

Attachment 18

Screenshot Adult Pretest - MDF

Audio version of the directions:



OMB Burden Statement

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Audio version of the directions:



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 private.

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 button in bottom center 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:

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Parent Participant Questionnaire (Pre)

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

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

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

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Parent Participant Questionnaire (Pre)

-  2. How many different **NEWSPAPERS** do you get each **WEEK**?
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - More than 5

-  3. How many different **MAGAZINES** do you get each **MONTH**?
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - More than 5

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Parent Participant Questionnaire (Pre)

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

- Home Computer (desktop or laptop)
- Tablet computer (iPad, Samsung Galaxy tablet)
- Smartphone (iPhone, Blackberry, Android, Windows Phone)

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

- Do not have Internet access at home.
- Dial-up
- DSL broadband
- Cable broadband
- Mobile broadband (3G/4G/etc. service through a cellular provider)
- Satellite internet
- Other (please specify):

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

- WiFi at home
- WiFi outside of home (e.g., at school, coffeeshops, libraries, etc.)
- Mobile broadband (3G/4G/etc. service through a cellular provider)
- I don't connect my device to the Internet
- Don't know

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Parent Participant Questionnaire (Pre)

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

- WiFi at home
- WiFi outside of home (e.g., at school, coffeeshops, libraries, etc.)
- Mobile broadband (3G/4G/etc. service through a cellular provider)
- I don't connect my device to the Internet
- Don't know

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

- Yes
- No
- I Don't Know

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Parent Participant Questionnaire (Pre)

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

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

A television in his or her bedroom?
 Yes No

A computer in his or her bedroom?
 Yes No

His or her own cellphone?
 Yes No

10. **[If reported that child has own cellphone in #9]** Which kinds of capabilities does this child's cellphone have?
 Only telephone calls
 Telephone calls and text messages
 Telephone calls, text messages, and Internet access
 I don't know

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Parent Participant Questionnaire (Pre)

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

- Facebook
- Club Penguin
- Togetherville
- Ohanarama
- Foz Kids
- KidzVuz
- YourSphere
- None. My child does not use any social networking websites.
- I don't know
- Other (please specify):

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Parent Participant Questionnaire (Pre)

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

 12. What is your sex?
 Male Female

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

- Biological mother/father
- Adoptive mother/father
- Stepmother/stepfather
- Grandmother/grandfather
- Sister/brother or stepsister/stepbrother
- Foster parent
- Parent's partner
- Other (please specify):

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Parent Participant Questionnaire (Pre)

▶ 14. Is this child a boy or a girl?

- Boy Girl

▶ 15. What is this child's age?

▶ 16. Is this child Hispanic or Latino?

- Yes, this child is Hispanic or Latino
 No

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

- White/Anglo/Caucasian
 Black/African American
 American Indian/Alaska Native
 Asian
 Native Hawaiian or other Pacific Islander

▶ 18. What is YOUR age?

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Parent Participant Questionnaire (Pre)

▶ 19. Are you Hispanic or Latino?

- Yes, I am Hispanic or Latino
- No

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

- White/Anglo/Caucasian
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

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

- Elementary school
- Some high school
- High school or GED
- Some college
- Two-year college degree
- Four-year college degree
- Graduate or professional degree

▶ 22. What type of work are you doing?

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Parent Participant Questionnaire (Pre)

▶ 23. Which of the following best describes your household?

- Two parent (married)
- Two parent (not married)
- Single parent
- Other (please specify):

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

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

- Elementary school
- Some high school
- High school or GED
- Some college
- Two-year college degree
- Four-year college degree
- Graduate or professional degree

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

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Parent Participant Questionnaire (Pre)

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

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

- Below \$10,000
- Between \$10,000 and \$20,000
- Between \$20,000 and \$30,000
- Between \$30,000 and \$40,000
- Between \$40,000 and \$50,000
- Between \$50,000 and \$60,000
- Between \$60,000 and \$70,000
- Between \$70,000 and \$80,000
- Greater than \$80,000

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

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Parent Participant Questionnaire (Pre)

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

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

- Drink alcohol (more than just a sip)?
- 0 days
 - 1-2 days
 - 3-5 days
 - 6-9 days
 - 10-19 days
 - 20-29 days
 - All 30 days

- Smoke cigarettes?
- 0 days
 - 1-2 days
 - 3-5 days
 - 6-9 days
 - 10-19 days
 - 20-29 days
 - All 30 days

- Use smokeless tobacco? (This includes products like chewing tobacco, snuff, or dip.)
- 0 days
 - 1-2 days
 - 3-5 days
 - 6-9 days
 - 10-19 days
 - 20-29 days
 - All 30 days

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Parent Participant Questionnaire (Pre)

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

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

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

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

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Parent Participant Questionnaire (Pre)

- ▶ 33. In the last month have you had [males=5, females=4] or more drinks in a row?**
- Yes, and I do not intend to stop drinking 5/4 or more drinks in a row
 - Yes, but I intend to stop drinking 5/4 or more drinks in a row in the next 6 months
 - Yes, but I intend to stop drinking 5/4 or more drinks in a row during the next 30 days
 - No, but I have had 5/4 or more drinks in a row in the past 6 months
 - No, and I have not had 5/4 or more drinks in a row in the past 6 months
 - No, I have never had 5/4 or more drinks in a row.
- ▶ 34. Are you currently a smoker?**
- Yes, I currently smoke
 - No, I quit within the last 6 months
 - No, I quit more than 6 months ago
 - No, I have never smoked
- ▶ 35. [For current smokers only] In the last year, how many times have you quit smoking for at least 24 hours?**
-
- ▶ 36. [For current smokers only] Are you seriously thinking of quitting smoking?**
- Yes, within the next 30 days
 - Yes, within the next 6 months
 - No, not thinking of quitting

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Parent Participant Questionnaire (Pre)

Now we have some questions about advertisements.

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

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Parent Participant Questionnaire (Pre)



- 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?

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Parent Participant Questionnaire (Pre)

 You have finished questions about Ad #1.

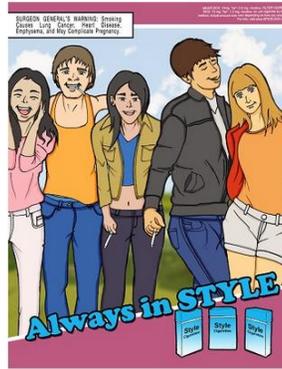
 38. Now, please look at a different advertisement on the next screen and answer the questions about it that follow. Again, the questions are open-ended, which means you will type in your responses.

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Parent Participant Questionnaire (Pre)



▶ 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?

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Parent Participant Questionnaire (Pre)

-  You have finished questions about Ad #2.
-  The next few questions are about media and advertising in general.
-  39. There are many types of media. Which of the following best shows an example of a medium?
 - Letter to the Editor of a newspaper
 - Letter to your grandparents
-  40. Why might it be important for children to learn about who pays for TV shows and why?
 - To increase media concern
 - To increase media skepticism
 - To increase media awareness
-  41. Fill in the blank to define "target audience":
-  The target audience is the people the advertisement is meant to _____.
 - ... show using the product.
 - ... write favorable online reviews of the product.
 - ... convince to purchase the product.
-  42. What do you think best describes "hidden messages" in advertising?
 - Ways that advertisers try to make ads desirable to target audiences
 - Clues that help solve the mystery of advertising
 - Hints that ads are not realistic

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Parent Participant Questionnaire (Pre)

-  43. Which of the following steps are involved in the production of a counter-ad for alcohol and tobacco?
- (A) Identifying the missing information in a pre-existing alcohol or tobacco ad
 - (B) Finding a clever way of inserting the missing information into the counter-ad
 - (C) Learning about the health consequences of alcohol and tobacco
 - (D) A and B only
 - (E) A, B, and C

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Parent Participant Questionnaire (Pre)

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

How often do you tell your child...

▶ That advertising depicts products as better than they really are?
 Almost never Sometimes Often

▶ That advertising does not always tell the truth?
 Almost never Sometimes Often

▶ That the purpose of advertising is to sell products?
 Almost never Sometimes Often

▶ That not all advertised products are of good quality?
 Almost never Sometimes Often

▶ That some advertised products are not good for children?
 Almost never Sometimes Often

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Parent Participant Questionnaire (Pre)

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

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Parent Participant Questionnaire (Pre)

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

 - Never
 - Rarely
 - Sometimes
 - Often
 - Extremely Much

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

 - No
 - Yes; I use a device that blocks programs based on ratings
 - Yes; I only allow my child to watch television when I am present

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

 - No
 - Yes; I use a device that blocks websites based on ratings
 - Yes; I only allow my child to use the computer when I am present

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

 - No
 - Yes; I use a device that blocks games based on ratings
 - Yes; I only allow my child to play video games that I approve

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Parent Participant Questionnaire (Pre)

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

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

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Parent Participant Questionnaire (Pre)

-  The next set of questions ask about alcohol and tobacco.

-  50. How often is alcohol present in your home?
 Never Occasionally Fairly often Very often Always

-  51. Do you keep track of the alcohol supply in your home?
 Yes No

-  52. Do you keep alcohol locked up?
 Yes No

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Parent Participant Questionnaire (Pre)

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

- Very difficult
- Difficult
- Neutral
- Easy
- Very easy
- There is no alcohol in my home

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

- Never
- Rarely
- Sometimes
- Often
- Extremely often

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Parent Participant Questionnaire (Pre)

-  55. How often would you say you have done the following specific things? As before, "your child" refers to the child who is participating in this study with you.
-  Have lectured or given your child a speech about drinking alcohol

Never Once A few times A lot of times
-  Have warned your child about the dangers of drinking alcohol

Never Once A few times A lot of times
-  Have talked to your child about how to handle offers of alcoholic drinks

Never Once A few times A lot of times
-  Have given your child rules to obey about drinking alcohol

Never Once A few times A lot of times
-  Have made a comment to your child about how drinking alcohol is bad if a character on TV is drinking or drunk

Never Once A few times A lot of times
-  Tell your child stories of people who drank alcohol or have been drunk

Never Once A few times A lot of times

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Parent Participant Questionnaire (Pre)

 Tell your child that you would be disappointed if he or she drank alcohol
 Never Once A few times A lot of times

 Show your child information on the web, TV, or in the news about the dangers of drinking alcohol
 Never Once A few times A lot of times

 Ask for your child's thoughts and opinions about drinking alcohol.
 Never Once A few times A lot of times

 56. In general, how often have you talked with this child about tobacco use (cigarettes, chewing tobacco, or other forms of tobacco)?
 Never Rarely Sometimes Often Extremely often

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Parent Participant Questionnaire (Pre)

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

▶ Have lectured or given your child a speech about tobacco use
 Never Once A few times A lot of times

▶ Have warned your child about the dangers of tobacco use
 Never Once A few times A lot of times

▶ Have talked to your child about how to handle offers of tobacco products
 Never Once A few times A lot of times

▶ Have given your child rules to obey about tobacco use
 Never Once A few times A lot of times

▶ 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
 Never Once A few times A lot of times

▶ Tell your child stories of people who smoke or use other forms of tobacco
 Never Once A few times A lot of times

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Parent Participant Questionnaire (Pre)

 Tell your child that you would be disappointed if he or she smoked cigarettes or used other forms of tobacco
 Never Once A few times A lot of times

 Show your child information on the web, TV, or in the news about the dangers of using tobacco products
 Never Once A few times A lot of times

 Ask for your child's thoughts and opinions about smoking or using other forms of tobacco
 Never Once A few times A lot of times

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Survey Complete

Thank you for completing this Survey.

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