Attachment 3h - English

PATH Study Data Collection Instruments:
Parent Interview

June 18, 2013

PATH
Parent Questionnaire
Version 7.5

Section	Number of questions
All	85

PATH
Parent Questionnaire
Version 7.5

OMB Control Number: 0925-0664   Expiration Date: 11/30/2015

PATH
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PATH ID: PT0001	Screen ID:

What is your relationship to {Child's first name}?

[Would you say biological, adopted or step mother / father?]

1	BIOLOGICAL MOTHER
2	BIOLOGICAL FATHER
3	ADOPTED MOTHER
4	ADOPTED FATHER
5	STEP MOTHER
6	STEP FATHER
7	FOSTER MOTHER
8	FOSTER FATHER
9	GRANDMOTHER
10	GRANDFATHER
11	AUNT
12	UNCLE
91	OTHER RELATIVE (SPECIFY) _____
92	NON RELATIVE (SPECIFY)_____
-8	DON'T KNOW
-7	REFUSED

ASK: Parent/guardian of sampled youth, about each sampled youth and each shadow sample youth

GO TO: IF ASKING ABOUT A SAMPLED YOUTH, GO TO PT0045

IF ASKING ABOUT A SHADOW SAMPLE YOUTH, GO TO BOX P4

PROGRAM: If parent has already completed an interview for another SP youth, do not repeat PT0045, PT0046, PT0047, PR1045, PR1050 and PM0001

PATH ID: PT0045	Screen ID:

Do you have a spouse or partner that lives here?

[If your spouse or partner is deployed for military active duty, please consider them as living here.]

1	YES	
2	NO	GO TO PT0047
-8	DON'T KNOW	GO TO PT0047
-7	REFUSED	GO TO PT0047

ASK: Parent/guardian of sampled youth.

PATH ID: PT0046	Screen ID:

What is your spouse or partner's first name?

{PROGRAM NOTE: LIST FIRST NAMES OF EVERYONE ON THE GRID WHO IS AGED 11 YEARS OLD OR OLDER IN HH SCREENER WITH THEIR AGE, ORDERED BY OLDEST TO YOUNGEST}

IF NEEDED, CLARIFY THAT YOU ARE ASKING ABOUT THE SPOUSE OR PARTNER THAT LIVES IN THE HOUSE. READ NAMES IF NECESSARY. ENTER AN X NEXT TO THE SPOUSE OR PARTNER'S NAME.

1	CONTINUE
-8	DON'T KNOW
-7	REFUSED

ASK: Parent/guardian of sampled youth who say they have a partner that lives in the home (PT0045=1).

PROGRAM: List everyone on the grid who is age 11 or older, with a logic check if a biological relation is selected.

PATH ID: PT0047	Screen ID:

What is your marital status? Are you now married, widowed, divorced, separated or never married?

1	NOW MARRIED
2	WIDOWED
3	DIVORCED
4	SEPARATED
5	NEVER MARRIED
-8	DON'T KNOW
-7	REFUSED

ASK: Parent/guardian of sampled youth.

PATH ID: PT0002	Screen ID:

What is {FIRST NAME filled from PT0046}'s relationship to {Child's first name}?

[Would you say biological, step, adopted or foster mother / father?]

1	BIOLOGICAL MOTHER	
2	BIOLOGICAL FATHER	
3	ADOPTED MOTHER	
4	ADOPTED FATHER	
5	STEP MOTHER	
6	STEP FATHER	
7	FOSTER MOTHER	
8	FOSTER FATHER	
9	GRANDMOTHER	
10	GRANDFATHER	
11	AUNT	
12	UNCLE	
91	OTHER RELATIVE	(SPECIFY)_____
92	NON RELATIVE	(SPECIFY)_____
-8	DON'T KNOW	
-7	REFUSED	

ASK: Parent/guardian of sampled youth that select a name in PT0046.

PROGRAM: FILL {FIRST NAME filled from PT0046} with first name selected in PT0046. If parent has already completed an interview for another SP youth, PT0046 is not repeated for additional sampled youth. In this case, fill FIRST NAME from PT0046 with the first name provided in the completed interview from the first sampled youth.

BOX P2

If sampled youth is a twin or part of a multiple birth (as identified in the Household Screener HM0014=1), ask items PM0016 – PM0021 following skips appropriately, for the sampled youth this interview is about. Ask PM0016-PM0021 1 time for each set of twins or multiple births. Ask these questions for the first child in the set; do not repeat for subsequent children in set.

If the sampled youth is a twin (If 2 children are the same age AND HM0014=1), go to PM0016. If the sampled youth is part of a multiple birth (If 3 or more children are the same age AND HM0014=1), go to PM0018.

Else go to PT0009.

{PROGRAM: Display the following text for the interviewer.}

{CHILD'S FIRST NAME} WAS IDENTIFIED IN THE HOUSEHOLD SCREENER AS PART OF A SET OF TWINS OR MULTIPLE BIRTHS. THE NEXT SET OF QUESTIONS IS SPECIFIC TO THESE TWINS OR MULTIPLE BIRTHS.

        1   CONTINUE

ASK: If sampled youth is a twin or part of a multiple birth (as identified in the Household Screener HM0014=1)
PROGRAM: FILL {CHILD'S FIRST NAME} with first name of sampled youth that was identified as a twin or multiple birth.

PATH ID:	**PM0016**		**Screen ID:**

{Child's first name] was identified as a **twin**. Is that correct?

1	YES	
2	NO	GO TO PT0009
-8	DON'T KNOW	GO TO PT0009
-7	REFUSED	GO TO PT0009

ASK: Parent/guardian of sampled youth that is part of a twin (as identified in the HH Screener HM0015)
PROGRAM: Fill "Twin's first name" with the other twin's name that was identified in the HH Screener HM0015.
DISPLAY: QxQ #P1 AVAILABLE FOR "twin".

PATH ID:	**PM0030**		**Screen ID:**

What is the first name of the child that {Child's first name} is a twin of?

Name   _____

-8	DON'T KNOW	GO TO PT0009
-7	REFUSED	GO TO PT0009

ASK: Parent/guardian of sampled youth that is part of a twin (as identified in the HH Screener HM0015)
PROGRAM:
DISPLAY: QxQ #PXX AVAILABLE FOR "twin".

PATH ID:	**PM0017**	**Screen ID:**

Are {Child's first name} and {Twin's first name from PM0030} **identical twins**?

1	YES	GO TO PT0009
2	NO	GO TO PT0009
-8	DON'T KNOW	GO TO PT0009
-7	REFUSED	GO TO PT0009

ASK: Parent/guardian of sampled youth that is part of a twin (PM0016=1)

PROGRAM: Fill "Twin's first name" with the other twin's name that was identified in HM0015.

DISPLAY: QxQ #P2 AVAILABLE FOR "identical twins".

PATH ID:	**PM0018**	**Screen ID:**

{Child's first name} was identified as part of a **multiple birth**. Is that correct? [**Multiple births** refers to twins, triplets, quadruplets, etc.]

1	YES	
2	NO	GO TO PT0009
-8	DON'T KNOW	GO TO PT0009
-7	REFUSED	GO TO PT0009

ASK: Parent/guardian of sampled youth that is part of a multiple birth (as identified in the HH Screener)

PROGRAM: Fill "Multiple's first names" with the other multiple's first names that were identified in HM0015. If two other multiple births, connect names with "and". If more than two multiples, separate with commas, and display ',and' before the last multiple's first name.

DISPLAY: QxQ #P3 AVAILABLE FOR "multiple birth".

PATH ID:	**PM0035**	**Screen ID:**

What are the first names of the other children in the multiple birth with {Child's first name}?

Name   _____

              [ALLOW UP TO 10
              NAMES]

| -8 | DON'T KNOW | GO TO PT0009 |
| -7 | REFUSED | GO TO PT0009 |

ASK: Parent/guardian of sampled youth that is part of a twin (as identified in the HH Screener HM0015)

PROGRAM:

DISPLAY: QxQ #PXX AVAILABLE FOR "twin".

PATH ID: PM0019	Screen ID:

Are {Multiple's first names from PM0035} **identical** to {Child's first name}?

1	YES	
2	NO	GO TO PT0009
-8	DON'T KNOW	GO TO PT0009
-7	REFUSED	GO TO PT0009

ASK: Parent/guardian of sampled youth that is part of a multiple birth (PM0018=1)

PROGRAM: Fill "Multiple's first names" with the other multiple's first names that were identified in HM0015. If two multiple births, connect names with "or". If more than two multiples, separate with commas, and display ',or' before the last multiple's first name.

DISPLAY: QxQ #P4 AVAILABLE FOR "identical".

PATH ID: PM0021	Screen ID:

Who is **identical** to {Child's first name}? Choose all that apply.

READ RESPONSE OPTIONS IF NEEDED

1	[FILL RESPONSE OPTIONS WITH THE FIRST NAME OF EACH PERSON IN THE MULTIPLE BIRTH, EXCLUDING {Child's first name}
2	
3	
X	[UP TO HOWEVER MANY CHILDREN ARE IN THE MULTIPLE BIRTH]
-8	DON'T KNOW
-7	REFUSED

ASK: Parent/guardian of sampled youth that is part of an identical multiple birth (PM0019=1)

PROGRAM: Allow this question to be choose all that apply. In the database, store the PID of the child or children the respondent indicates is identical to {Child's first name}.

DISPLAY: QxQ #P5 AVAILABLE FOR "identical".

PATH ID: PT0009	Screen ID:

The next series of questions ask about {Child's first name}'s life at home and in school.

In general, does {Child's first name} have a curfew or set time that {he/she} needs to be home on <u>school</u> nights?

IF THE RESPONDENT IS UNSURE HOW TO ANSWER BECAUSE THE CURFEW VARIES BASED ON THE SITUATION, CODE YES AS LONG AS THE PARENT IS THE ONE WHO SETS THE CURFEW TIME.

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

ASK: Parent/guardian of sampled youth.

PATH ID: PT0011	Screen ID:

In general, does {Child's first name} have a curfew or set time that {he/she} needs to be home on <u>weekend</u> nights?

IF THE RESPONDENT IS UNSURE HOW TO ANSWER BECAUSE THE CURFEW VARIES BASED ON THE SITUATION, CODE YES AS LONG AS THE PARENT IS THE ONE WHO SETS THE CURFEW TIME.

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

ASK: Parent/guardian of sampled youth.

PATH ID:	PT0019	Screen ID:

Please look at this list. How would you describe how {Child's first name} has performed at school in the past 12 months? Would you say {Child's first name}'s grades are..

READ RESPONSE OPTIONS ALOUD.

1	Mostly A's,
2	A's and B's,
3	Mostly B's,
4	B's and C's,
5	Mostly C's,
6	C's and D's,
7	Mostly D's,
8	D's and F's,
9	Mostly F's, or
10	My child's school is ungraded?
-8	DON'T KNOW
-7	REFUSED

ASK: Parent/guardian of sampled youth.

DISPLAY: Digital showcard #1.

PATH ID:	PT0030	Screen ID:

In the past 12 months, how often did {Child's first name} miss school due to **illness**? Would you say never, rarely, sometimes, often, or very often?

1	NEVER
2	RARELY
3	SOMETIMES
4	OFTEN
5	VERY OFTEN
-8	DON'T KNOW
-7	REFUSED

ASK: Parent/guardian of sampled youth.

DISPLAY: QxQ #P6 AVAILABLE FOR "illness".

PATH ID: PT0021	Screen ID:

As far as you know, has {Child's first name} ever smoked a cigarette or used other tobacco products, such as e-cigarettes, cigars, a pipe, a hookah, smokeless tobacco, dissolvable tobacco, bidis or kreteks? Please look at this list. Would you say…

READ RESPONSE OPTIONS ALOUD.

>   1   You know that {she/he} has
>   2   You strongly suspect {she/he} has,
>   3   You don't think {she/he} has or
>   4   You are confident {she/he} has not?
>   -8   DON'T KNOW
>   -7   REFUSED

ASK: Parent/guardian of sampled youth.

DISPLAY: Digital showcard #2M/#2F/#2O.

PATH ID: PR1045	Screen ID:

These next few questions ask about the rules of using tobacco <u>inside</u> your home. Please think about everyone who might be in your home including children, adults, visitors, guests, or workers.

For tobacco products that are burned, such as cigarettes, cigars, pipes or hookah, which statement best describes the rules about smoking these products <u>inside</u> your home? Please look at this list. Would you say…

READ RESPONSE OPTIONS ALOUD.

>   1   It is not allowed anywhere or at any time inside my home,
>   2   It is allowed in some places or at some times inside my home, or
>   3   It is allowed anywhere and at any time inside my home?
>   -8   DON'T KNOW
>   -7   REFUSED

ASK: Parent/guardian of sampled youth.

DISPLAY: Digital showcard #3.

PATH ID:	PR1050	Screen ID:

Now think about other tobacco products that are <u>not</u> burned, like smokeless tobacco, dissolvable tobacco, and e-cigarettes. Which statement best describes the rules about using these products <u>inside</u> your home? Please look at this list. Would you say…

READ RESPONSE OPTIONS ALOUD.

    1   It is not allowed anywhere or at any time inside my home,
    2   It is allowed in some places or at some times inside my home, or
    3   It is allowed anywhere and at any time inside my home?
  -8   DON'T KNOW
  -7   REFUSED

ASK: Parent/guardian of sampled youth.

DISPLAY: Digital showcard #4.

PATH ID:	PT0029	Screen ID:

Do you think cigarettes or tobacco might be available to {Child's first name} at your home?

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

ASK: Parent/guardian of sampled youth.

PATH ID:	PT0003	Screen ID:

Does {Child's first name} have {another parent | a parent} who lives somewhere else?

    1   YES
    2   NO   GO TO PT0035
  -8   DON'T KNOW   GO TO PT0035
  -7   REFUSED   GO TO PT0035

ASK: Parent/guardian of sampled youth.

PROGRAM: IF PT0001 < 7, DISPLAY "another parent". IF PT0001 => 7 OR IF PT0001 = DK OR RF, DISPLAY "a parent"

PATH ID: PT0006	Screen ID:

How often does {Child's first name} stay there? Would you say never, less than half the time, about half the time, or more than half the time?

1	NEVER	GO TO PT0035
2	LESS THAN HALF THE TIME	
3	ABOUT HALF THE TIME	
4	MORE THAN HALF THE TIME	
-8	DON'T KNOW	
-7	REFUSED	

ASK: Parent/guardian of sampled youth if that child has another parent who lives somewhere else (PT0003=1).

PATH ID: PT0005	Screen ID:

Do you think cigarettes or tobacco might be available to {Child's first name} when {he/she} is at the other parent's home?

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

ASK: Parent/guardian of sampled youth where child spends time at other parent's house (PT0006>1)

PATH ID: PT0035	Screen ID:

The next series of questions ask about {Child's first name}'s health.

In general, would you say {Child's first name}'s **overall health** is excellent, very good, good, fair, or poor?

1	EXCELLENT
2	VERY GOOD
3	GOOD
4	FAIR
5	POOR
-8	DON'T KNOW
-7	REFUSED

ASK: Parent/guardian of sampled youth.
DISPLAY: QxQ #P7 AVAILABLE FOR "overall health".

PATH ID:	PT0007	Screen ID:

About how tall is {Child's first name} without shoes? Please enter height in either feet and inches or meters.

    1   I___I___I
        FEET

    2   I___I___I
        INCHES

    3   I__I__I.I__I__I
        METERS

   -8   DON'T KNOW

   -7   REFUSED

ASK: Parent/guardian of sampled youth.

PROGRAM: Allow entry for either feet and inches or meters – not both. Range check: Feet (3 to 8); Inches (0 to 11).

PATH ID:	PT0008	Screen ID:

About how much does {Child's first name} weigh without clothes or shoes? Please enter weight in either pounds or kilograms.

    1   I___I___I___I
         POUNDS

    2   I___I___I___I
        KILOGRAMS

   -8   DON'T KNOW

   -7   REFUSED

ASK: Parent/guardian of sampled youth.

PROGRAM: Allow entry for either pounds or kilograms – not both. Range check: Meters (0.9 to 2.7).

PATH ID:	PX0302	Screen ID:

In the <u>past 12 months</u>, has {Child's first name} visited an emergency room or **urgent care center** for a **health problem**, accident or injury?

    1   YES

    2   NO   GO TO PX0186

   -8   DON'T KNOW   GO TO PX0186

   -7   REFUSED   GO TO PX0186

ASK: Parent/guardian of sampled youth.

DISPLAY: QxQ #P8 AVAILABLE FOR "urgent care center" and "health problem".

PATH ID:	PT0034	Screen ID:

How many visits to the emergency room or **urgent care center** has {Child's first name} made in the <u>past 12 months</u>?

    1 |__|__|__|
        VISITS
   -8   DON'T KNOW
   -7   REFUSED

ASK: Parent/guardian of sampled youth who has visited an emergency room or urgent care in the past 12 months (PX0302=1).

DISPLAY: QxQ #P9 AVAILABLE FOR "urgent care center".

PATH ID:	PX0186	Screen ID:

Does {Child's first name} have serious difficulty walking or climbing stairs?

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

ASK: Parent/guardian of sampled youth.

PATH ID:	PX0188	Screen ID:

Does {Child's first name} have difficulty dressing or bathing?

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

ASK: Parent/guardian of sampled youth.

PATH ID:	PX0191	Screen ID:

Is {Child's first name} blind or does {he/she} have serious difficulty seeing, even when wearing glasses?

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

ASK: Parent/guardian of sampled youth.

PATH ID:	PX0190	Screen ID:

Is {Child's first name} deaf or does {he/she} have serious difficulty hearing?

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

ASK: Parent/guardian of sampled youth.

PATH ID:	PX0189	Screen ID:

Because of a physical, mental, or emotional condition, does {Child's first name} have serious difficulty concentrating, remembering, or making decisions?

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

ASK: Parent/guardian of sampled youth.

GO TO: If sampled youth is 15 years old or older (HM0006 >= 15), go to PX0187

Else go to PT0050.

PATH ID:	PX0187	Screen ID:

Because of a physical, mental, or emotional condition, does {Child's first name} have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

ASK: Parent/guardian of sampled youth who are 15 years old or older (HM0006 >= 15)

PATH ID:	PT0050	Screen ID:

Has {Child's first name} <u>ever</u> been told by a doctor or other health professional that {he/she} has high blood pressure?

      1   YES
      2   NO   GO TO PT0051
    -8   DON'T KNOW   GO TO PT0051
    -7   REFUSED   GO TO PT0051

ASK: Parent/guardian of sampled youth

PATH ID:	PT0041	Screen ID:

How old was {Child's first name} when {he/she} was first told {he/she} had high blood pressure?

1	|___|___| YEARS OLD	GO TO PT0051
-8	DON'T KNOW	
-7	REFUSED	

ASK: If sampled youth ever had high blood pressure (PT0050=1)

PATH ID:	PT0253	Screen ID:

Was {Child's first name} less than 12 years old, 12 to 14 years old, or 15 to 17 years old?

1	LESS THAN 12 YEARS OLD
2	12 TO 14 YEARS OLD
3	15 TO 17 YEARS OLD
-8	DON'T KNOW
-7	REFUSED

ASK: All respondents who refused to give or did not know age (PT0041=DK,R)

PATH ID:	PT0051	Screen ID:

Has {Child's first name} ever been told by a doctor or other health professional that {he/she} has high cholesterol?

1	YES	
2	NO	GO TO PT0031
-8	DON'T KNOW	GO TO PT0031
-7	REFUSED	GO TO PT0031

ASK: Parent/guardian of sampled youth

PATH ID:	PT0043	Screen ID:

How old was {Child's first name} when {he/she} was first told {he/she} had high cholesterol?

1	|___|___|___| YEARS OLD	GO TO PT0031
-8	DON'T KNOW	
-7	REFUSED	

ASK: If sampled youth ever had high cholesterol (PT0051=1)

PATH ID: PT0254	**Screen ID:**

Was {Child's first name} less than 12 years old, 12 to 14 years old, or 15 to 17 years old?

      1   LESS THAN 12 YEARS OLD
      2   12 TO 14 YEARS OLD
      3   15 TO 17 YEARS OLD
    -8   DON'T KNOW
    -7   REFUSED

ASK: All respondents who refused to give or did not know age (PT0043=DK,R)

PATH ID: PT0031	**Screen ID:**

Has {Child's first name} <u>ever</u> been told by a doctor or other health professional that {he/she} has **asthma**?

      1   YES
      2   NO   GO TO PT0033
    -8   DON'T KNOW   GO TO PT0033
    -7   REFUSED   GO TO PT0033

ASK: Parent/guardian of sampled youth.
DISPLAY: QxQ #P10 AVAILABLE FOR "asthma".

PATH ID: PT0038	**Screen ID:**

How old was {Child's first name} when {he/she} was first told {he/she} had **asthma**?

      1 |___|___|___| YEARS OLD   GO TO PT0022
    -8   DON'T KNOW
    -7   REFUSED

ASK: If sampled youth ever had asthma (PT0031=1)
DISPLAY: QxQ #P11 AVAILABLE FOR "asthma".

PATH ID: PT0260	**Screen ID:**

Was {Child's first name} less than 12 years old, 12 to 14 years old, or 15 to 17 years old?

      1   LESS THAN 12 YEARS OLD
      2   12 TO 14 YEARS OLD
      3   15 TO 17 YEARS OLD
    -8   DON'T KNOW
    -7   REFUSED

ASK: All respondents who refused to give or did not know age (PT0038=DK,R)

PATH ID: PT0022   **Screen ID:**

In the <u>past 12 months</u>, has {Child's first name} taken medications regularly for **asthma**?

[Taken regularly means according to a health care provider's instructions.]

        1   YES

        2   NO   GO TO PT0125

       -8   DON'T KNOW   GO TO PT0125

       -7   REFUSED   GO TO PT0125

ASK: If sampled youth ever had asthma (PT0031=1)

DISPLAY: QxQ #P12 AVAILABLE FOR "asthma".

PATH ID: PT0036   **Screen ID:**

Please look at this list. In the <u>past 12 months</u>, which of the following **medications** did {Child's first name} regularly take for **asthma**? Choose all that apply.

READ TEXT BEFORE THE HYPEN ALOUD.

    1   Quick-relief inhaler - FOR EXAMPLE: ALBUTEROL (PROAIR, VENTOLIN, XOPENEX), IPRATROPIUM (ATROVENT), OR A COMBINATION INHALER (COMBIVENT)

    2   Controller or long-acting inhaler including steroid inhaler – FOR EXAMPLE: BECLOMETHASONE (QVAR), FLUTICASONE (FLOVENT), SALMETEROL (SEREVENT), TIOTROPIUM (SPIRIVA), OR A COMBINATION INHALER (ADVAIR)

    3   Other controlling medication – FOR EXAMPLE: MONTELUKAST (SINGULAIR), ZAFIRLUKAST (ACCOLATE), THEOPHYLLINE, ROFLUMILAST (DALIRESP)

    4   Oral or injected steroid medication – FOR EXAMPLE: PREDNISONE, PREDNISOLONE (ORAPRED), DEXAMETHASONE (DECADRON)

    5   Oxygen therapy

    6   Other asthma medication

   -8   DON'T KNOW

   -7   REFUSED

ASK: If sampled youth took medications for asthma (PT0022=1)

DISPLAY: Digital showcard #5.

QxQ #P13 AVAILABLE FOR "medications" and "asthma".

PATH ID: **PT0125**   **Screen ID:**

In the past 12 months, has {Child's first name} had an **asthma attack** that required use of an oral or injected steroid medication at the time of the attack?

[Examples of oral or injected steroid medications include prednisone, prednisolone (Orapred), and dexamethasone (Decadron).]

	1	YES	
	2	NO	GO TO PT0127
	-8	DON'T KNOW	GO TO PT0127
	-7	REFUSED	GO TO PT0127

ASK: If sampled youth ever had asthma (PT0031=1)

DISPLAY: QxQ #P14 AVAILABLE FOR "asthma attack".

PATH ID: **PT0039**   **Screen ID:**

In the past 12 months, how many **asthma attacks** has {Child's first name} had that required use of an oral or injected steroid medication at the time of the attack?

	1	|___|___|___|
	-8	DON'T KNOW
	-7	REFUSED

ASK: If sampled youth ever had asthma attack and needed medication (PT0125=1)

DISPLAY: QxQ #P15 AVAILABLE FOR "asthma attacks".

PATH ID: **PT0127**   **Screen ID:**

In the past 12 months, has {Child's first name} had to visit an emergency room or **urgent care center** because of **asthma**?

	1	YES	
	2	NO	GO TO PT0033
	-8	DON'T KNOW	GO TO PT0033
	-7	REFUSED	GO TO PT0033

ASK: If sampled youth ever had asthma (PT0031=1).

DISPLAY: QxQ #P16 AVAILABLE FOR "urgent care center" and "asthma".

PATH ID: **PT0282**   **Screen ID:**

In the past 12 months, how many times has {Child's first name} had to visit an emergency room or **urgent care center** because of **asthma**?

	1	|___|___|___| TIMES
	-8	DON'T KNOW
	-7	REFUSED

ASK: If sampled youth ever had to go to emergency room for asthma (PT0127=1)

DISPLAY: QxQ #P17 AVAILABLE FOR "urgent care center" and "asthma".

PATH ID:	**PT0033**	**Screen ID:**

In the <u>past 12 months</u>, has {Child's first name} been told by a doctor or other health professional that {he/she} has bronchitis, pneumonia, or chronic cough?

	1	YES	GO TO PT0052
	2	NO	
	-8	DON'T KNOW	GO TO PT0052
	-7	REFUSED	GO TO PT0052

ASK: Parent/guardian of sampled youth.

PATH ID:	**PT0040**	**Screen ID:**

Has {Child's first name} <u>ever</u> been told by a doctor or other health professional that {he/she} had bronchitis, pneumonia, or chronic cough?

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

ASK: If sampled youth has not had bronchitis in past 12 months (PT0033=2)

PATH ID:	**PT0052**	**Screen ID:**

Has {Child's first name} <u>ever</u> been told by a doctor or other health professional that {he/she} has **ADHD** or **ADD**?

	1	YES	
	2	NO	GO TO PT0049
	-8	DON'T KNOW	GO TO PT0049
	-7	REFUSED	GO TO PT0049

ASK: Parent/guardian of sampled youth
DISPLAY: QxQ #P18 AVAILABLE FOR "ADHD or ADD".

PATH ID:	**PT0048**	**Screen ID:**

In the <u>past 12 months</u>, has {Child's first name} taken medications regularly for **ADHD** or **ADD**?

[Taken regularly means according to a health care provider's instructions.]

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

ASK: If sampled youth ever had ADHD/ADD (PT0052=1).
DISPLAY: QxQ #P19 AVAILABLE FOR "ADHD or ADD".

PATH ID:	PT0049	Screen ID:

In the past 12 months, has {Child's first name} been told by a doctor, dentist or other health professional that {he/she} has dental health issues, such as cavities, gum disease or dental stains?

[Dental health issues do NOT include orthodontia or braces.]

1	YES	GO TO PT0281
2	NO	
-8	DON'T KNOW	GO TO PT0281
-7	REFUSED	GO TO PT0281

ASK: Parent/guardian of sampled youth.

PATH ID:	PT0044	Screen ID:

Has {Child's first name} ever been told by a doctor or a health professional that {he/she} has dental health issues, such as cavities, gum disease, or dental stains?

[Dental health issues do NOT include orthodontia or braces.]

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

ASK: If sampled youth has not had dental issues in past 12 months (PT0049=2)

PATH ID:	PT0281	Screen ID:

Has {Child's first name} ever been told by a doctor or other health professional that {he/she} has diabetes, sugar diabetes, high blood sugar, or borderline diabetes?

1	YES	
2	NO	GO TO PM0001
-8	DON'T KNOW	GO TO PM0001
-7	REFUSED	GO TO PM0001

ASK: Parent/guardian of sampled youth

PATH ID:	PT0042	Screen ID:

How old was {Child's first name} when {he/she} was first told {he/she} had diabetes, sugar diabetes, high blood sugar, or borderline diabetes?

1	|___|___| YEARS OLD	GO TO PM0001
-8	DON'T KNOW	
-7	REFUSED	

ASK: If sampled youth ever had diabetes (PT0281=1)

PATH ID: PT0263	Screen ID:

Was {Child's first name} less than 12 years old, 12 to 14 years old, or 15 to 17 years old?

      1   LESS THAN 12 YEARS OLD
      2   12 TO 14 YEARS OLD
      3   15 TO 17 YEARS OLD
    -8   DON'T KNOW
    -7   REFUSED

ASK: All respondents who refused to give or did not know age (PT0042=DK,R)

PATH ID: PM0001	Screen ID:

These next few questions are about you.

What is the highest grade or year of school that <u>you</u> completed?

    1   UP TO 8TH GRADE
    2   9TH TO 11TH GRADE
    3   12TH GRADE BUT NO DIPLOMA
    4   HIGH SCHOOL DIPLOMA/EQUIVALENT
    5   VOC/TECH PROGRAM AFTER HS BUT NO VOC/TECH DIPLOMA
    6   VOC/TECH DIPLOMA AFTER HS
    7   SOME COLLEGE BUT NO DEGREE
    8   ASSOCIATE'S DEGREE (A.A., A.S.)
    9   BACHELOR'S DEGREE (B.A., B.S.)
   10   SOME GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE
   11   MASTER'S DEGREE (M.A., M.S.)
   12   DOCTORATE DEGREE (PH.D., ED.D)
   13   PROFESSIONAL DEGREE BEYOND BACHELOR'S (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC)
   -8   DON'T KNOW
   -7   REFUSED

ASK: Parent/guardian of sampled youth.

PROGRAM: For parent respondent of more than one youth, do not ask this if parent already completed interview for first sampled youth.

PROGRAM:

Ask questions PN0001 to PN0003 only of parents/guardians who are not the Household Screener Respondent and who have not been sampled for the Adult survey. All respondents who are the Household Screener Respondent or who have been sampled for the Adult survey or is a parent respondent of more than one youth and already completed interview for first sampled youth, go to BOX P4.

PATH ID: PN0001	Screen ID:

Please look at this picture. In the <u>past 30 days</u>, have you smoked a cigarette, a cigar, or a pipe, even one or two puffs?

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

ASK: All respondents.

DISPLAY: Digital showcard #6.

PATH ID: PN0002	Screen ID:

Please look at this picture. In the <u>past 30 days</u>, have you used smokeless tobacco, such as chewing tobacco, snuff, snus or dip, even one or two times?

[Do not include e-cigarettes or products such as a nicotine patch, gum, inhaler, nasal spray, lozenge or pill].

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

ASK: All respondents.

DISPLAY: Digital showcard #7.

PATH ID: PN0003	Screen ID:

Please look at this picture. In the <u>past 30 days</u>, have you used e-cigarettes, a hookah, or dissolvable tobacco, even one or two times?

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

ASK: All respondents.

DISPLAY: Digital showcard #8.

CONTACT INFORMATION

BOX P4
ASK CONTACT INFORMATION 1 TIME FOR EACH PARENT RESPONDENT. IF PARENT IS AN SP AND HAS ALREADY PROVIDED CONTACT INFORMATION AT THE END OF THE ADULT INTERVIEW OR FOR ANOTHER SAMPLED YOUTH OR SHADOW YOUTH, DO NOT ASK CONTACT INFORMATION AGAIN, GO TO BOX P3 THEN RETURN TO IMS.

PATH ID: PL0001   **Screen ID:**

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

Can you tell me your full name?

VERIFY ALL SPELLING. IF PERSON HAS NO MIDDLE NAME, LEAVE MIDDLE INITIAL BLANK. IF NEEDED: FULL NAME INCLUDES FIRST NAME, MIDDLE INITIAL, AND LAST NAME.

NAME: _____
          FIRST   MI   LAST

I need to confirm your street address. Is this address correct?

[DISPLAY ADDRESS FROM THE SAMPLE FILE IN AN EASY TO READ FORMAT.]

READ ADDRESS. VERIFY ALL SPELLING. PROBE FOR APT NUMBER IF NEEDED. DO NOT ENTER A PO BOX HERE.

_____
      STREET   APT #

_____
      CITY   STATE   ZIP

PROGRAMMER NOTE: PRE-POPULATE NAME FIELDS (FIRST, MI, LAST) BASED ON INFO OBTAINED IN THE SCREENER. If the first name is don't know or refused, continue on to ask MI and LAST. If Street is don't know or refused, continue on to ask the rest of the address fields.

PATH ID: PL0002   **Screen ID:**

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

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

ASK: All respondents.

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PATH ID:	PL0003	Screen ID:

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

_____
MAILING ADDRESS

_____
CITY   STATE   ZIP

PROGRAM: If Mailing Address is don't know or refused, continue on to ask the rest of the address fields.

PATH ID:	PL0004	Screen ID:

What is the best telephone number to reach you?

ENTER THE NUMBERS ONLY. DO NOT ENTER HYPHENS OR OTHER SYMBOLS.

_____   _____   _____
AREA CODE   PHONE NUMBER   EXT

        -8   DON'T KNOW   GO TO PL0012

        -7   REFUSED   GO TO PL0012

ASK: All respondents.

PROGRAM: If the area code is don't know or refused, do not ask the rest of the phone number or the extension.

PATH ID:	PL0005	Screen ID:

Is this a home phone or cell phone number?

        1   HOME   GO TO PL0006
        2   CELL   GO TO PL0032
        3   OTHER   GO TO PL0006
        -8   DON'T KNOW   GO TO PL0006
        -7   REFUSED   GO TO PL0006

ASK: All respondents.

PATH ID:	PL0032	Screen ID:

May we contact you by text message at this number?

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

ASK: Respondents who said their best number is a cell phone (PL0005=2).

PATH ID:	PL0006		Screen ID:

Is there a second telephone number where you can be reached?

ENTER THE NUMBERS ONLY. DO NOT ENTER HYPHENS OR OTHER SYMBOLS.

_____   _____   ____

AREA CODE   PHONE NUMBER   EXT

-8   DON'T KNOW   GO TO PL0012

-7   REFUSED   GO TO PL0012

ASK: All respondents.

PROGRAM: If the area code is don't know or refused, do not ask the rest of the phone number or the extension.

PATH ID:	PL0007		Screen ID:

Is this your home phone or cell phone number?

1   HOME   GO TO PL0012
2   CELL   GO TO PL0033
3   OTHER   GO TO PL0012
-8   DON'T KNOW   GO TO PL0012
-7   REFUSED   GO TO PL0012

ASK: All respondents.

PATH ID:	PL0033		Screen ID:

May we contact you by text message at this number?

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

ASK: Respondents who said their second number is a cell phone (PL0007=2).

PATH ID:	PL0012		Screen ID:

Can you please give me your e-mail address?

VERIFY ALL SPELLING AND PUNCTUATION. RECORD TEXT BEFORE @ SYMBOL IN THE EMAIL NAME FIELD. TEXT AFTER THE @ SYMBOL IS ENTERED IN THE EMAIL PROVIDER FIELD.

_____@_____

E-MAIL ADDRESS   E-MAIL PROVIDER

-8   DON'T KNOW
-7   REFUSED

ASK: All respondents.

PROGRAM: If respondent says DK or RF to first email address, do not ask for second email address.

PATH ID: PL0017   **Screen ID:**

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

PROBE WITH RESPONSE OPTIONS IF NECESSARY.

IF RESPONDENT SAYS CELL PHONE, PROBE ON PHONE CALL OR TEXT MESSAGE.

         1   HOME PHONE
         2   CELL PHONE
         3   TEXT MESSAGE
         4   E-MAIL
         5   OTHER
       -8   DON'T KNOW
       -7   REFUSED

ASK: All respondents.

PATH ID: PL0018   **Screen ID:**

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

         1   YES
         2   NO   GO TO PL0030
         3   MAYBE
       -8   DON'T KNOW   GO TO PL0030
       -7   REFUSED   GO TO PL0030

ASK: All respondents.

PATH ID: PL0019   **Screen ID:**

Can you tell me more about your plans to move? [For example, your new street address or the city or state to which you plan to move?]

PROBE FOR AND RECORD ANY KNOWN INFORMATION.

_____

       -8   DON'T KNOW
       -7   REFUSED

ASK: Respondents that plan to move (PL0018=1 or 3).

PATH ID: PL0030   **Screen ID:**

Do you anticipate {Child's first name} moving or relocating either permanently or temporarily in the next 6 to 12 months?

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

ASK: Parent/guardian of sampled youth, about each sampled youth and each shadow sample youth.

PATH ID: PL0031   **Screen ID:**

Can you tell me more about {Child's first name}'s plans to move? [For example, {Child's first name}'s new street address or the city or state to which {Child's first name} plans to move?]

PROBE FOR AND RECORD ANY KNOWN INFORMATION.
_____
                          -8   DON'T KNOW
                          -7   REFUSED

ASK: Parent/guardian of sampled youth, about each sampled youth and each shadow sample youth, that plans to move (PL0030=1 or 3).

PATH ID: PL0020   **Screen ID:**

In case we cannot reach you, can you please give me the contact information of <u>two</u> relatives, friends or neighbors who will always know how to get in touch with you? We would prefer to have information for people who do not live with you.

Who is the first person? VERIFY ALL SPELLING.
_____
       FIRST NAME   MI   LAST NAME
        -8   DON'T KNOW   GO TO END
        -7   REFUSED   GO TO END

ASK: All respondents.
PROGRAM: If the first name is don't know or refused, continue on to ask MI and LAST.

PATH ID: PL0021   **Screen ID:**

How is [FIRST NAME IN PL0020] related to you?
          1   HUSBAND/WIFE
          2   FATHER/MOTHER (INCLUDING IN-LAWS)
          3   GRANDPARENT
          4   SON/DAUGHTER (INCLUDING IN-LAWS)
          5   GRANDCHILD
          6   BROTHER/SISTER (INCLUDING IN-LAWS)
          7   FRIEND/NEIGHBOR
          8   OTHER RELATIVE (SPECIFY) _____
          9   OTHER NON-RELATIVE (SPECIFY) _____
        -8   DON'T KNOW
        -7   REFUSED

ASK: All respondents.

PATH ID: **PL0022**   **Screen ID:**

What is [FIRST NAME IN PL0020]'s address and telephone number?

VERIFY ALL SPELLING.

_____

                   MAILING ADDRESS

_____

      CITY   STATE   ZIP

_____   _____   ____
AREA CODE   PHONE NUMBER   EXT

ASK: All respondents.

PROGRAM: Allow DK/R response for all fields. If Mailing Address is don't know or refused, continue on to ask the rest of the address fields. If the area code is don't know or refused, do not ask the rest of the phone number or the extension.

GO TO: When phone number is DK/R go to PL0024

PATH ID: **PL0024**   **Screen ID:**

Can you please tell me [FIRST NAME IN PL0020]'s e-mail address?

VERIFY ALL SPELLING AND PUNCTUATION.
_____@_____
E-MAIL ADDRESS

ASK: All respondents.

PATH ID: **PL0025**   **Screen ID:**

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

_____
     FIRST NAME   MI   LAST NAME
       -8   DON'T KNOW   GO TO END
       -7   REFUSED   GO TO END

ASK: All respondents.

PROGRAM: If the first name is don't know or refused, continue on to ask MI and LAST.

PATH ID:	PL0026	Screen ID:

How is [FIRST NAME IN PL0025] related to you?

1	HUSBAND/WIFE
2	FATHER/MOTHER (INCLUDING IN-LAWS)
3	GRANDPARENT
4	SON/DAUGHTER (INCLUDING IN-LAWS)
5	GRANDCHILD
6	BROTHER/SISTER (INCLUDING IN-LAWS)
7	FRIEND/NEIGHBOR
8	OTHER RELATIVE (SPECIFY) _____
9	OTHER NON-RELATIVE (SPECIFY) _____
-8	DON'T KNOW
-7	REFUSED

ASK: All respondents.

PATH ID:	PL0027	Screen ID:

What is [FIRST NAME IN PL0025]'s address and telephone number?

VERIFY ALL SPELLING.

_____
                    MAILING ADDRESS

_____
     CITY   STATE   ZIP

_____   _____   _____
AREA CODE   PHONE NUMBER   EXT

ASK: All respondents.

PROGRAM: Allow DK/R response for all fields. If Mailing Address is don't know or refused, continue on to ask the rest of the address fields. If the area code is don't know or refused, do not ask the rest of the phone number or the extension.

GO TO: When phone number is DK/R go to PL0029.

PATH ID:	PL0029	Screen ID:

Can you please tell me [FIRST NAME IN PL0025]'s e-mail address?

VERIFY ALL SPELLING AND PUNCTUATION.

_____@_____
E-MAIL ADDRESS

ASK: All respondents.

Box P3	Screen ID:

END OF INTERVIEW, DISPLAY THE FOLLOWING:

PROGRAM: {THIS RESPONDENT HAS ALREADY PROVIDED CONTACT INFORMATION.}

Thank you for taking the time to answer these questions.

PROGRAM: If this respondent has already provided contact information in a completed adult interview, display "THIS RESPONDENT HAS ALREADY PROVIDED CONTACT INFORMATION".

Return to IMS.