



Oregon Healthy Teens Parent Survey

Marking instructions:

Please use a pen with black or blue ink. Make solid marks that fill in the response bubbles. If you make a mistake with a pen, please cross out your mistake, then mark and circle your choice.

Shade Circles Like This--> ●

Not Like This--> ~~○~~ ○

For optimum accuracy when filling in a number, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

If you have questions, please call toll-free 1-877-389-2480 and ask for OHT staff.

General Information

1. What is today's date?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Month			Day			Year	

2. What is your gender?

Male Female

3. What is your child's gender?

Male Female

4. What is your current marital status?

- Single Divorced
 Married Living with domestic partner
 Separated Widowed

5. What is your relationship to the child participating in the study?

- Biological or natural parent
 Parent's partner, "significant other"
 Adoptive parent
 Other adult relative
 Foster parent
 Stepparent
 Other _____

<input type="text"/>	<input type="text"/>
----------------------	----------------------

office use

6. What is your spouse or current partner's relationship to the child participating in the study?

- I don't have a spouse or partner Other adult relative
 Biological or natural parent Foster parent
 Parent's partner, "significant other" Stepparent
 Adoptive parent Other _____

<input type="text"/>	<input type="text"/>
----------------------	----------------------

office use

7. How many months in the LAST YEAR have you lived with this child?

- less than 1 1 2 3 4 5 6 7 8 9 10 11 12

8. How many months in the LAST YEAR has your spouse or partner lived with this child?

- I don't have a spouse/partner 3 7 11
 less than 1 4 8 12
 1 5 9
 2 6 10

9. How much education have you completed?

Mark the highest level you have completed.

- Grades 0-8 Some college
 Grades 9-11 College graduate
 High School or GED Post-college studies

10. If you are married (or living as married), please mark the highest level of school your spouse/partner has completed.

- I don't have a spouse/partner Some college
 Grades 0-8 College graduate
 Grades 9-11 Post-college studies
 High School or GED

11. In the PAST MONTH, have you worked outside the home?

- Yes, full time No, not working but attending school
 Yes, part-time No, not working by choice (stay-at-home parent, retired)
 Work for pay at home (e.g. child care) Not working, but looking for a job
 No, not working because disabled

**12. In the PAST MONTH, has your spouse/partner worked outside the home?**

- I don't have a spouse/partner No, not working but looking for a job
 Yes, full time No, not working because disabled
 Yes, part-time No, not working but attending school
 Work for pay at home (e.g. child care) No, not working by choice (stay-at-home parent, retired)

13. What was the total income LAST YEAR of all family members living in your household (before taxes)?

- Under \$4,999 \$15,000-\$19,999 \$30,000-\$34,999 \$50,000-\$59,999
 \$5,000-\$9,999 \$20,000-\$24,999 \$35,000-\$39,999 \$60,000-\$69,999
 \$10,000-\$14,999 \$25,000-\$29,999 \$40,000-\$49,999 \$70,000 and over

14. Which term on the list best describes YOUR racial or ethnic background? (Select one or more responses.)

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

15. Which term on the list best describes your CHILD'S racial or ethnic background? (Select one or more responses.)

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

Family Rules and Expectations**16. Please answer how likely it would be that you would know about the following behaviors. How likely is it that you or your partner would know...**

	Not at all likely	Somewhat likely	Extremely likely
a. if your child did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. who your child is with and where s/he is when s/he is not at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. if your child drank some beer, wine, or liquor (e.g. whiskey) without your permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. if your child smoked a cigarette or used smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. what your child is doing when s/he is away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. where your child is after school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the LAST MONTH, how many times do you think your child has gone to a place where kids his/her age hang out, where they are not supervised by adults and can do whatever they want?

- Never 1-2 times 3-5 times 6-10 times 11-20 times 21 or more times

18. In the LAST WEEK, how often do you think your child went someplace without telling you where s/he was going?

- Never Once Twice 3 times 4 or 5 times 6 or 7 times More than 7 times

19. In the LAST WEEK, how often do you think your child went to a friend's house without your permission when there was no adult there?

- Never Once Twice 3 times 4 or 5 times 6 or 7 times More than 7 times

20. About how many hours PER WEEK is your child usually home in the afternoon with no adult supervision?

- None 2 hours 5 hours 16-20 hours
 1/2 hour or less 3 hours 6-10 hours 21-30 hours
 1/2 to 1 hour 4 hours 11-15 hours 31 or more hours

21. How well do you personally know your child's friends (the young people your child spends the most time with)?

- Not at all A little bit Somewhat well Very well Extremely well

22. In general, how well do you personally know the PARENTS of your child's friends?

- Not at all A little bit Somewhat well Very well Extremely well

23. How wrong do you think it would be for your child to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. drink beer, wine or liquor (e.g. vodka or whiskey) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. steal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. draw graffiti, or write on other's property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. carry a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Please complete each sentence below by choosing one of the options to fill in the blank.

	Have a rule	Definitely expect	Sort of expect	Don't have a rule or expectation
a. I ___ that my child should do his/her homework everyday.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I ___ that my child should not smoke cigarettes or use smokeless tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I ___ that my child should check in if s/he is going to be home late.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I ___ that my child should not be at a friend's house when there is no adult there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I ___ that my child should not have a friend over to our house while adults are gone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I ___ that my child should not use marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I ___ that my child should not use inhalants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I ___ that my child should not use other drug.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I ___ that my child should not spend unsupervised time with friends who use drugs or get in a lot of trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How often does your child complete all of his/her schoolwork?

- Never Seldom Sometimes About half the time Often Very often Always Don't know

26. If your child receives grades, on the average, what grade did s/he MOSTLY get last term or semester?

(Choose one answer.)

- Mostly A's Mostly C's Mostly F's Not sure
 Mostly B's Mostly D's None of these grades

Consequences for Children's Behavior

27. Imagine your child doing the things listed in the questions (even if s/he never has), and then mark how likely it is that you would discipline your child (such as not letting him/her do something s/he likes to do or providing some other kind of consequence).

	Not at all likely	Somewhat likely	Extremely likely
a. If you or your partner knew that your child did NOT finish his/her homework, without a good reason, how likely is it that you or your partner would discipline your child in some way (such as not letting him/her do something s/he likes to do or providing some other kind of consequence)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. If you or your partner knew that your child used tobacco, how likely is it that you or your partner would discipline your child or provide a consequence in some way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. If you or your partner knew that your child used alcohol, how likely is it that you or your partner would discipline your child or provide a consequence in some way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



- | | Not at all likely | Somewhat likely | Extremely likely |
|--|-----------------------|-----------------------|-----------------------|
| d. If you or your partner knew that your child used other substances, how likely is it that you or your partner would discipline your child or provide a consequence in some way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. If you or your partner knew that your child did NOT get home on time at night without a good reason, how likely is it that you or your partner would discipline him/her or provide a consequence in some way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

28. The following is a list of things that parents have told us they do when their children misbehave (that is, do something they are not supposed to do). Please rate how often you or your partner do each of the following things when your child misbehaves.

- | | Never | About half the time | Always |
|--|-----------------------|-----------------------|-----------------------|
| a. Notice it but not do anything about it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Raise your voice (scold or yell) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Get your child to correct the problem or make up for his/her mistake | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Threaten to punish the child (but not really punish him/her) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Ground the child for a week or more | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Take away privileges (like phone, TV, seeing friends) for 1 to 3 days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Slap or hit the child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Discuss the problem or ask questions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Give your child extra work chores | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

29. Imagine that a 12-year-old child did not finish his/her schoolwork because s/he "never got around to it." Please rate whether or not each of the following methods is a good way for a parent to handle the situation. Mark YES if you think it is a good way for the parent to handle it, and mark NO if you think it is not a good way to handle it.

- | | YES | NO |
|--|-----------------------|-----------------------|
| a. Notice it but not do anything about it | <input type="radio"/> | <input type="radio"/> |
| b. Raise your voice (scold or yell) | <input type="radio"/> | <input type="radio"/> |
| c. Get the child to correct the problem or make up for his/her mistake | <input type="radio"/> | <input type="radio"/> |
| d. Threaten to punish the child (but not really punish him/her) | <input type="radio"/> | <input type="radio"/> |
| e. Ground the child for a week or more | <input type="radio"/> | <input type="radio"/> |
| f. Take away privileges (like phone, TV, seeing friends) for 1 to 3 days | <input type="radio"/> | <input type="radio"/> |
| g. Slap or hit the child | <input type="radio"/> | <input type="radio"/> |
| h. Discuss the problem or ask questions | <input type="radio"/> | <input type="radio"/> |
| i. Give your child extra work chores | <input type="radio"/> | <input type="radio"/> |

Praise and Rewards

30. This is a list of things that parents might do when their child behaves well or does a good job at something. Please rate how often you or your partner do each of the following things when your child behaves well or does a good job at something as a reward for good behavior.

- | | Never | About half the time | Always |
|---|-----------------------|-----------------------|-----------------------|
| a. Compliment your child or give him/her a hug, kiss, pat or handshake | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Buy something (such as a favorite food or small item) or give him/her money | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Give him/her an extra privilege (such as extra phone time, going to the movies, or special activity with a parent) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

31. Within the LAST 2 DAYS, how often did you or your partner praise/compliment your child for anything s/he did well?

- | | | | |
|-----------------------------|-------------------------------|------------------------------------|---|
| <input type="radio"/> Never | <input type="radio"/> Twice | <input type="radio"/> 4 or 5 times | <input type="radio"/> More than 7 times |
| <input type="radio"/> Once | <input type="radio"/> 3 times | <input type="radio"/> 6 or 7 times | <input type="radio"/> I wasn't with my child in the past 2 days |



32. Within the LAST 2 DAYS, how many times did you or your partner give your child something extra, like money, privileges, or special activities, for something s/he did well?

- Never ○ Twice ○ 4 or 5 times ○ More than 7 times
○ Once ○ 3 times ○ 6 or 7 times ○ I wasn't with my child in the past 2 days

33. Within the LAST 2 DAYS, how many times did you or your partner allow your child access to a privilege (such as watching TV, using the phone, seeing friends, or playing video games) only if s/he had already done other things that you wanted him/her to do (such as schoolwork, chores, or cleaning up after him/herself)?

- Never ○ Twice ○ 4 or 5 times ○ More than 7 times
○ Once ○ 3 times ○ 6 or 7 times ○ I wasn't with my child in the past 2 days

Family Activities

34. Please indicate how true the following statements are about your family. Not true at all Moderately true Always true

- a. People in my family often insult or yell at each other.
b. People in my family have serious arguments.
c. We argue about the same things in my family over and over.
d. If my child had a personal problem, s/he would be comfortable asking me for help.
e. My child feels very close to his or her mother.
f. My child feels very close to his or her father.

35. In the PAST WEEK, how often did you or your partner do projects or activities with your child at home (such as hobbies, crafts, baking, music, games, etc.)?

- Never ○ Twice ○ 4 or 5 times ○ More than 7 times
○ Once ○ 3 times ○ 6 or 7 times ○ I wasn't with my child in the past week

36. In the PAST WEEK, how often did you or your partner go places with your child for fun (such as visiting friends or relatives, going to sporting events, scout or club meetings, outdoor activities)?

- Never ○ Twice ○ 4 or 5 times ○ More than 7 times
○ Once ○ 3 times ○ 6 or 7 times ○ I wasn't with my child in the past week

37. The following statements have to do with you and your child. Thinking back over the LAST FOUR WEEKS at home, indicate how true you believe each statement is. Not true at all Moderately true Always true

- a. We (my child and I) joke around often.
b. We do a lot of things together.
c. I enjoy the talks we have.
d. We have enjoyable talks at least once a day.

Tobacco Prevention Activities

38. In the LAST 12 MONTHS, did you do any school activities or homework assignments about tobacco use with your child that s/he had brought home from school?

- Yes ○ No ○ I don't recall

39. How has your child's school tried to get parents involved in tobacco prevention education? (Mark all that apply.)

- Had tobacco education displays or discussions at open houses for parents
○ Held meetings with parents of student smokers
○ Distributed newsletters or educational materials to parents
○ Provided information on smoking cessation to parents
○ Included parents in homework assignments
○ Invited parents to be guest speakers on tobacco issues
○ No activities offered
○ Don't know
○ Other



office use



40. How often in the LAST 12 MONTHS have you been encouraged by your child's school to talk to your child about not using tobacco?

- Never, Once or twice, 3-5 times, 6-10 times, More than 10 times

41. In the LAST MONTH, how many times have you seen or heard anything in the media that encouraged you to prevent your child from using tobacco?

- Not at all, About once per month, About once per week, About once per day, Less than once per month, A few times per month, A few times per week, More than once per day

42. In the LAST MONTH, have you seen or heard any information about preventing young people from using tobacco from any of the following sources? (Mark all that apply.)

- Magazine article/advertisement, Radio news story/advertisement, TV show/news story/commercial, Newspaper article/advertisement, Celebrity/rock/pop star or sports figure, Internet/World Wide Web, An event in your town or city, Boy or Girl Scouts or a club, Your child's school, Friends/relatives, Billboard, Movie, None

43. How often do you see or hear anything in the media about the dangers of smoking or chewing tobacco?

- Never, Sometimes, Very often

44. How important is it that communities keep stores from selling tobacco to minors?

- Not at all important, Somewhat important, Very important

45. IN THE PAST YEAR, have you seen or heard anything about efforts in your community to prevent stores from selling tobacco to minors?

- Yes, No

46. Please indicate how much you agree or disagree with the following statements:

Table with 4 columns: Strongly disagree, Neither agree nor disagree, Strongly agree. Rows a, b, c.

47. IN THE PAST YEAR, were you personally involved in programs or activities aimed at preventing tobacco use among youth in your community?

- Yes, No

48. IN THE PAST YEAR, have you heard about any of the following activities in your community to reduce tobacco use?

Table with 3 columns: YES, NO. Rows a, b, c, d, e.

49. IN THE PAST YEAR, how supportive do you feel your community has been toward programs aimed at...

Table with 4 columns: Not at all, Somewhat, Very. Rows a, b, c, d, e.



50. Please pick the answer that you believe is correct.

- a. How many people are killed by cigarettes in the United States each year?
 4,000 40,000 400,000 4 million
- b. According to Oregon Law, how old do you have to be to have or possess tobacco?
 14 16 18 20 21
- c. What percent of all deaths in Oregon are related to tobacco use?
 5% 10% 15% 20% or more
- d. How much do tobacco companies spend each year to promote tobacco use?
 \$5 million \$50 million \$500 million \$5 billion

Neighborhood Characteristics

51. If you have goals for your community or your child's school, how well do you feel you can use your influence to accomplish those goals?

- I have no goals Not at all A little bit Somewhat well Pretty well Very well

52. How much do each of the following statements describe your neighborhood:

	NO!	no	yes	YES!
a. There is a lot of crime and/or drug selling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are many physical fights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There are lots of empty or abandoned buildings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is a lot of graffiti.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If a kid smoked marijuana in my neighborhood, s/he would be caught by the police.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel safe in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. If a kid drank some beer, wine or hard liquor (e.g. vodka, gin) in my neighborhood, s/he would be caught by the police.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. If a kid carried a handgun in my neighborhood, s/he would be caught by the police.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. If I had to move, I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. People move in and out of my neighborhood a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Substance Use and Your Child

53. How much do you think your child uses each of the following substances?

	Not at all	Some each year	Some each month	Some each week	Some each day	A lot each day
a. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chewing tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



54. How many times in the LAST 3 MONTHS have you talked with your child about:

	Never	1-2 times	3-5 times	6-10 times	11-20 times	21 or more times
a. how to resist peer pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. not using tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. not using alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. not using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. not using other illegal drugs (e.g. cocaine etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Children's Behavior and Activities

55. Below is a list of behaviors that describe children and youth. Please indicate how true each item has been of your child NOW OR WITHIN THE PAST 6 MONTHS.

	Not true at all	Moderately true	Always true
a. Argues a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bragging, boasting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cruelty, bullying or meanness to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Demands a lot of attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Destroys his/her own things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Destroys things belonging to his/her family or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Disobedient at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Disobedient at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Doesn't seem to feel guilty after misbehaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Easily jealous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Gets in many fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Hangs around with children who get in trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Prefers being with older kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Runs away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Screams a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Sets fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Shows off or clowns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Steals at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Steals outside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Stubborn, sullen, or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Sudden changes in mood or feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Swearing or obscene language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. Talks too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y. Teases a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z. Temper tantrums or hot temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aa. Seems preoccupied with sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb. Threatens people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc. Truancy, skips school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dd. Unusually loud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ee. Uses alcohol or drugs for nonmedical purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ff. Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



56. In the PAST MONTH, how often has your child...

- a. gone to an organized afternoon activity (such as debate team, drama club, sports, scouts, music lessons, arts and crafts class)?
b. done volunteer work (such as cleaning up a park, visiting nursing homes)?
c. gone to a church or temple activity other than religious services (such as youth group, choir)?

Table with 6 columns: Never, 1-2 times, 3-5 times, 6-10 times, 11-20 times, 21 or more times. Rows correspond to items a, b, and c.

Tobacco Prevention at Your Child's School

57. Has your child's school adopted a policy prohibiting each of the following:

- a. cigarette smoking by students
b. smokeless tobacco use by students
c. cigarette smoking by adults
d. smokeless tobacco use by adults

Table with 3 columns: YES, NO, Don't know. Rows correspond to items a, b, c, and d.

58. Have you been informed of any policies or rules at your child's school that prohibit tobacco use?

Yes No

58a. If "YES," please mark each type of communication you received:

- Meetings at school, Announcements at school events, Informational pamphlet sent home from the school, A teacher or other school staff member informed me, School policy manual or student handbook

59. How much do you personally support the policy your child's school has adopted which prohibits tobacco use by students? (Mark one response.)

Not at all Somewhat Very much

60. In the LAST 12 MONTHS, has your child been involved in any of the following anti-tobacco activities?

- a. Made materials (posters, videos, t-shirts) against tobacco use
b. Talked to other young people about not using tobacco
c. Tried to get adults to take action against tobacco
d. Wrote to tobacco companies to complain about what they do
e. Wrote to political leaders or the local paper about the problem of tobacco use
f. Helped to create an advertisement against tobacco use
g. Ran an activity for other students that was designed to discourage tobacco use
h. Surveyed students about their use of tobacco

Table with 3 columns: YES, NO, Don't know. Rows correspond to items a through h.

Tobacco Use

61. Have you smoked at least 100 cigarettes in your entire life?

Yes No Don't know/not sure

If No, skip to question 69

62. Do you now smoke cigarettes every day, some days, or not at all?

Every day Some days Not at all

If Not, skip to question 69.



- 63. **On the average, about how many cigarettes a day do you now smoke?**
 0-5 6 - 10 11 - 20 21 - 40 41 - 60 61 - 80 81 - 100 101 +
- 64. **During the PAST 12 MONTHS, have you quit smoking for one day or longer?**
 Yes No
- 65. **How many times have you made a serious attempt to quit smoking in the LAST 12 MONTHS?**
 0 1 2 3 4 5 6 7 8 9 10 or more
- 66. **How confident are you that you could quit smoking if you wanted to?**
 Not at all confident Somewhat confident Very confident
- 67. **Are you seriously considering quitting smoking in the next 30 days?**
 Yes No
- 68. **How soon after you wake up do you usually smoke your first cigarette?**
 Immediately 15 minutes Half an hour One hour Two hours Three hours Four or more hours
- 69. **Does your spouse/partner smoke cigarettes?**
 Don't have a spouse/partner Yes No
- 70. **Does someone living in your house (other than you) smoke cigarettes?**
 Nobody smokes Someone smokes, but not inside the house Someone smokes inside the house

Alcohol Use

- 71. **Do you drink alcohol (beer, wine, or hard liquor) DAILY?**
 Yes No
- 72. **In the LAST 7 DAYS, how many drinks of alcohol did you have? (Drink = 1 beer, 1 glass of wine, 1 shot of hard liquor)**
 0 1 2 3 4 5 6 7 8 9 10 - 20 21 +
- 73. **In the LAST MONTH, how many drinks of alcohol did you have?**
 0 1 2 3 4 5 6 7 8 9 10 - 20 21 +
- 74. **In the LAST 6 MONTHS, how many times have you had alcohol to the point of being drunk or intoxicated?**
 0 1 2 3 4 5 6 7 8 9 10 - 20 21 +
- 75. **During the LAST 7 DAYS, IN ANY ONE DAY, did you have 5 OR MORE DRINKS of beer, wine or hard liquor?**
 Yes No
- 76. **Does your spouse/partner drink alcohol (beer, wine, or hard liquor) DAILY?**
 Don't have a spouse/partner Yes No

--	--	--	--	--	--	--	--