

## Attachment 5

Data collection instrument: Adult Questionnaire – Followup 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.

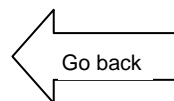
If you have more than one child, please answer the questions with respect to the child who is participating in this research study with you.

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.

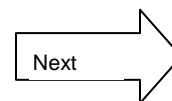
If at any time during this questionnaire you would like to quit, then please click on the link in the corner of your screen that says "Exit This Questionnaire" in order to exit the questionnaire.

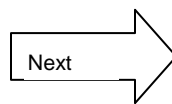
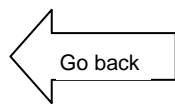
Please ask a project staff member if you have questions while completing this questionnaire.

**Thanks again for your assistance!**



Screen 1 of 46



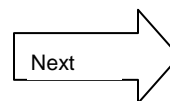
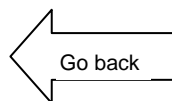


**First, please enter your secret number here. The same number is used for you and your child who is participating in this study.**

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

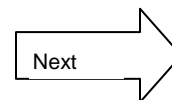
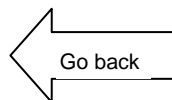
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In the first set of questions for today, we are going to ask you about some behaviors.

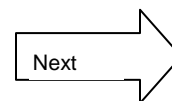
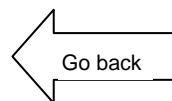
1. During the past 30 days, how often did you do the following things?

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)?	<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"/>



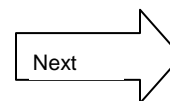
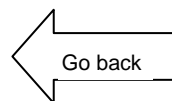
2. **[If yes to cigarettes]** How much do you usually smoke per day?

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"/>



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

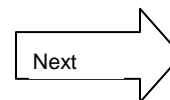
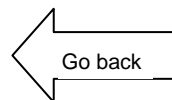
1-2 times a day	<input type="radio"/>
3-4 times a day	<input type="radio"/>
5-6 times a day	<input type="radio"/>
7-8 times a day	<input type="radio"/>
9-10 times a day	<input type="radio"/>
More than 10 times a day	<input type="radio"/>





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	<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"/>

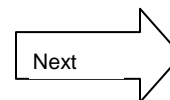
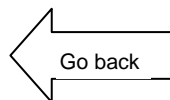


5. Are you currently a smoker?

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"/>

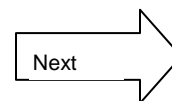
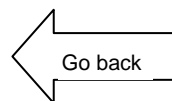
6. **[For current smokers only]** In the last year, how many times have you quit smoking for at least 24 hours?

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



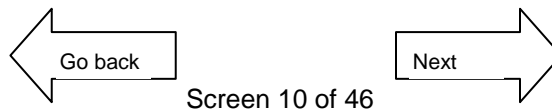
7. **[For current smokers only]** Are you seriously thinking of quitting smoking?

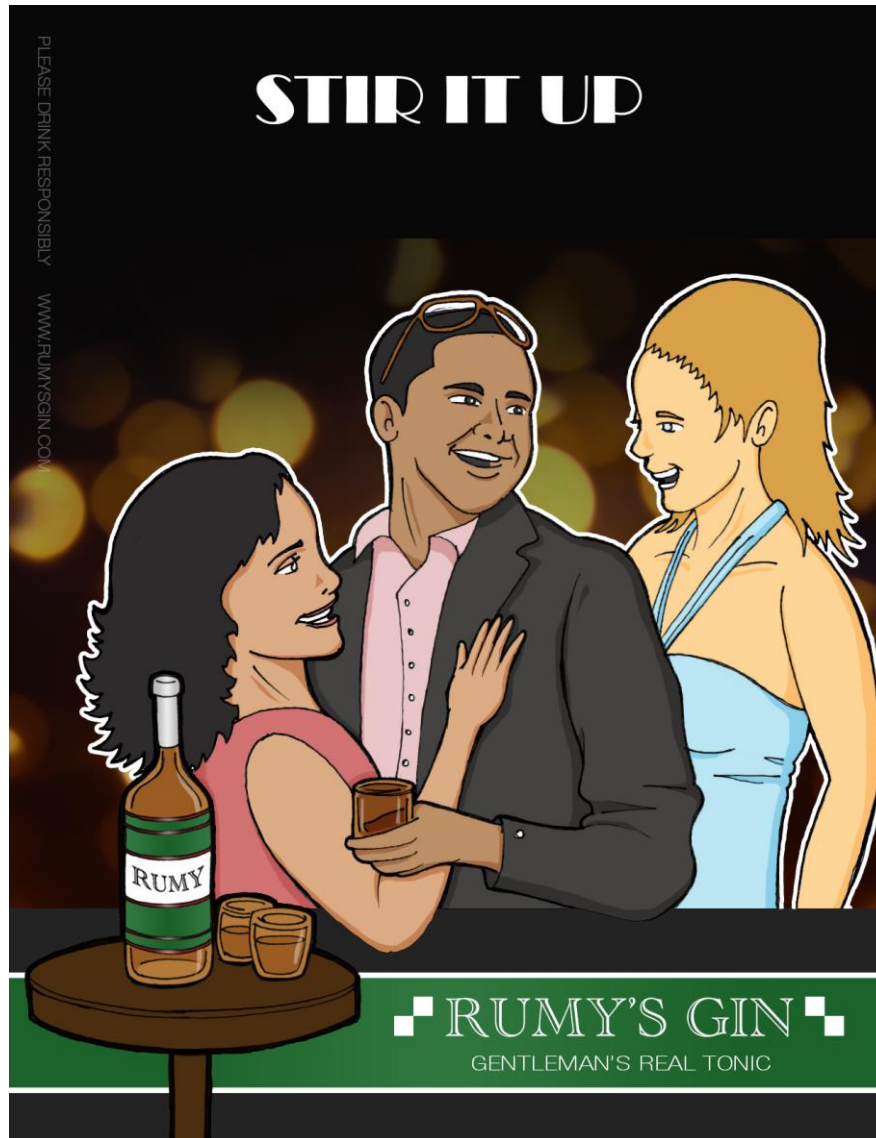
Yes, within the next 30 days	<input type="radio"/>
Yes, within the next 6 months	<input type="radio"/>
No, not thinking of quitting	<input type="radio"/>



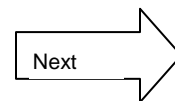
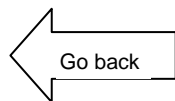
**Now we have some questions about advertisements.**

- 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.**



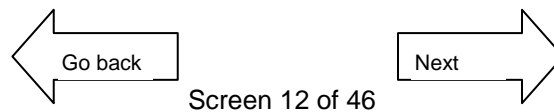


Ad #1



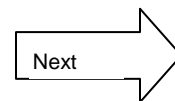
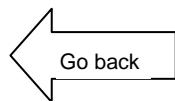
**A. Tell me about Ad #1 (the more detail the better).**

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



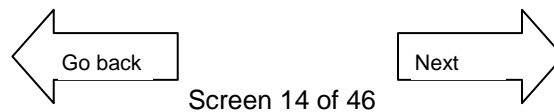
**C. How can you tell?**

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



You have finished questions about Ad #1.

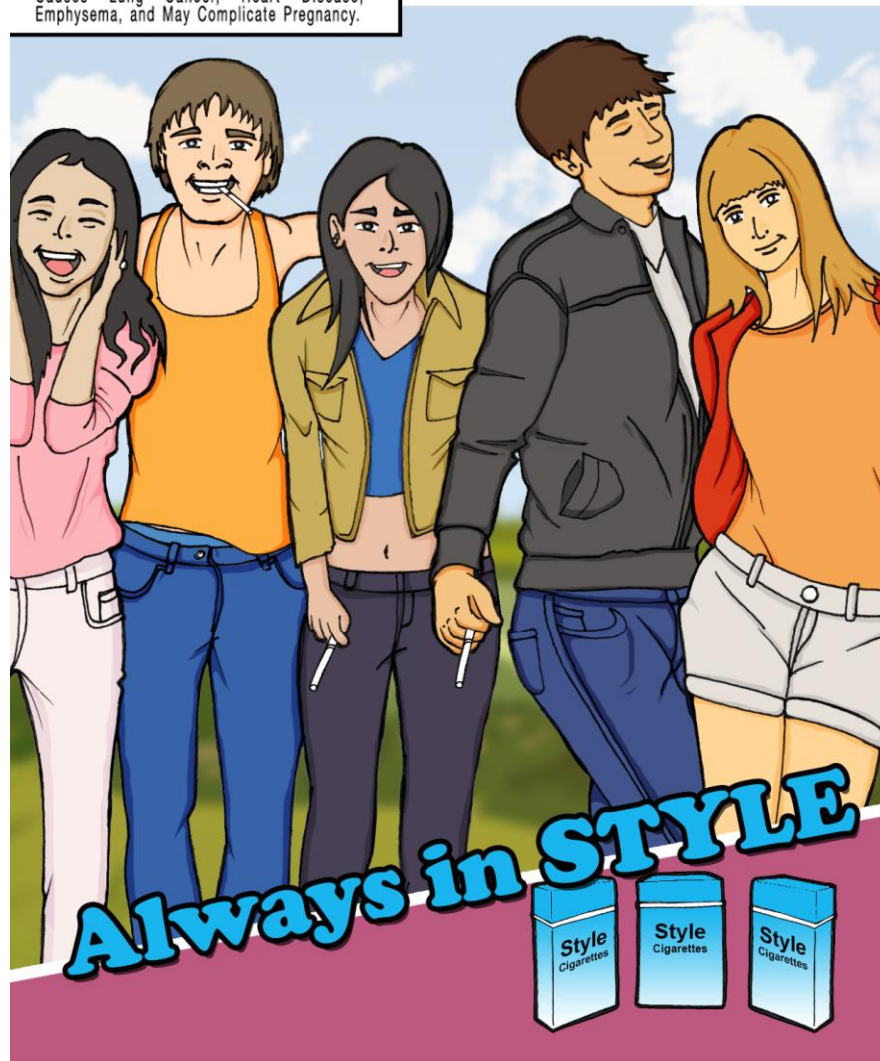
- 9. Now, please look at a different advertisement on the next screen and answer questions about it that follow. Again, the questions are open-ended, which means you will type in your responses.**



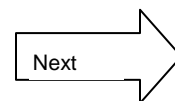
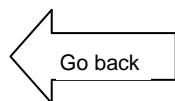


SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy.

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



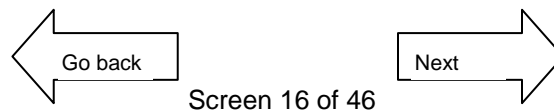
Ad #2



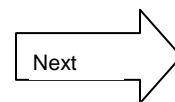
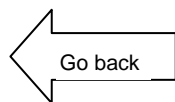
**A. Tell me about Ad #2 (the more detail the better).**

**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.

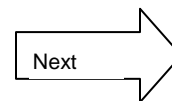
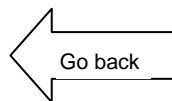
**The next few questions are about media and advertising in general.**

**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	<input type="radio"/>
Letter to your grandparents	<input type="radio"/>

**11. 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"/>



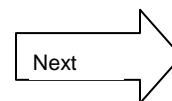
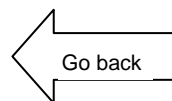
**12. Fill in the blank to define "target audience":**

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"/>

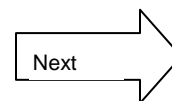
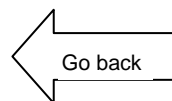
**13. What do you think best describes "hidden messages" in advertising?**

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"/>



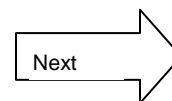
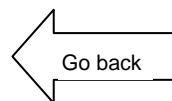
14. Which of the following steps are involved in the production of a counter-ad for alcohol and tobacco?

(A) Identifying the missing information in a preexisting alcohol or tobacco ad	<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"/>

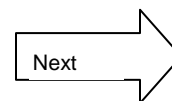
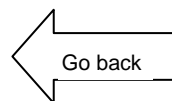


15. Below you will find a number of questions about television advertising. We would like to ask you how you deal with advertising directed at your child who is participating in this study. Can you indicate how often you act in each of the following ways?

How often do you tell your child...	Almost never	Sometimes	Often
That advertising depicts products as better than they really are?	<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"/>



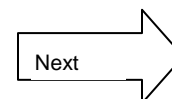


16. How often do you use an alternative means of watching TV (e.g., DVDs, DVRs, or services like Netflix or Hulu) to limit this child's exposure to commercials?

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

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	<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"/>

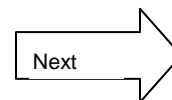
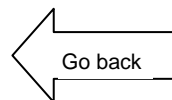


**18. Do you put any controls on the COMPUTER OR INTERNET BROWSER to ensure that this child is not viewing any inappropriate content? Please mark ONE.**

No	<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"/>

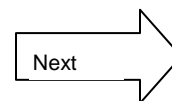
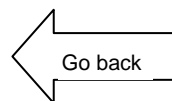
**19. Do you put any controls on the VIDEO GAME CONSOLES in your home to ensure that this child is not watching any inappropriate content?**

No	<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"/>



**20. 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.

21. How often is alcohol present in your home?

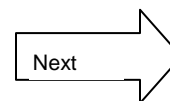
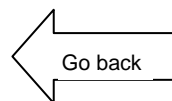
Never	<input type="radio"/>
Occasionally	<input type="radio"/>
Fairly often	<input type="radio"/>
Very often	<input type="radio"/>
Always	<input type="radio"/>

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

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

23. Do you keep alcohol locked up?

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

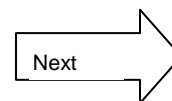
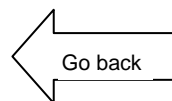


24. How difficult would it be for your child who is participating in this study to obtain alcohol from your home?

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

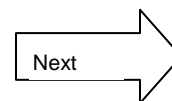
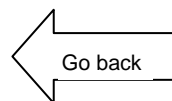
25. In general, how often have you talked with this child about alcohol use?

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



**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.**

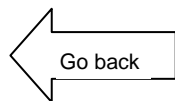
	Never	Once	A few times	A lot of times
Have lectured or given your child a speech about drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have warned your child about the dangers of drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input 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"/>

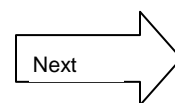
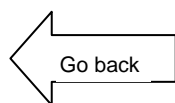
**27. In general, how often have you talked with this child about tobacco use (cigarettes, chewing tobacco, or other forms of tobacco)?**

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



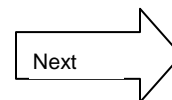
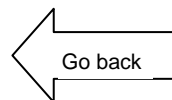
**28. How often would you say you have done the following specific things? As before, “your child” refers to the child who is participating in this study with you.**

	Never	Once	A few times	A lot of times
Have lectured or given your child a speech about tobacco use	<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	○	○	○	○
Show your child information on the web, TV, or in the news about the dangers of using tobacco products	○	○	○	○
Ask for your child's thoughts and opinions about smoking or using other forms of tobacco	○	○	○	○



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

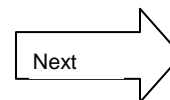
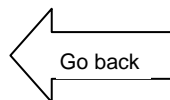
29. Did you bring your completed Program Usage Log (the paper where you wrote down the dates, times, and participants when you used the computer program) with you today?

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

**[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.

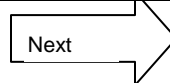
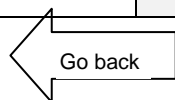
30. **[If YES to completed Program Usage Log with the respondent today]** First, please count up the number times you used the computer program in the past 3 months. Enter that number here:

<b>Number of times used computer program in past 3 months</b>
<input type="text"/>

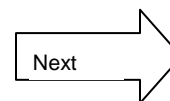
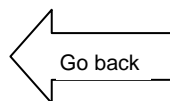


31. [If YES to completed Program Usage Log with the respondent today] Please fill in the following information from your log: [the number of rows that appear will correspond to the answer given in #30, above]

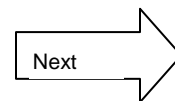
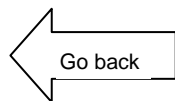
Date of Program Use	How long did you use the program this time (minutes)	Who used the program? (select all the people who used the program this time)																
1.		<table border="0"> <tr> <td data-bbox="940 727 1493 764">Me</td> <td data-bbox="1493 727 1629 764" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 808 1493 894">The child who is participating in the study with me</td> <td data-bbox="1493 808 1629 894" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 938 1493 976">This child's other parent</td> <td data-bbox="1493 938 1629 976" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1019 1493 1057">My boyfriend or girlfriend</td> <td data-bbox="1493 1019 1629 1057" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1101 1493 1138">This child's grandparent(s)</td> <td data-bbox="1493 1101 1629 1138" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1182 1493 1219">This child's aunt(s) or uncle(s)</td> <td data-bbox="1493 1182 1629 1219" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1263 1493 1300">This child's sibling(s)</td> <td data-bbox="1493 1263 1629 1300" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1344 1493 1382">This child's friend(s)</td> <td data-bbox="1493 1344 1629 1382" style="text-align: right;"><input type="radio"/></td> </tr> </table>	Me	<input type="radio"/>	The child who is participating in the study with me	<input type="radio"/>	This child's other parent	<input type="radio"/>	My boyfriend or girlfriend	<input type="radio"/>	This child's grandparent(s)	<input type="radio"/>	This child's aunt(s) or uncle(s)	<input type="radio"/>	This child's sibling(s)	<input type="radio"/>	This child's friend(s)	<input type="radio"/>
Me	<input type="radio"/>																	
The child who is participating in the study with me	<input type="radio"/>																	
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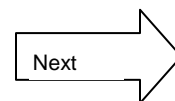
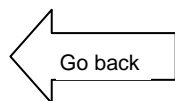
Date of Program Use	How long did you use the program this time (minutes)	Who used the program? (select all the people who used the program this time)																
2.		<table border="0"> <tr> <td data-bbox="940 630 1493 675">Me</td> <td data-bbox="1493 630 1535 675" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 711 1493 797">The child who is participating in the study with me</td> <td data-bbox="1493 711 1535 797" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 833 1493 878">This child's other parent</td> <td data-bbox="1493 833 1535 878" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 914 1493 959">My boyfriend or girlfriend</td> <td data-bbox="1493 914 1535 959" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 995 1493 1040">This child's grandparent(s)</td> <td data-bbox="1493 995 1535 1040" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1076 1493 1122">This child's aunt(s) or uncle(s)</td> <td data-bbox="1493 1076 1535 1122" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1157 1493 1203">This child's sibling(s)</td> <td data-bbox="1493 1157 1535 1203" style="text-align: right;"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1239 1493 1284">This child's friend(s)</td> <td data-bbox="1493 1239 1535 1284" style="text-align: right;"><input type="radio"/></td> </tr> </table>	Me	<input type="radio"/>	The child who is participating in the study with me	<input type="radio"/>	This child's other parent	<input type="radio"/>	My boyfriend or girlfriend	<input type="radio"/>	This child's grandparent(s)	<input type="radio"/>	This child's aunt(s) or uncle(s)	<input type="radio"/>	This child's sibling(s)	<input type="radio"/>	This child's friend(s)	<input type="radio"/>
Me	<input type="radio"/>																	
The child who is participating in the study with me	<input type="radio"/>																	
This child's other parent	<input type="radio"/>																	
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This child's sibling(s)	<input type="radio"/>																	
This child's friend(s)	<input type="radio"/>																	



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.		<table border="0"> <tr> <td data-bbox="940 532 989 553">Me</td> <td data-bbox="1507 532 1528 553"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 613 1346 695">The child who is participating in the study with me</td> <td data-bbox="1507 646 1528 667"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 748 1255 769">This child's other parent</td> <td data-bbox="1507 748 1528 769"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 829 1262 850">My boyfriend or girlfriend</td> <td data-bbox="1507 829 1528 850"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 911 1289 932">This child's grandparent(s)</td> <td data-bbox="1507 911 1528 932"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 992 1331 1013">This child's aunt(s) or uncle(s)</td> <td data-bbox="1507 992 1528 1013"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1073 1213 1094">This child's sibling(s)</td> <td data-bbox="1507 1073 1528 1094"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1154 1205 1175">This child's friend(s)</td> <td data-bbox="1507 1154 1528 1175"><input type="radio"/></td> </tr> </table>	Me	<input type="radio"/>	The child who is participating in the study with me	<input type="radio"/>	This child's other parent	<input type="radio"/>	My boyfriend or girlfriend	<input type="radio"/>	This child's grandparent(s)	<input type="radio"/>	This child's aunt(s) or uncle(s)	<input type="radio"/>	This child's sibling(s)	<input type="radio"/>	This child's friend(s)	<input type="radio"/>
Me	<input type="radio"/>																	
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This child's friend(s)	<input type="radio"/>																	

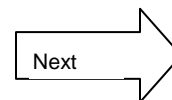


Date of Program Use	How long did you use the program this time (minutes)	Who used the program? (select all the people who used the program this time)																
4.		<table border="0"> <tr> <td data-bbox="940 578 989 605">Me</td> <td data-bbox="1507 578 1535 605"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 662 1350 743">The child who is participating in the study with me</td> <td data-bbox="1507 690 1535 717"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 800 1255 828">This child's other parent</td> <td data-bbox="1507 800 1535 828"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 885 1266 912">My boyfriend or girlfriend</td> <td data-bbox="1507 885 1535 912"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 969 1287 997">This child's grandparent(s)</td> <td data-bbox="1507 969 1535 997"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1053 1335 1081">This child's aunt(s) or uncle(s)</td> <td data-bbox="1507 1053 1535 1081"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1138 1213 1166">This child's sibling(s)</td> <td data-bbox="1507 1138 1535 1166"><input type="radio"/></td> </tr> <tr> <td data-bbox="940 1222 1203 1250">This child's friend(s)</td> <td data-bbox="1507 1222 1535 1250"><input type="radio"/></td> </tr> </table>	Me	<input type="radio"/>	The child who is participating in the study with me	<input type="radio"/>	This child's other parent	<input type="radio"/>	My boyfriend or girlfriend	<input type="radio"/>	This child's grandparent(s)	<input type="radio"/>	This child's aunt(s) or uncle(s)	<input type="radio"/>	This child's sibling(s)	<input type="radio"/>	This child's friend(s)	<input type="radio"/>
Me	<input type="radio"/>																	
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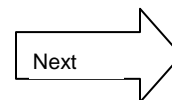
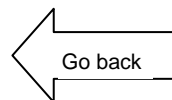
32. [If NO to completed Program Usage Log with the respondent today] You last completed a questionnaire 3 months ago. In the past 3 months, do you remember how often you used [the assigned computer program]?

Never. We didn't use the program during the past month.	<input type="radio"/>
We used the computer program, and I am able to <b>remember</b> the number of times we used it.	<input type="radio"/>
We used the computer program, and I can <b>estimate</b> the number of times we used it <b>by selecting from a range of choices.</b>	<input type="radio"/>



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 3 months? Enter that number here:

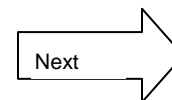
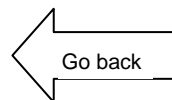
Number of times used computer program in past 3 months





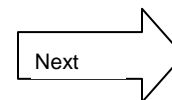
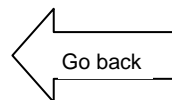
34. [If NO to completed Program Usage Log with the respondent today, but ability to ESTIMATE RANGE of times indicated in #32] How many times did you use the computer program in the past 3 months?

Never. We didn't use the program during the past 3 months.	<input type="radio"/>
Once	<input type="radio"/>
2-3 times	<input type="radio"/>
4-7 times	<input type="radio"/>
8-10 times	<input type="radio"/>
More than 10 times	<input type="radio"/>



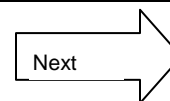
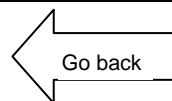
35. [If NO to completed Program Usage Log with the respondent today, but some computer program use indicated] In the past 3 months, how much time did you typically spend on the assigned computer program when you used it?

Less than 15 minutes	<input type="radio"/>
Between 15 and 30 minutes	<input type="radio"/>
Between 30 and 45 minutes	<input type="radio"/>
Between 45 minutes and 1 hour	<input type="radio"/>
More than 1 hour	<input type="radio"/>



36. [If NO to completed Program Usage Log with the respondent today, but some computer program use indicated] In the past 3 months, who has used the assigned computer program? Mark all the people who have used the assigned computer program together at least once.

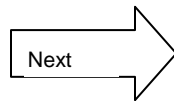
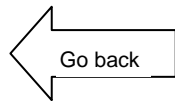
Me	<input type="radio"/>
The child who is participating in the study with me	<input type="radio"/>
This child's other parent (mom, dad, stepmom, stepdad)	<input type="radio"/>
My boyfriend or girlfriend	<input type="radio"/>
This child's grandparent (grandmother or grandfather)	<input type="radio"/>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



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

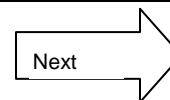
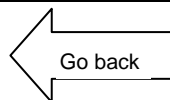
37. As compared to before the Media Detective Family program, how would you describe your READINESS in each area? As before, “your child” refers to the child who is participating in this study with you.

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



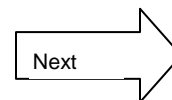
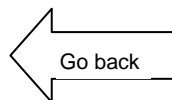
**As compared to before the MDF program, how would you describe your READINESS in each area?**

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



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

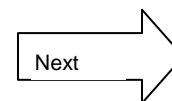
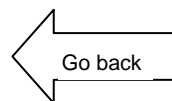
	Poor	Fair	Good	Very good	Excellent
Ease of use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoroughness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topic appropriateness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appeal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational/inspiring to parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**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 extension activities in the following areas?**

	Poor	Fair	Good	Very good	Excellent
Ease of use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topic appropriateness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appeal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

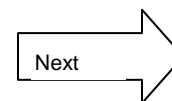
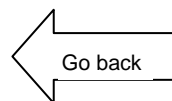


41. Which was the primary format for the extension activities that you used?

Paper and pen or pencil	<input type="radio"/>
Tablet computer	<input type="radio"/>
Smartphone	<input type="radio"/>
Did not complete any extension activities	<input type="radio"/>

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

Not at all satisfied	Somewhat unsatisfied	Satisfied	Very satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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

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

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	<input type="radio"/>
I would like additional online trainings about media literacy and health	<input type="radio"/>
I would like additional extension activities	<input type="radio"/>
I plan to do the extension activities again with other children in the household	<input type="radio"/>

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

