

Attachment I.2: The Child Assessment Direct Child Assessment Follow-up

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Paperwork Reduction Act Burden Statement

This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development's Community Choice Demonstration. Public reporting burden for this collection of information is estimated to average 22 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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. The OMB number for this collection is OMB 2528-0337 which expires on XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NAME at XXXX@XXXXXX.XXX or call XXX-XXX-XXXX.

Privacy Act Statement

Authority: Section 502 of the Housing and Urban Development Act of 1970 (Public Law 91-609) (12 U.S.C. §§ 1701z-1; 1701z-2(d) and (g)).

Purpose: This information is being collected to evaluate changes in the housing quality and health and well-being of families who enrolled in the Community Choice Demonstration (CCD). Data collection will occur between January 2024 and June 2027.

Routine Use: Please refer to System of Record Notice.

Disclosure: Your participation in this information collection is voluntary and you can choose not to answer any question that is asked. Your responses will not affect your current or future receipt of housing assistance or other benefits.

SORN ID: Housing Choice Voucher (HCV) Mobility Demonstration Evaluation Data Files, PD&R/RRE 09

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Module A. Child-Reported Behavioral, Educational, and Social Functioning (Age 8-17 Years)

First, we are going to ask you some questions about your school and relationships.

A.1 Please rate how much you agree or disagree with the following statements.

[Fragile Families, The Panel Study of Income Dynamics, Child Development Supplement; Responses to A.4a-c summed into a composite score; Johns Hopkins questions. Note: For children ages 2-9, parents report on a version of these questions.]

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Prefer not to answer
a. You feel close to people at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You feel like a part of the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You are happy to be at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now I am going to ask about your friendships.

A.2 [ASK IF CHILD IS 12+ YEARS OLD] Please let me know if the following describe nearly all, most, some, a few, or none of your friendships.

[Source: New question, wording needs to be tested – based on Murayama et al. (2013); Johns Hopkins questions.]

	Nearly all	Most	Some	A few	None	DK
a. My friends live in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My friends' parents have graduated from college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My friends are different racial or ethnic groups than me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We want to know about your thoughts and possible plans for the future. If you haven't thought about this yet, that's okay. We just want to know what you think at this time.

A.3 [ASK IF CHILD AGE 10+ YEARS OLD] How likely do you think it is that you will do each of the following things? [If you have already graduated high school, answer "Definitely will"]

[Source: NIDA Monitoring the Future (2020), Johns Hopkins questions]

	Definitely won't	Probably won't	Probably will	Definitely will	REF	DK
a. Graduate high school...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Graduate from college (four-year program)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now we are going to ask some questions about your use of electronic devices and social media.

A.4 [ASK IF CHILD AGE 10+ YEARS OLD] On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? Do not count time spent doing schoolwork.

[Source: CDC Youth Risk Behavior Survey (YRBS) - 2023, Johns Hopkins question]

- I do not use screens on school days
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

A.5 [ASK IF CHILD AGE 10+ YEARS OLD] About how often do you use social media?
[INTERVIEWER INSTRUCTION: By social media, we mean TikTok, Facebook, Instagram, Twitter, Tumblr, Snapchat, Reddit, Twitch, Threads and the like].

[Source: 2022 Pew Research Center's Teens Survey, Johns Hopkins question]

- Almost constantly
- Several times a day
- About once a day
- Several times a week
- Once a week or less often
- Never

A.6 [ASK IF CHILD AGE 10+ YEARS OLD] Overall, would you say the amount of time you spend on social media is...

[Source: 2022 Pew Research Center's Teens Survey, Johns Hopkins question]

- Too much
- Too little
- About right
- I do not use social media

A.1 The first set of questions asks about how you are currently feeling about several aspects of your life. For each question, please tell me how you feel. The options are completely satisfied, very satisfied, slightly satisfied, neutral, slightly dissatisfied, very dissatisfied, or completely dissatisfied.

How satisfied are you with...?

[Source: NIDA Monitoring the Future Survey (2020), B10a-d wording from questions on nationally representative survey allowing for direct comparison with national norms]

	Completely satisfied	Very satisfied	Slightly satisfied	Neutral	Slightly dissatisfied	Very dissatisfied	Completely dissatisfied	Prefer not to answer
a. Your safety at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Completely satisfied	Very satisfied	Slightly satisfied	Neutral	Slightly dissatisfied	Very dissatisfied	Completely dissatisfied	Prefer not to answer
b. Your educational experiences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your safety in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your friends and other people you spend time with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A.2 I will now read a list of sentences that describe how people feel. For each of the following items I read, please tell me if it is Not True or Hardly Ever True, Somewhat True or Sometimes True, or Very True or Often True for you.

[Source: Screen for Child Anxiety-Related Emotional Disorders-Brief (SCARED-5; initially validated in Birmaher et al., 1999); questions are summed into a composite score]

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Very Often True	REF	DK	NA
a. I get really frightened for no reason at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am afraid to be alone in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People tell me that I worry too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am scared to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ASK QUESTIONS A.9, A.10, A.11 IF CHILD AGE 12+ YEARS OLD]

Now we would like to ask you some questions about how safe you think your neighborhood is.

A.9 How safe do you feel on the streets near your home during the day?

[Source: MTO Interim Evaluation, Johns Hopkins question]

- Very safe
- Safe
- Unsafe
- Very unsafe
- Don't know
- Refused

A.10 How safe do you feel on the streets near your home at night?

[Source: MTO Interim Evaluation, Johns Hopkins question]

- Very safe
- Safe

- Unsafe
- Very unsafe
- Don't know
- Refused

A.11 Have you seen people using or selling illegal drugs in your neighborhood during the past 30 days?

[Source: MTO Interim Evaluation, Johns Hopkins question]

- Yes
- No
- Don't know
- Refused

A.12 [ASK IF CHILD AGE IS 10+ YEARS OLD] During the last 30 days, how often have other students harassed or bullied you for the following reasons?

[Source: California Healthy Kids Survey;, Johns Hopkins question]

	0 times	1 time	2-3 times	4 or more times	Prefer not to answer
a. Your race, ethnicity, or national origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your gender (being male, female, non-binary, or transgender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. [ASK IF CHILD AGE IS 12+ YEARS OLD] Your sexual orientation (being bisexual, heterosexual, gay, or lesbian or because someone thought you were)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A physical or mental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other aspects of your physical appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A.13 [ASK IF CHILD AGE 12+ YEARS] In your day-to-day life, how often have any of the following things happened to you?

[Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question]

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never	Prefer not to answer
a. You are treated with less courtesy or respect than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You receive poorer service than other people at restaurants or stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People act as if they think you are not smart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never	Prefer not to answer
d. People act as if they are afraid of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You are threatened or harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A.14 [ASK IF CHILD 12+ & ANSWERED “A FEW TIMES A YEAR” OR MORE FREQUENTLY TO AT LEAST ONE OF THE ABOVE] What do you think is the main reason for these experiences?
(Interviewer instruction: Check more than one if volunteered)

[Source: *Everyday Discrimination Scale, Short Form; Johns Hopkins question*]

- Your ancestry or national origins
- Your gender
- Your race
- Your age
- Your religion
- Your height
- Your weight
- Some other aspect of your physical appearance
- Your sexual orientation
- The amount of money your family has
- Other (Specify: _____)

Module B. Child-Reported Health, Diet, and Nutrition (Age 10-17 Years)

Now we would like to talk about your health, diet, and physical activity.

B.1 [ASK IF CHILD AGE 10+ YEARS OLD] During the school year, about how many times a week do you usually get breakfast at school?

[Source: CDC National Health and Nutrition Examination Survey, 2017-2020 (NHANES), Johns Hopkins question]

- [ENTER NUMBER OF TIMES] _____
- None
- Refused
- Don't know

B.2 [ASK IF CHILD AGE 10+ YEARS OLD] During the school year, about how many times a week do you usually get lunch at school?

[Source: CDC National Health and Nutrition Examination Survey, 2017-2020 (NHANES), Johns Hopkins question]

- [ENTER NUMBER OF TIMES] _____
- None
- Refused
- Don't know

B.3 [ASK IF CHILD AGE 10+ YEARS OLD] In the past month please indicate your response for each beverage type you drink.

-Indicate how often you drank the following beverages, for example, if you drank 5 glasses of water per week, respond with 4-6 times per week for "HOW OFTEN"

-Indicate the approximate amount of beverage you drank each time, for example, if you drank 1 cup of water each time, respond with 1 cup for "HOW MUCH EACH TIME"

-Do not count beverages used in cooking or other preparations, such as milk in cereal.

[Source: Beverage Intake Questionnaire (BEVQ), Johns Hopkins question]

Type of Beverage	How often?							How much?				
	Never or less than 1 time per week	1 time per week	2-3 times per week	4-5 times per week	1 time per day	2 times per day	3 or more times per day	Less than 6 fl. oz	8 fl. oz (1 cup)	12 fl. oz (1 ½ cups)	16 fl. oz (2 cups)	20 fl. oz (2 ½ cups)
a. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 100% Fruit Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Whole Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reduced Fat Milk (2%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Low Fat/Fat Free Milk (Skim, 1%, Buttermilk, Soymilk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Soft drinks (Interviewer instruction if	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

needed: Coca-Cola or Pepsi)												
g. Energy & Sports drinks (e.g., Red Bull, Rockstar, Gatorade, Powerade, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sweetened juice beverages/drinks* (e.g., lemonade, fruit punch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sweetened tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Sweetened fruit drinks DO NOT include 100% fruit juice.

B.4 [ASK IF CHILD AGE 10+ YEARS OLD] Next, I'm going to ask you about meals. By meal, I mean breakfast, lunch, and dinner. During the past 7 days, how many meals did you get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines? (Please do not include meals provided as part of the school lunch or school breakfast).

[Source: CDC National Health and Nutrition Examination Survey, 2017-2020 (NHANES), Johns Hopkins question]

- [ENTER NUMBER OF MEALS 1-21]
- None
- More than 21 meals per week
- Refused
- Don't know

B.5 [ASK IF CHILD AGE 10+ YEARS OLD; SKIP IF B.4 IS NOT "None", "Refused", or "Don't Know", ASK] How many of those meals did you get from a fast-food or pizza place?

[Source: CDC National Health and Nutrition Examination Survey, 2017-2020 (NHANES), Johns Hopkins question]

- [ENTER NUMBER OF MEALS 1-21]
- None
- More than 21 meals per week
- Refused
- Don't know

B.6 [ASK IF CHILD AGE 10+ YEARS OLD] During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

[Source: CDC Youth Risk Behavior Survey (YRBS) - 2023, validated national survey question, Johns Hopkins question]

- [ENTER NUMBER OF DAYS] _____
- None
- Refused
- Don't know

B.7 [ASK IF CHILD AGE 10+ YEARS OLD] During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

[Source: CDC Youth Risk Behavior Survey (YRBS) - 2023, validated national survey question, Johns Hopkins question]

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

- Refused
- Don't know
- Prefer not to answer

Now I am going to ask a few questions about how you feel about your body.

B.8 [ASK IF CHILD IS 12+] Please tell me on a scale of 1 to 10, where 1 is “Extremely Unsatisfied” and 10 is “Extremely Satisfied” how you rate the following questions.

[Source: Neumark-Sztainer et al. (2006), Johns Hopkins question]

Question	Satisfaction										
	1 Extremely Unsatisfie d	2	3	4	5	6	7	8	9	10 Extremely Satisfied	Prefer Not to Answer
a. How satisfied are you with your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How satisfied are you with your body shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B.9 [ASK IF CHILD AGE 12+ YEARS OLD] How often have you gone on a diet in the past year?

[Source: Neumark-Sztainer et al. (2006), Johns Hopkins question]

- Never
- One to four times
- Five to ten times
- More than ten times
- I am always dieting
- Prefer not to answer

B.10 [ASK IF CHILD AGE 12+ YEARS OLD] Have you done any of the following things in order to lose weight or keep from gaining weight during the past year including fasting, ate very little food, took diet pills, made yourself vomit, used laxatives, used diuretics (water pills), used food substitute (powder or special drinks), skipped meals, or smoked more cigarettes?

[Source: EAT Gen2 Adolescent Study, Johns Hopkins question]

- Yes
- No
- Don't Know
- Refused

B.11 [ASK IF CHILD AGE 12+ YEARS OLD] In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge-eating)?

[Source: EAT Gen2 Preadolescent Survey; Johns Hopkins question]

- Yes
- No
- Don't Know
- Refused

B.12 [IF YES TO B.11 AND CHILD AGE 12+ YEARS OLD] During the times when you ate this way, did you feel like you couldn't stop eating or control what or how much you were eating?

- Yes
- No
- Don't Know
- Refused

[IF CHILD AGE 12+ YEARS OLD] [INTERVIEWER INSTRUCTIONS: *Hand the child the tablet to complete questions B.13 through B.17*]

B.13 [ASK IF CHILD AGE 12+ YEARS OLD] The following questions are about how you feel. Over the last 2 weeks, how often have you been bothered by the following problems:

[Source: *Patient Health Questionnaire-2; questions A3a and A3b are summed into a composite score; Johns Hopkins questions*]

	Not at all	Several days	More than half of days	Nearly every day	Prefer not to answer
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now we are going to ask a question about smoking.

B.14 [ASK IF CHILD AGE 12+ YEARS OLD] Have you ever tried cigarette smoking, vaping, or other tobacco products (such as e-cigarettes, cigars, cigarillos, little cigars, or chewing tobacco)? E-cigarettes are battery powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as e-cigs, vape-pens, e-hookahs, or mods.

[Source: *EAT Gen2 Adolescent Survey, Johns Hopkins question*]

- Yes
- No
- Don't know
- Refused

B.15 [ASK IF CHILD AGE 12+ YEARS OLD AND B.14=YES] During the past 30 days, on how many days did you smoke cigarettes, vape, or use other tobacco products?

[Source: *EAT Gen2 Adolescent Survey; Johns Hopkins question*]

- 0 days

- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days
- Don't know
- Refused

Lastly, we are going to ask questions about how you describe yourself.

B.16 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):

[Source: National Center for Health Statistics, Johns Hopkins question]

- Male
- Female
- Transgender, non-binary, or another gender
- Prefer not to answer

B.17 [ASK IF CHILD IS AGE 12+ YEARS OLD] Which of the following best describes you?

[Source: CDC Youth Risk Behavior Survey (YRBS) – 2023, Johns Hopkins question]

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- I describe my sexual identity some other way
- I am not sure about my sexual identity (questioning)
- I do not know what this question is asking
- Prefer not to answer

That is all the questions we have at this time. Thank you very much for taking the time to talk with us today.