CR-A

**(Significant Other)**

Is there currently a significant other (SO)/romantic partner/spouse who lives in the home and who is involved with caring for your child?

1. No

If ‘No’ then MediaLab will skip to SIP-2L.

2. Yes

*(If “yes”): Complete the following:*

The next question is about your significant other (SO)/romantic partner/spouse who lives in the home and who is involved with caring for your child. For the following questions, one drink refers to any of the following:

**1 BEER (12 OUNCES)**

**1 GLASS OF WINE (4 OUNCES)**

**1 WINE COOLER (12 OUNCES)**

**1 SHOT OF LIQUOR (1 ¼ OUNCES)**

**1 MIXED DRINK**

1. Has your significant other (SO)/romantic partner/spouse ever tried alcohol (even just a few sips)?

1. No
2. Yes

*(If “no”): Questionnaire complete. Skip to CR-T.*

*(If “yes”): Next question (#2):*

2. How old was your significant other (SO)/romantic partner/spouse when he/she first tried alcohol (even a few sips)?

1. 8 years old or younger

2. 9 or 10 years old

3. 11 or 12 years old

4. 13 or 14 years old

5. 15 or 16 years old

6. 17 years old or older

3. In the past year, how often has your SO/romantic partner/spouse had a drink of beer, wine, wine cooler, or liquor?

If answer #8🡪 then skip items 5 & 6, including weekly calendar.

1. Every Day
2. 4 or 5 days a week
3. 2 or 3 days a week
4. 1 day a week
5. 2-3 days a month
6. 1 day a month
7. Once or twice
8. Not at all

4. When your SO/romantic partner/spouse drinks, about how many cans of beer, glasses of wine, bottles of wine cooler or drinks of liquor does your SO/spouse usually have?

1. None
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7-8
9. 9

5. In the past year, how often has your SO/ romantic partner/spouse had (4 for female, 5 for male) or more drinks at one time?

1. Not at all
2. Once or twice
3. About once a month
4. 2-3 days a month
5. Once a week
6. 2-3 days a week
7. 4-5 days a week
8. Every Day

6. Does your SO/ romantic partner/spouse drink at least once per week?

If answered ‘Not at all’ for past year use (item #3), then skip out of weekly calendar. If answered ‘Everyday – Once or twice’ for past year use (item #3), then use zeros in weekly calendar if necessary.

1. No

2. Yes

*(If “no”): Skip to question #7.*

*(If “yes”): Complete 6a:*

6a. For each day of the week enter the number of drinks consumed by your SO/ romantic partner/spouse on a typical day on a typical week in the past 3 months.

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| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

Now I want to ask about some experiences and problems that people sometimes have in relation to their drinking. I would like you to tell me if you know whether these have *ever* happened to your SO/spouse.

7. Has any member of your family worried or complained about his/her drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

8. Has your SO/ romantic partner/spouse gotten into fights when drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

9. Has drinking created problems between you and your SO/ romantic partner/spouse?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

10. Has your SO/ romantic partner/spouse lost any friends or lovers because of drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

11. Has your SO/ romantic partner/spouse gotten into trouble at work because of drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

12. Has your SO/ romantic partner/spouse lost a job because of drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

13. Has your SO/ romantic partner/spouse neglected his/her obligations, family, or work for two or more days in a row because of drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

14. Has your SO/ romantic partner/spouse had any health problems related to drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

15. Has your SO/ romantic partner/spouse been arrested, even for a few hours, because of drunk behavior (other than driving)?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

16. Has your SO/ romantic partner/spouse been arrested for drunk driving or driving after drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

17. Has your SO/ romantic partner/spouse awakened in the morning after some and been unable to remember a part of the evening?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

18. Has it been a struggle for your SO/ romantic partner/spouse to stop drinking after one or two drinks?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

19. Has your SO/ romantic partner/spouse had any trouble stopping drinking when he/she wanted to?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

20. Does your SO/ romantic partner/spouse ever drink before noon?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

21. Has your SO/ romantic partner/spouse had severe shaking after heavy drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

22. Has your SO/ romantic partner/spouse heard voices or seen things that weren’t there after heavy drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

23. Has your SO/ romantic partner/spouse had a hangover?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

24. Has your SO/ romantic partner/spouse shown vague feelings of fear, anxiety, or nervousness after drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

25. Has your SO/ romantic partner/spouse reported a craving or strong need for a drink?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

26. Is your SO/ romantic partner/spouse able to drink more now than he/she used to without feeling the same effect?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

27. Has drinking or stopping drinking resulted in your SO/ romantic partner/spouse having a seizure or convulsion?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

28. Has your SO/ romantic partner/spouse skipped meals when drinking?

1. Ever happened

2. Past year

3. Past 3 months

4. Past week

5. Never happened

# (CR-T)

**(Target Caregiver)**

Now I’m going to ask about your significant other’s (SO)/romantic partner’s/spouse’s cigarette smoking.

1. Has your SO/ romantic partner/spouse ever smoked a cigarette (even one or two puffs)?

1. No

2. Yes

*(If “no”): Questionnaire complete. Skip to SIP-2L.*

*(If “yes”): Next Question (#2):*

2. How old was your SO/ romantic partner/spouse when he/she first tried a cigarette (even one or two puffs)?

1. 8 years old or younger

2. 9 or 10 years old

3. 11 or 12 years old

4. 13 or 14 years old

5. 15 or 16 years old

6. 17 years old or older

3. How many cigarettes has your SO/ romantic partner/spouse smoked in his/her entire life?

1. One or more puffs, but never whole cigarette

2. 1 entire cigarette

3. 2 to 5 cigarettes

4. 6 to 15 cigarettes (about a ½ pack total)

5. 16 to 25 cigarettes (about 1 pack total)

6. 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)

7. 100 to 500 cigarettes (between 5 to 25 packs)

8. 500 or more cigarettes (more than 25 packs)

4. Has your SO/ romantic partner/spouse ever smoked cigarettes on a daily basis (1 cigarette/day for 2 months or more)?

1. No

2. Yes

5. Does your SO/ romantic partner/spouse currently smoke cigarettes on a regular basis (at least one cigarette/week)?

1. No

2. Yes

6. In the past year, how often has your SO/ romantic partner/spouse had a cigarette?

1. Everyday

If answered ‘Not at all’ for past year use (item #3), then skip out of weekly calendar. If answered ‘Everyday – Once or twice’ for past year use (item #3), then use zeros in weekly calendar if necessary.

2. 4 or 5 days/week

3. 2 or 3 days/week

4. 1 day/week

5. 2-3 days/month

6. 1 day/month

7. Once or twice

8. Not at all

7. Does your SO/ romantic partner/spouse smoke at least once per week?

1. No

2. Yes

*(If “no”): Skip to PAR.*

*(If “yes”): Complete 7a:*

7a. For each day enter the number of cigarettes your SO/spouse smoked on a typical day on a typical week in the past 3 months.

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| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |