

Parent Questionnaire

SAMHSA

Substance Abuse and Mental Health
Services Administration

Thank you for agreeing to participate in this questionnaire about concerns parents and caregivers have for their children. Your responses will help SAMHSA improve its programs to help families. This questionnaire will take 10 minutes to complete. Your participation in this questionnaire is voluntary, and you may quit the questionnaire or skip any question at any time. All your answers will be kept strictly confidential. No individual results will be published; only summary information from all responses will be reported.

Public Burden Statement: 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. The OMB control number for this project is 0930-0xxx. Public reporting burden for this collection of information is estimated to average xx minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

Section I: Screener

1. Are you a parent or guardian of one or more children ages 9 through 20? Please include children living in your household part time or full time.

- Yes
- No

If you said "No," please stop now. This questionnaire is for parents or guardians who have children ages 9 through 20 living part time or full time in their household.

2. Please indicate in the grid below the ages of each child ages 9 through 20 living in your household either part time or full time.

If you have more than one child, please mark in order of youngest to oldest as indicated in the column headers.

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please indicate the genders of the children (ages 9 through 20) living in your household either part time or full time.

As before, if you have more than one child, please mark in order of youngest to oldest.

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section II: Attitudes on Underage Drinking and Other Substance Use

Questions 4–6 will require answers for each child ages 9 through 20 living in the household either part time or full time.

4. In your opinion, what are the **three most important issues** to discuss with your children ages 9 through 20 today? Please check the 3 boxes that apply to each child.

As before, if you have more than one child, please mark in order of youngest to oldest.

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Academic achievement and performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health (e.g., nutrition, physical activity, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risky sexual behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence (e.g., violence in your neighborhood, physical or sexual abuse, bullying, school safety, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health (e.g., ADHD, depression, anxiety, eating disorders, suicide, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making friends/maintaining positive relationships with family and/or peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse/overuse of electronics (e.g., gaming/social media use via smartphone, iPad, or computer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative social media influence (e.g., online bullying, peer pressure, predators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug use (including prescription misuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underage drinking (i.e., drinking alcohol before the legal age of 21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of tobacco products. <i>Select all that apply.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e-cigarettes (e.g., blu, JUUL, Logic, MarkTen XL, and Vuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smokeless tobacco (defined as chewing tobacco, snuff, or dip)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hookahs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something else, <i>please specify:</i> <hr/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not believe there are any issues that I need to discuss with my child today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How strongly do you agree or disagree with the following statements?

5a. “Underage drinking is an important issue to discuss with my ____ year-old child.”

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5b. "Talking to my child about underage drinking is likely to make a difference in the decisions he or she makes."

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5c. How confident do you feel in your ability to influence each of your children's decisions about drinking alcohol?

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Not at all confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somewhat confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How strongly do you agree or disagree with the following statements?

6a. "Other substance use (including prescription misuse) is an important issue to discuss with my ____ year-old child."

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6b. "Talking to my child about other substance use (including prescription misuse) is likely to make a difference in the decisions he or she makes."

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6c. How confident do you feel in your ability to influence each of your children's decisions about using other substances (including prescription misuse)?

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Not at all confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somewhat confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How strongly do you agree or disagree with the following statements?

7a. "Tobacco product use (e.g. cigarette, e-cigarette, smokeless tobacco or hookah) is an important issue to discuss with my ____ year-old child."

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7b. "Talking to my child about tobacco product use (e.g. cigarette, e-cigarette, smokeless tobacco or hookah) is likely to make a difference in the decisions he or she makes."

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7c. How confident do you feel in your ability to influence each of your children's decisions about using tobacco products?

	1st Child (youngest/ only)	2nd Child (second youngest)	3rd Child (third youngest)	4th Child (fourth youngest)
Not at all confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somewhat confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How susceptible do you feel that your ___-year-old child is to drinking alcohol without your permission in the next 6 months?

	1st Child (youngest/ only)	2nd Child (second youngest)	3rd Child (third youngest)	4th Child (fourth youngest)
Not at all susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somewhat susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How susceptible do you feel that your ___-year-old child is to using other substances (including prescription misuse) in the next 6 months?

	1st Child (youngest/ only)	2nd Child (second youngest)	3rd Child (third youngest)	4th Child (fourth youngest)
Not at all susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somewhat susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How susceptible do you feel that your ___-year-old child is to using tobacco products (e.g. cigarette, e-cigarette, smokeless tobacco or hookah) in the next 6 months?

	1st Child (youngest/ only)	2nd Child (second youngest)	3rd Child (third youngest)	4th Child (fourth youngest)
Not at all susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somewhat susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very susceptible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section III: Having the Conversation

11. Within the past 3 months, how often have you talked to your children ages 9 through 20 about underage drinking?

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Not at all in the past 3 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Three times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Four times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Five times or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11a. What main point(s) do you generally emphasize when talking to your children ages 9 through 20 about underage drinking?

Please detail the point(s) you emphasize here:

12. Within the past 3 months, how often have you talked to your children ages 9 through 20 about other substance use (including prescription misuse)?

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Not at all in the past 3 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Three times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Four times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Five times or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12a. What main point(s) do you generally emphasize when talking to your children ages 9 through 20 about other substance use?

Please detail that point you emphasized here:

-
-
13. **Within the past 3 months**, how often have you talked to your children ages 9 through 20 about tobacco product use (e.g. cigarette, e-cigarette, smokeless tobacco or hookah)?

	1st Child (youngest/ only)	2nd Child (second youngest)	3rd Child (third youngest)	4th Child (fourth youngest)
Not at all in the past 3 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Three times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Four times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Five times or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 13a. What main point(s) do you generally emphasize when talking to your children ages 9 through 20 about tobacco product use?

Please detail the point(s) you emphasized here:

Section IV: Product Testing

Rotate exposure to THREE TEST MATERIALS HERE [e.g., Conversation Starter Guide, Print PSA, and Video PSA]

14. **PRODUCT #1**

- 14a. How appealing is Product X?

Product X	
Very appealing	<input type="radio"/>
Appealing	<input type="radio"/>
Somewhat appealing	<input type="radio"/>
Not at all appealing	<input type="radio"/>

- 14b. Did you learn anything new from Product X or did it make you think differently about underage drinking/other substance use/tobacco product use?

Yes

No

Please provide specific details on what you learned or how the materials made you think differently:

14c. Overall, how effective is Product X in encouraging you to talk to your __-year-old child about underage drinking/other substance use/tobacco product use?

Product X	
Very effective	<input type="radio"/>
Effective	<input type="radio"/>
Somewhat effective	<input type="radio"/>
Not at all effective	<input type="radio"/>

14d. Does Product X convince you to talk to your child about underage drinking/other substance use/tobacco product use in the next 3 months?

Yes

No

14e. How might Product X be improved? Please be as specific as possible.

15. PRODUCT #2

15a. How appealing is Product X?

Product X	
Very appealing	<input type="radio"/>
Appealing	<input type="radio"/>
Somewhat appealing	<input type="radio"/>
Not at all appealing	<input type="radio"/>

15b. Did you learn anything new from Product X or did it make you think differently about underage drinking/other substance use/tobacco product use?

Yes

No

Please provide specific details on what you learned or how the materials made you think differently:

15c. Overall, how effective is Product X in encouraging you to talk to your ___-year-old child about underage drinking/other substance use/tobacco product use?

Product X	
Very effective	<input type="radio"/>
Effective	<input type="radio"/>
Somewhat effective	<input type="radio"/>
Not at all effective	<input type="radio"/>

15d. Does Product X convince you to talk to your child about underage drinking/other substance use/tobacco product use in the next 3 months?

Yes
 No

15e. How might Product X be improved? Please be as specific as possible.

16. PRODUCT #3

16a. How appealing is Product X?

Product X	
Very appealing	<input type="radio"/>
Appealing	<input type="radio"/>
Somewhat appealing	<input type="radio"/>
Not at all appealing	<input type="radio"/>

16b. Did you learn anything new from Product X or did it make you think differently about underage drinking/other substance use/tobacco product use?

Yes
 No

Please provide specific details on what you learned or how the materials made you think differently:

16c. Overall, how effective is Product X in encouraging you to talk to your __-year-old child about underage drinking/other substance use/tobacco product use?

Product X	
Very effective	<input type="radio"/>
Effective	<input type="radio"/>
Somewhat effective	<input type="radio"/>
Not at all effective	<input type="radio"/>

16d. Does Product X convince you to talk to your child about underage drinking/other substance use/tobacco product use in the next 3 months?

- Yes
 No

16e. How might Product X be improved? Please be as specific as possible.

Section V: Closing

17. Please indicate how much you agree or disagree with the following statement for each of your children ages 9 through 20:

"In the near future, I intend to discuss underage drinking with my child."

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17a. If you selected “Strongly disagree” or “Disagree” that you will discuss underage drinking with your child/children in the near future, please explain why.

18. Please indicate how much you agree or disagree with the following statement for each of your children ages 9 through 20:

“In the near future, I intend to discuss other substance use (including prescription misuse) with my child.”

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18a. If you selected “Strongly disagree” or “Disagree” that you will discuss other substance use with your child/children in the near future, please explain why.

19. Please indicate how much you agree or disagree with the following statement for each of your children ages 9 through 20:

“In the near future, I intend to discuss tobacco product use (e.g. cigarette, e-cigarette, smokeless tobacco or hookah) with my child.”

	1 st Child (youngest/ only)	2 nd Child (second youngest)	3 rd Child (third youngest)	4 th Child (fourth youngest)
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19a. If you selected “Strongly disagree” or “Disagree” that you will discuss tobacco product use with your child/children in the near future, please explain why.

Section VI: Demographics

20. What is your age? *Please write your age below.*

21. What is your gender?

- Male
- Female

22. Are you Hispanic or Latino?

- Yes
- No

23. What is your race? *Select all that apply.*

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

24. What is the highest degree or level of education you have completed?

- Less than a high school diploma
- Regular high school diploma or GED or alternative credential
- Some college credit or trade school, no degree
- Associate’s degree or trade school diploma/certificate
- Bachelor’s degree
- Master’s degree or higher

25. What is your annual household income?

- Less than \$10,000
- \$10,000–\$19,999

- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$59,999
- \$60,000-\$69,999
- \$70,000-\$79,999
- \$80,000-\$89,999
- \$90,000-\$99,999
- \$100,000-\$149,000
- 150,000 or more
- Prefer not to answer

26. Overall, how many children are living in your household part time or full time from each age category?

- _____ 8 years old or younger
- _____ 9 to 12 years old
- _____ 13 to 15 years old
- _____ 16 to 17 years old
- _____ 18 to 20 years old
- _____ 21 years old or older

Thank you for completing this questionnaire!