ask a few questions about your use of the computer program you were given.

29. Did you bring your completed Program Usage Log (the paper where you wrote down the dates, times, and participants when you used the computer program) with you today?

Yes	O
No	O

[If YES to completed Program Usage Log with the respondent today] Please take out the log now. You will use it to answer a few questions.

30. [If YES to completed Program Usage Log with the respondent today] First, please count up the number times you used the computer program in the past month. Enter that number here:

Number of times used computer program in past month

31. [If YES to completed Program Usage Log with the respondent today] Please fill in the following information from your log: [the number of rows that appear will correspond to the answer given in #30, above]

Date of Program Use	How long did you use the program this time (minutes)	Who used the program? (select all the people who used the program this time)	
1.		Me	O
		The child who is participating in the study with me	O
		This child's other parent	O
		My boyfriend or girlfriend	O
		This child's grandparent(s)	O
		This child's aunt(s) or uncle(s)	O
		This child's sibling(s)	O
		This child's friend(s)	O

Date of Program Use	How long did you use the program this time (minutes)	Who used the program? (select all the people who used the program this time)	
2.		Me	O
		The child who is participating in the study with me	O
		This child's other parent	O
		My boyfriend or girlfriend	O
		This child's grandparent(s)	O
		This child's aunt(s) or uncle(s)	O
		This child's sibling(s)	O
		This child's friend(s)	O

Date of Program Use	How long did you use the program this time (minutes)	Who used the program? (select all the people who used the program this time)	
3.		Me	O
		The child who is participating in the study with me	O
		This child's other parent	O
		My boyfriend or girlfriend	O
		This child's grandparent(s)	O
		This child's aunt(s) or uncle(s)	O
		This child's sibling(s)	O
		This child's friend(s)	O

Date of Program Use	How long did you use the program this time (minutes)	Who used the program? (select all the people who used the program this time)	
4.		Me	O
		The child who is participating in the study with me	O
		This child's other parent	O
		My boyfriend or girlfriend	O
		This child's grandparent(s)	O
		This child's aunt(s) or uncle(s)	O
		This child's sibling(s)	O
		This child's friend(s)	O

32. [If NO to completed Program Usage Log with the respondent today] You last completed a questionnaire one month ago. In the past month, do you remember how often you used [the assigned computer program]?

Never. We didn't use the program during the past month.	O
We used the computer program, and I am able to **remember** the number of times we used it.	O
We used the computer program, and I can **estimate** the number of times we used it **by selecting from a range of choices**.	O

33. **[If NO to completed Program Usage Log with the respondent today, but ability to REMEMBER number of times indicated in #32]** **How many times did you use the computer program in the past month? Enter that number here:**

Number of times used computer program in past month

Go back

Next

34. [If NO to completed Program Usage Log with the respondent today, but ability to ESTIMATE RANGE of times indicated in #32] How many times did you use the computer program in the past month?

Never. We didn't use the program during the past month.	O
Once	O
2-3 times	O
4-7 times	O
8-10 times	O
More than 10 times	O

35. **[If NO to completed Program Usage Log with the respondent today, but some computer program use indicated] In the past month, how much time did you typically spend on the assigned computer program when you used it?**

Less than 15 minutes	O
Between 15 and 30 minutes	O
Between 30 and 45 minutes	O
Between 45 minutes and 1 hour	O
More than 1 hour	O

36. [If NO to completed Program Usage Log with the respondent today, but some computer program use indicated] In the past month, who has used the assigned computer program? Mark all the people who have used the assigned computer program together at least once.

Me	O
The child who is participating in the study with me	O
This child's other parent (mom, dad, stepmom, stepdad)	O
My boyfriend or girlfriend	O
This child's grandparent (grandmother or grandfather)	O
This child's aunt or uncle	O
This child's siblings (brothers/sisters or stepbrothers/stepsisters)	O
This child's friends	O
Someone else: _____	O

Now, we would like to get your opinions on different aspects of the Media Detective Family program.

37. As compared to before the Media Detective Family program, how would you describe your READINESS in each area? As before, "your child" refers to the child who is participating in this study with you.

	Much less	Less	About the same	More	Much more
Talking with this child about media messages	O	O	O	O	O
Identifying ways that advertisements target specific age groups, people with particular interests, etc.	O	O	O	O	O
Assessing the realism of advertising	O	O	O	O	O
Being aware of the health risk information left out of ads for tobacco and alcohol	O	O	O	O	O
Monitoring this child's media exposure	O	O	O	O	O
Monitoring media exposure for other children in the household	O	O	O	O	O

As compared to before the MDF program, how would you describe your READINESS in each area?

	Much less	Less	About the same	More	Much more
Talking with this child about substance use	O	O	O	O	O
Talking with this child about your expectations for his/her behavior regarding substance use	O	O	O	O	O
Helping this child understand the purpose of advertising	O	O	O	O	O
Selecting age-appropriate TV shows, movies, video games, Internet content, etc. for this child	O	O	O	O	O
Changing how you yourself use substances (e.g., changing the frequency of use or changing use in situations where children are present)	O	O	O	O	O
Changing the availability of substances to children in your household (e.g., locking cabinets where alcohol is stored, keeping count of your cigarettes)	O	O	O	O	O

38. How would you evaluate the Media Detective Family program in the following areas?

	Poor	Fair	Good	Very good	Excellent
Ease of use	O	O	O	O	O
Convenience	O	O	O	O	O
Thoroughness	O	O	O	O	O
Amount of content	O	O	O	O	O
Topic appropriateness	O	O	O	O	O
Quality of media	O	O	O	O	O
Appeal	O	O	O	O	O
Motivational/inspiring to parents	O	O	O	O	O

39. Please tell us one or two specific aspects of the Media Detective Family program that you think we could improve. We are particularly interested in how you think we can make the program more useful for families who live in rural areas.

40. How would you evaluate the <u>extension activities</u> in the following areas?

	Poor	Fair	Good	Very good	Excellent
Ease of use	O	O	O	O	O
Convenience	O	O	O	O	O
Topic appropriateness	O	O	O	O	O
Appeal	O	O	O	O	O

41. Which was the primary format for the extension activities that you used?

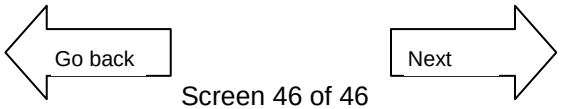
Paper and pen or pencil	O
Tablet computer	O
Smartphone	O
Did not complete any extension activities	O

42. How would you rate the overall experience with this program?

Not at all satisfied	Somewhat unsatisfied	Satisfied	Very satisfied
O	O	O	O

43. How did this program benefit you? Choose all that apply.

Time saving	O
No travel needed to access or use the materials	O
Convenience	O
Start and stop when needed	O
Engaged the child who is participating in this study	O
Engaged other members of the family	O
Answered my questions	O
Answered this child’s questions	O
Provided information I didn’t know I needed	O
Gave our family time to reflect	O
Gave me confidence in talking about substance use with this child	O
Extension activities helped to guide conversations	O
Was a fun activity to do as a family	O



44. Please check any of the following that you would say are TRUE for you. Choose as many as apply.

I prefer in-person family training to online	O
I would like additional online trainings about media literacy and health	O
I would like additional extension activities	O
I plan to do the extension activities again with other children in the household	O

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

CLICK ‘NEXT’ TO SUBMIT YOUR RESPONSES AND EXIT.