

Please check the response that best describes you and your family.

1. What grade in school is your child currently enrolled?

- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade

2. How many children under the age of 18 currently live in your household? _____

3. Please list the ages of each child currently living in your household.

4. What is your gender?

- Male
- Female

5. What is your ethnicity? (Check all that apply)

- White
- Black or African American
- Hispanic or Hispanic American
- American Indian or Native American
- Asian or Pacific Islander
- Mixed Ethnicity
- Other

6. Which of the following statements best describes your family situation?

- My child lives with both of his or her parents.
- My child lives with one of his or her parents.
- My child lives with one of his or her parents and a stepparent.
- My child lives in his or her mother's house some of the time and in his or her father's house some of the time.
- My child lives with his or her grandparents.
- Other (please describe: _____)

Circle the response that best describes YOUR OPINION.

| Statement | Never | Less than Once a Month | Several Times a Month | Weekly | Several Times a Week | Daily |
|---|-------|------------------------|-----------------------|--------|----------------------|-------|
| 1. How often do you talk to your child about what he or she does at school? | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. How often do you talk to your child about activities he or she is involved in outside of school (extracurricular activities, sports, etc.)? | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. How often do you talk to your child about what he or she does with friends when they go out? | 0 | 1 | 2 | 3 | 4 | 5 |

Check the response that best reflects what YOU THINK.

4. How well do you know your **child's best friend?**

- Not at all
- A Little
- Somewhat
- Very well

5. How well do you know the **parents of your child's best friend?**

- Not at all
- A Little
- Somewhat
- Very well

6. On school days, how often does your child spend more than an hour **without an adult around?**

- Always (5 days per week)
- Most of the time (4 days per week)
- Some of the time (2-3 days per week)
- Almost never (1 day per week)
- Never (0 days per week)

7. How often do you let your child make his or her own decisions about the time he or she must be home on **weekend nights?**

- Always
- Most of the time
- Some of the time
- Almost never
- Never

8. How often do you wait up for your child on **weekend nights?**

- Never
- Almost never
- Some of the time
- Most of the time
- Always

9. How often do you let your child make his or her own decisions about the people he or she **hangs around with**?
- Always
 - Most of the time
 - Some of the time
 - Almost never
 - Never

Circle the response that best describes **YOUR OPINION**.

| Statement | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|-------------------|----------|-------|----------------|
| 1. My child would be upset if I caught him/her smoking . | 1 | 2 | 3 | 4 |
| 2. I am confident that I can influence whether or not my child chooses to smoke cigarettes . | 1 | 2 | 3 | 4 |
| 3. I am confident that I can limit my child's access to cigarettes . | 1 | 2 | 3 | 4 |
| 4. My child listens to me when I give him or her advice about smoking cigarettes . | 1 | 2 | 3 | 4 |
| 5. My child would be upset if I caught him or her drinking alcohol . | 1 | 2 | 3 | 4 |
| 6. I am confident that I can influence whether or not my child chooses to drink alcohol . | 1 | 2 | 3 | 4 |
| 7. I am confident that I can limit my child's access to alcohol . | 1 | 2 | 3 | 4 |
| 8. My child listens to me when I give him or her advice about drinking alcohol . | 1 | 2 | 3 | 4 |
| 9. It would be easy for my child to get cigarettes if he or she wanted to. | 1 | 2 | 3 | 4 |
| 10. It would be easy for my child to get alcohol if he or she wanted to. | 1 | 2 | 3 | 4 |
| 11. I have told my child how I feel about smoking . | 1 | 2 | 3 | 4 |
| 12. I have told my child how I feel about drinking alcohol . | 1 | 2 | 3 | 4 |
| 13. I have spoken with the parent(s) of my child's friends about smoking . | 1 | 2 | 3 | 4 |
| 14. I have spoken with the parent(s) of my child's friends about drinking alcohol . | 1 | 2 | 3 | 4 |
| 15. Not drinking alcohol is the best way for parents to prevent their children from drinking alcohol. | 1 | 2 | 3 | 4 |

Check the response that best reflects what **YOU THINK**.

1. I think ____ of the **kids my child's age** smoke cigarettes once in a while.
- All
 - Most (more than half)
 - About half
 - Some (fewer than half)
 - None

2. I think _____ of the **kids my child's age** drink alcohol at least once in a while.

- All
- Most (more than half)
- About half
- Some (fewer than half)
- None

3. At what age do **you think** it is **OK** for kids to drink alcohol?

- Eight years old or younger
- 9-10 years old
- 11-12 years old
- 13-14 years old
- 15-16 years old
- 17-18 years old
- 19-20 years old
- 21 or older
- It is never OK for kids to drink alcohol.

Many adults use cigarettes or alcohol sometimes. The next questions are about your own experiences with cigarettes and alcohol. Please remember that all responses will be kept confidential.

1. Have you **ever** smoked cigarettes?

- Yes
- No

2. Do you smoke cigarettes **now**?

- Yes
- No

3. In general, do you drink alcohol on **special occasions (i.e., holidays, weddings)**?

- Yes
- No

4. Which of the following **best describes** how often you drink alcohol?

- Every day
- Almost every day
- At least once a week
- At least once a month
- Less than once a month
- Never

5. Talking with my child about underage drinking makes me feel _____ because

_____.

6. Talking with my child about underage smoking makes me feel _____ because

_____.

THANK YOU FOR PARTICIPATING!