

# ATTACHMENT 3\_E2C: PARENT OR GUARDIAN BASELINE INSTRUMENT

OMB No. 0910-0753  
Exp. Date xx/xx/xxxx

## Evaluation of the Public Education Campaign on Teen Tobacco- Adult (ExPECTT-A- 2<sup>nd</sup> Cohort)

Subjects for Questionnaire:

- Section A: Home Media Environment
- Section B: Environment and Demographics
- Section C: Tobacco Use and Cessation
- Section D: Youth Topics

We are using a special quality control system on my laptop that will record what we say to each other to ensure I am following the correct procedures. The recording will be reviewed by RTI to monitor the quality of my work. The recordings will be deleted after my work has been reviewed and will be kept private just like all the other information you provide. You can still participate in the study even if you do not agree to this recording. The system is set up so that your child will not be recorded.

May we use this quality control recording system?

- 1=YES
- 2=NO

[If NO, then inactivate computer audio recorded interviewing for this case.]

### Section A: Home Media Environment

**A1.** How many of the following items are there in your home? [INSERT PHOTOS]

	<b>0 Items</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9 or more items</b>	<b>99 Prefer not to answer</b>
<b>A1_1.</b> TVs?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
<b>A1_2.</b> DVD or VCR players?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99

<b>A1_3.</b> Digital TV recorders such as TiVo or other DVR?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
<b>A1_4.</b> Access to paid streaming services such as Netflix or Hulu Plus?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
<b>A1_5.</b> Access to streaming video boxes like Roku or Apple TV?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
<b>A1_6.</b> Access to premium channels such as HBO or Showtime?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
<b>A1_7.</b> Tablet computers like an iPad, Samsung Galaxy, Motorola Xoom, or Kindle Fire?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
<b>A1_7a.</b> (ASK IF A2_8 >0) How many of your (INSERT #) tablets have internet access?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
<b>A1_8.</b> Other computers or laptops?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
<b>A1_8a.</b> (ASK IF A2_7 >0) How many of your (INSERT #) computers or laptops have internet access?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
<b>A1_9.</b> Ipods or other MP3 players, CD players, radios?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99
<b>A1_10.</b> Video game players that hook up to TV (Xbox, Wii, PSP) and handheld players (Nintendo DS, Sony PSP, iPod)	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _8	<input type="checkbox"/> _9	<input type="checkbox"/> _99

**A2.** Is a TV usually kept on in your home, even when no one is watching?

- \_1 Yes, we usually keep a TV on.
- \_2 No, we do not keep a TV on.
- \_9 Prefer not to answer

**A3.** In your home, is the TV usually on during meals, or not?

- \_1 Yes, the TV is usually on during meals.

- \_2 No, the TV is not usually on during meals.
- \_9 Prefer not to answer

**A4.** During the past 7 days, how many meals did all or most of your family sit down and eat together at home?"

\_\_\_\_\_ Number of days  
\_9 Prefer not to answer

**Section B: Demographics**

**B1.** What is your age?

\_\_\_\_\_ years old  
9 Prefer not to answer

**B2** How many children aged 17 or younger live in your household 6 months or more of the year?

\_\_\_\_\_ Number of Children  
9 Prefer not to answer

**B3** Are you Hispanic, Latino/a, or of Spanish origin?

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes, Mexican American, Chicano/a
- 3 Yes, Puerto Rican
- 4 Yes, Cuban
- 5 Yes, another Hispanic, Latino/a, or Spanish origin
- 9 Prefer not to answer

**B4** What race or races do you consider yourself to be? Please select 1 or more of these categories.

	<b>1 Yes</b>
<b>B4_1.</b> White	<input type="checkbox"/> 1
<b>B4_2.</b> Black or African American	<input type="checkbox"/> 1
<b>B4_3.</b> American Indian or Alaska Native	<input type="checkbox"/> 1
<b>B4_4.</b> Asian Indian	<input type="checkbox"/> 1
<b>B4_5.</b> Chinese	<input type="checkbox"/> 1
<b>B4_6.</b> Filipino	<input type="checkbox"/> 1
<b>B4_7.</b> Japanese	<input type="checkbox"/> 1
<b>B4_8.</b> Korean	<input type="checkbox"/> 1
<b>B4_9.</b> Vietnamese	<input type="checkbox"/> 1
<b>B4_10.</b> Native Hawaiian	<input type="checkbox"/> 1
<b>B4_11.</b> Guamanian or Chamorro	<input type="checkbox"/> 1
<b>B4_12.</b> Samoan	<input type="checkbox"/> 1
<b>B4_13.</b> Other Asian	<input type="checkbox"/> 1
<b>B4_14.</b> Other Pacific Islander	<input type="checkbox"/> 1

**B9.** Do you currently own or rent your home?

<sub>1</sub> Rent

<sub>2</sub> Own

<sub>99</sub> Prefer not to answer

### Section C: Tobacco Use and Cessation

**C1.** About how many cigarettes have you smoked in your entire life? Your best guess is fine.

- <sub>1</sub> 1 or more puffs, but never a whole cigarette [GO TO C1a]
- <sub>2</sub> 1 cigarette
- <sub>3</sub> 2 to 5 cigarettes
- <sub>4</sub> 6 to 15 cigarettes (about half a pack)
- <sub>5</sub> 16 to 25 cigarettes (about a pack)
- <sub>6</sub> 26 to 99 cigarettes (more than a pack but less than 5 packs)
- <sub>7</sub> 100 or more cigarettes (5 or more packs)
- <sub>9</sub> Prefer not to answer

**C1a.** Do you now smoke every day, some days, or not at all?

- <sub>1</sub> I smoke every day
- <sub>2</sub> I smoke on some days
- <sub>3</sub> I do not smoke at all
- <sub>9</sub> Prefer not to answer

**C2.** About how long has it been since you last smoked cigarettes—even a puff?

- Hours [RANGE: 0-23]
- Days [RANGE: 0-6]
- Weeks [RANGE: 0-3]
- Months [RANGE: 0-11]
- Years [RANGE: 0-97]
- <sub>1</sub> I have never tried cigarette smoking, even one or two puffs.
- <sub>9</sub> Prefer not to answer

**C3.** On the average, about how many cigarettes a day do you now smoke?

Please enter the number of cigarettes below. You can use the chart below, which tells you how many cigarettes are in a pack.

$\frac{1}{4}$ PACK = 5	1- $\frac{1}{4}$ PACKS = 25	2- $\frac{1}{4}$ PACKS = 45
$\frac{1}{2}$ PACK = 10	1- $\frac{1}{2}$ PACKS = 30	2- $\frac{1}{2}$ PACKS = 50
$\frac{3}{4}$ PACK = 15	1- $\frac{3}{4}$ PACKS = 35	2- $\frac{3}{4}$ PACKS = 55
1 PACK = 20	2 PACKS = 40	3 PACKS = 60

\_\_\_\_\_ Number of cigarettes

- <sub>9</sub> Prefer not to answer

**C4.** On the days that you smoke, how soon after you wake up do you usually have your first cigarette? Would you say...

- <sub>1</sub> Within 5 minutes
- <sub>2</sub> 6–30 minutes
- <sub>3</sub> From more than 30 minutes to 1 hour
- <sub>4</sub> After more than 1 hour
- <sub>9</sub> Prefer not to answer

**C5.** During the past 3 months, did you stop smoking for one day or longer because you were trying to quit smoking cigarettes for good?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**The next questions are about the use of tobacco other than cigarettes.**

The next questions are about e-cigarettes (e-cigs), sometimes also called vape pens, personal vaporizers and mods, e-cigars, e-pipes, e-hookahs and hookah pens.

**C6.** Have you ever tried any e-cigarettes, even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**C7.** Do you now use e-cigarettes every day, some days, or not at all?

- <sub>1</sub> I use smokeless tobacco every day
- <sub>2</sub> I use smokeless tobacco on some days
- <sub>3</sub> I do not use smokeless tobacco at all
- <sub>9</sub> Prefer not to answer

**C8.** On the days that you use e-cigarettes how soon after you wake up do you usually use it? Would you say...

- <sub>1</sub> Within 5 minutes
- <sub>2</sub> 6–30 minutes
- <sub>3</sub> From more than 30 minutes to 1 hour
- <sub>4</sub> After more than 1 hour
- <sub>9</sub> Prefer not to answer

**C9.** Do you....

	<b>1 Yes</b>	<b>2 No</b>	<b>9 Prefer Not to Answer</b>
<b>C9_1</b> Smoke cigars, cigarillos, or little cigars?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>C9_2</b> Use any other form of tobacco? (if yes, specify)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9

**C10.** Among close friends, do....

- \_1 All of them smoke?
- \_2 Most of them smoke?
- \_3 Most of them not smoke?
- \_4 None of them smoke?
- \_9 Prefer not to answer

**C11.** Among close relatives, do...

- \_1 All of them smoke?
- \_2 Most of them smoke?
- \_3 Most of them not smoke?
- \_4 None of them smoke?
- \_9 Prefer not to answer

**C12.** Other than you, have any adults in your household used any of the following during the past 30 days...? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

- \_1 cigarettes
- \_2 smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as Copenhagen, Skoal, Grizzly, Kodiak, and Red Seal
- \_3 cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's
- \_4 any other form of tobacco
- \_6 No, no one who lives with me has used any form of tobacco during the past 30 days
- \_9 Prefer not to answer



**C13.** To the best of your knowledge, has your child [YOUTH NAME] used any of the following during the past 30 days...? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

- <sub>1</sub> cigarettes
- <sub>2</sub> smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as Copenhagen, Skoal, Grizzly, Kodiak, and Red Seal
- <sub>3</sub> cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's
- <sub>4</sub> any other form of tobacco
- <sub>6</sub> No, [YOUTH NAME] has not used any form of tobacco during the past 30 days
- <sub>9</sub> Prefer not to answer

**C14.** Which statement best describes the rules about smoking in your home? Would you say...

- <sub>1</sub> Smoking is not allowed anywhere inside your home
- <sub>2</sub> Smoking is allowed in some places or at some times
- <sub>3</sub> Smoking is allowed anywhere inside the home
- <sub>4</sub> There are no rules about smoking inside the home
- <sub>9</sub> Prefer not to answer

**Section D: Youth Topics**

**D1.** Does [YOUTH NAME] have a cell phone of their own, that they generally do not share with other family members?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**(ASK D1a if D1=2 or 9)**

**D1a.** Does [YOUTH NAME] have access to a cell phone that they share with other family members?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**(ASK D2 if D1 = 1 or 9 or D1a=1 or 9)**

**D2.** Some cell phones are called 'smartphones' because of certain features they have. Is [YOUTH NAME]'s cell phone a smartphone, such as an iPhone or Android?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> I don't know
- <sub>9</sub> Prefer not to answer

**D3.** Which of these best describes where [YOUTH NAME] sleeps at night?

- <sub>1</sub> In a bedroom of (his/her) own
- <sub>2</sub> In a bedroom [HE/SHE] shares with someone else
- <sub>2</sub> In another room, specify \_\_\_\_\_
- <sub>9</sub> Prefer not to answer

**(IF D1 = 1 or 2, AND A1\_1 to A4\_10 > 0, ASK CORRESPONDING FOLLOW-UP ITEM A5\_1 TO A\_10)**

**D4\_1–D4\_10.** Does [YOUTH NAME 1] have (INSERT A1\_1 to A1\_10) in (his/her) bedroom?

- <sub>1</sub> yes
- <sub>2</sub> no
- <sub>2</sub> I don't know
- <sub>9</sub> Prefer not to answer

The next questions are about your relationship in general with [YOUTH NAME].

**D5a.** In the past 30 days, how many times have you done the following things with [YOUTH NAME]?

	<b>1</b> At least once a	<b>2</b> At least once a	<b>3</b> Less Often	<b>4</b> Never	<b>5</b> Don't Know	<b>9</b> Prefer Not to
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	week	month				Answer
<b>D5_1.</b> Gone shopping?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5_2.</b> Gone to a movie, sport event, concert, play, or museum?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5_3.</b> Watched an entire television show together?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**D5b.** For the following list of activities, indicate whether this is something you and [YOUTH NAME] do together at least once a week, at least once a month, less often, or never. How often do you. . .

	<b>1</b> At least once a week	<b>2</b> At least once a month	<b>3</b> Less Often	<b>4</b> Never	<b>5</b> Don't Know	<b>9</b> Prefer Not to Answer
<b>D5_1.</b> Go to religious services or other religious activities together?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5_2.</b> Do homework or school projects when school is in session	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5_3.</b> Attend a party or a family gathering together?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5_4.</b> Do volunteer work together to help other people or improve your neighborhood?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5_5.</b> Play a game or sport together?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**D5c.** Please tell me how often you do each of the following?

<b>How often do you.....</b>	<b>1 Often</b>	<b>2 Some- times</b>	<b>3 Rarely</b>	<b>4 Never</b>	<b>5 Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>D5c_1.</b> make [YOUTH NAME] feel better when [HE/SHE] is upset?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5c_2.</b> Tell [YOUTH NAME] when [HE/SHE] does a good job on things.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5c_3.</b> Want to hear about his/her problems.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5c_4.</b> Tell [YOUTH NAME] times when [HE/SHE] must come home.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5c_5.</b> Have rules that [YOUTH NAME] must follow.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5c_6.</b> Make sure [YOUTH NAME] doesn't stay up too late.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5c_7.</b> Monitor what [YOUTH NAME] watches on TV.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5c_8.</b> Put restrictions on the music [YOUTH NAME] listens to or videogames [HE/SHE] can play	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>D5c_9.</b> Give [YOUTH NAME] chores around the house that [HE/SHE] is responsible for doing.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**D6.** Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statement.

I am satisfied are with the way [YOUTH NAME] and I communicate with each other.

Would you say you...

- \_1 Strongly Disagree
- \_2 Disagree
- \_3 Neither agree nor disagree (neutral)
- \_4 Agree
- \_5 Strongly Agree
- \_9 Prefer not to answer

**D7.** How close do you feel to [YOUTH NAME]?

- <sub>1</sub> Not at all close
- <sub>2</sub> Not very close
- <sub>3</sub> Somewhat close
- <sub>4</sub> Quite close
- <sub>5</sub> Very close
- <sub>9</sub> Prefer not to answer

**D8.** Have you ever talked to [YOUTH NAME] about reasons for not smoking cigarettes or using other types of tobacco like cigars and chewing tobacco?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

***Thank you for taking time to complete this survey.***

**OMB No: 0910-0753**

**Expiration Date: xx/xx/xxxx**

**Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov)**