

Attachment 3a: Parent or Guardian Mail Screener


Form Approved
OMB No. 0910-0753
Exp. Date 10/31/2016

Who should complete this survey?

- An adult household member, 18 years or older, who lives at this address
- If there are multiple adults living at this address, the adult with the next birthday should complete the survey. Please do not include anyone who is away at school or away in the military or anyone who is visiting temporarily.

If you DO meet these criteria  PLEASE CONTINUE TO QUESTION 1 ON THE NEXT PAGE

If you DO NOT meet these criteria  PLEASE PASS THE SURVEY AND THE LETTER ON TO SOMEONE WHO DOES

If NO ONE in the household meets these criteria  PLEASE CHECK THE BOX BELOW AND RETURN THE SURVEY IN THE ENCLOSED ENVELOPE

No one in the household meets these criteria

Survey Instructions

Please use a blue or black pen to complete this survey.

There are 2 types of questions:

- For questions with a circle (O) please answer the question by selecting one answer and marking inside the circle like this or like this .
- For questions with a square (□) please select all that apply by marking inside the square like this or like this .

Survey Questions

1. What is your age?
 - 18–24
 - 25–34
 - 35–44
 - 45–54
 - 55–64
 - 65 or older
2. What is your sex?
 - Male
 - Female
3. How many adults age 18 and older live in your household, including yourself?
 - 1
 - 2
 - 3 or more
4. What is your current relationship status?
 - Married
 - Living with a partner
 - Divorced
 - Widowed
 - Separated
 - Single, that is, never married and not now living with a partner
5. What is the highest grade or year of school you completed?
 - Never attended school or only kindergarten
 - Elementary school (grades 1 through 8)
 - High school (grades 9-12, no diploma)
 - High school graduate or equivalent
 - Some college (1-4 years, no degree)
 - Associate's degree (AA, AS)
 - Bachelor's degree (BA, BS, AB)
 - Graduate or professional degree
6. Which of the following categories best describes the total income of your household for the past 12 months?
 - Less than \$10,000
 - \$10,000 to under \$30,000
 - \$30,000 to under \$50,000
 - \$50,000 to under \$70,000
 - \$70,000 to under \$110,000
 - \$110,000 or more
7. What is your current employment status? (*Please select only one response, your main status now.*)
 - Working full-time as a paid employee
 - Working full-time, self-employed
 - Working part-time
 - Not working, on a temporary layoff from a job
 - Not working, looking for work
 - Not working, retired
 - Not working, disabled
 - Not working, other
8. At this house, apartment, or mobile home – do you or any member of this household subscribe to the Internet using
 - Dial-up service
 - DSL service
 - Cable modem service
 - Fiber optic service
 - Mobile broadband plan for a computer or a cell phone
 - Satellite internet service
 - Some other service
 - No internet service

9. What type of health care coverage do you use to pay for **most** of your medical care?
- Private insurance coverage
 - Medicare
 - Medicaid or Medical Assistance
 - Military, CHAMPUS, TriCare, or the VA
 - Indian Health Service
 - Other
 - None

10. Do any of the adults (18 and older) living in the home currently smoke cigarettes?
- Yes
 - No



11. Do any of the adults (18 and older) living in the home currently use dip, chewing tobacco, snuff, or snus such as Copenhagen, Grizz Skoal, or Camel Snus, every day, some days, rare or not at all?
- Yes
 - No



The next few questions ask about any children living in your home.

12. How many **boys** do you have living in your home?

| | 0 | 1 | 2 | 3+ |
|-----------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Age 0-5 | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Age 6-10 | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Age 11-16 | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Age 17 | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

13. How many **girls** do you have living in your home?

| | 0 | 1 | 2 | 3+ |
|-----------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Age 0-5 | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Age 6-10 | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Age 11-16 | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Age 17 | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

14. What is your relationship to the children in your home?
- Mother
 - Father
 - Grandmother
 - Grandfather
 - Legal Guardian
 - No relation
 - There are no children living in the home.

You have reached the end of the survey.

Thank you for your time.

Please return this survey to RTI in the postage-paid,
addressed envelope we have provided.

Or mail to:

RTI International
Research Operations Center
5265 Capital Boulevard
Raleigh, NC 27690-1653
Data Capture (0214131.000.002.007.002)

If you have questions, please call XXX

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