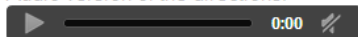


Attachment 22

Screenshot Adult Followup - MDF

Audio version of the directions:



### OMB Burden Statement

OMB Control Number: 0925-XXXX Expiration Date:

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

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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 the 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 (Followup)

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

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

▶ Drink alcohol (more than just a sip)?

- |                                |                                   |
|--------------------------------|-----------------------------------|
| <input type="radio"/> 0 days   | <input type="radio"/> 10-19 days  |
| <input type="radio"/> 1-2 days | <input type="radio"/> 20-29 days  |
| <input type="radio"/> 3-5 days | <input type="radio"/> All 30 days |
| <input type="radio"/> 6-9 days |                                   |

▶ Smoke cigarettes?

- |                                |                                   |
|--------------------------------|-----------------------------------|
| <input type="radio"/> 0 days   | <input type="radio"/> 10-19 days  |
| <input type="radio"/> 1-2 days | <input type="radio"/> 20-29 days  |
| <input type="radio"/> 3-5 days | <input type="radio"/> All 30 days |
| <input type="radio"/> 6-9 days |                                   |

▶ Use smokeless tobacco? (This includes products like chewing tobacco, snuff, or dip.)

- |                                |                                   |
|--------------------------------|-----------------------------------|
| <input type="radio"/> 0 days   | <input type="radio"/> 10-19 days  |
| <input type="radio"/> 1-2 days | <input type="radio"/> 20-29 days  |
| <input type="radio"/> 3-5 days | <input type="radio"/> All 30 days |
| <input type="radio"/> 6-9 days |                                   |

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Parent Participant Questionnaire (Followup)

▶ 2. **[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

▶ 3. **[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 (Followup)



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
- ☐ 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.



5. 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



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



7. **[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 (Followup)



Now we have some questions about advertisements.



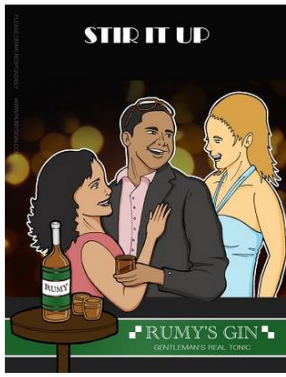
8. Please look at the advertisement on the next screen and answer the questions about it that follow. The questions are open-ended, which means you will type in your responses.

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Parent Participant Questionnaire (Followup)



- ▶ 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 (Followup)

 You have finished questions about Ad #1.

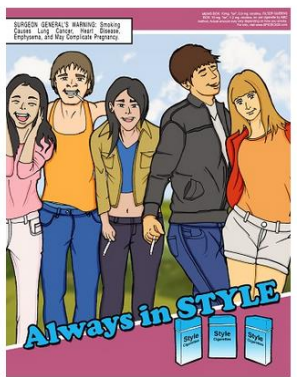
 9. Now, please look at a different advertisement on the next screen and answer the questions about it that follow.  
Again, the questions are open-ended, which means you will type in your responses.

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Parent Participant Questionnaire (Followup)



- ▶ 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 (Followup)

- ▶ 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
  - ☐ Letter to your grandparents
- ▶ 11. 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
- ▶ 12. 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.
- ▶ 13. 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 (Followup)



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 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 (Followup)

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...

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 (Followup)





-  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 (Followup)

-  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
-  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  
☐ Yes; I use a device that blocks programs based on ratings  
☐ Yes; I only allow my child to watch television when I am present
-  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  
☐ 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
-  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  
☐ 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 (Followup)



20. 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 (Followup)

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

▶ 21. How often is alcohol present in your home?  
☐ Never ☐ Occasionally ☐ Fairly often ☐ Very often ☐ Always

▶ 22. Do you keep track of the alcohol supply in your home?  
☐ Yes ☐ No

▶ 23. Do you keep alcohol locked up?  
☐ Yes ☐ No

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## Parent Participant Questionnaire (Followup)



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



25. 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 (Followup)

▶ 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.

▶ 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 (Followup)



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



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

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### Parent Participant Questionnaire (Followup)

▶ 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.

▶ 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 (Followup)



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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### Parent Participant Questionnaire (Followup)

▶ 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 ☐ No

▶ **[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:

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Parent Participant Questionnaire (Followup)

▶ 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)

- ☐ Me
- ☐ The child who is participating in the study with me
- ☐ This child's other parent (mom, dad, stepmom, stepdad)
- ☐ My boyfriend or girlfriend
- ☐ This child's grandparent(s)
- ☐ This child's aunt(s) or uncle(s)
- ☐ This child's sibling(s)
- ☐ This child's friend(s)
- ☐ Other (please specify):

▶ 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)

- ☐ Me
- ☐ The child who is participating in the study with me
- ☐ This child's other parent (mom, dad, stepmom, stepdad)
- ☐ My boyfriend or girlfriend
- ☐ This child's grandparent(s)
- ☐ This child's aunt(s) or uncle(s)
- ☐ This child's sibling(s)
- ☐ This child's friend(s)
- ☐ Other (please specify):

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### Parent Participant Questionnaire (Followup)

▶ 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 "Media Detective Family"?

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


▶ 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:

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Parent Participant Questionnaire (Followup)

 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 month.
- ☐ Once
- ☐ 2-3 times
- ☐ 4-7 times
- ☐ 8-10 times
- ☐ More than 10 times

 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
- ☐ Between 15 and 30 minutes
- ☐ Between 30 and 45 minutes
- ☐ Between 45 minutes and 1 hour
- ☐ More than 1 hour

 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
- ☐ The child who is participating in the study with me
- ☐ This child's other parent (mom, dad, stepmom, stepdad)
- ☐ My boyfriend or girlfriend
- ☐ This child's grandparent(s)
- ☐ This child's aunt(s) or uncle(s)
- ☐ This child's sibling(s)
- ☐ This child's friend(s)
- ☐ Other (please specify):


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## Parent Participant Questionnaire (Followup)

 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.

 Talking with this child about media messages


- ☐ Much less   ☐ Less   ☐ About the same   ☐ More   ☐ Much more

 Identifying ways that advertisements target specific age groups, people with particular interests, etc.


- ☐ Much less   ☐ Less   ☐ About the same   ☐ More   ☐ Much more

 Assessing the realism of advertising


- ☐ Much less   ☐ Less   ☐ About the same   ☐ More   ☐ Much more

 Being aware of the health risk information left out of ads for tobacco and alcohol

- ☐ Much less   ☐ Less   ☐ About the same   ☐ More   ☐ Much more

 Monitoring this child's media exposure

- ☐ Much less   ☐ Less   ☐ About the same   ☐ More   ☐ Much more

 Monitoring media exposure for other children in the household

- ☐ Much less   ☐ Less   ☐ About the same   ☐ More   ☐ Much more

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### Parent Participant Questionnaire (Followup)

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

▶ Talking with this child about substance use

☐ Much less ☐ Less ☐ About the same ☐ More ☐ Much more

▶ Talking with this child about your expectations for his/her behavior regarding substance use

☐ Much less ☐ Less ☐ About the same ☐ More ☐ Much more

▶ Helping this child understand the purpose of advertising

☐ Much less ☐ Less ☐ About the same ☐ More ☐ Much more

▶ Selecting age-appropriate TV shows, movies, video games, Internet content, etc. for this child

☐ Much less ☐ Less ☐ About the same ☐ More ☐ Much more

▶ Changing how you yourself use substances (e.g., changing the frequency of use or changing use in situations where children are present)

☐ Much less ☐ Less ☐ About the same ☐ More ☐ Much more

▶ Changing the availability of substances to children in your household (e.g., locking cabinets where alcohol is stored, keeping count of your cigarettes)

☐ Much less ☐ Less ☐ About the same ☐ More ☐ Much more

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Parent Participant Questionnaire (Followup)

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

▶ **Ease of use**  
☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

▶ **Convenience**  
☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

▶ **Thoroughness**  
☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

▶ **Amount of content**  
☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

▶ **Topic appropriateness**  
☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

▶ **Quality of media**  
☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

▶ **Appeal**  
☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

▶ **Motivational/inspiring to parents**  
☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

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### Parent Participant Questionnaire (Followup)

- ▶ 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?

▶ Ease of use

☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

▶ Convenience

☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

▶ Topic appropriateness

☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

▶ Appeal

☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

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### Parent Participant Questionnaire (Followup)



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

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



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

- ☐ Not at all satisfied
- ☐ Somewhat unsatisfied
- ☐ Satisfied
- ☐ Very satisfied

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### Parent Participant Questionnaire (Followup)



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

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



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

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## Survey Complete

Thank you for completing this Survey.

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