Perceived Parental Approval of SU (PPASU)

Caregiver

***How do you feel (or would feel) about your son/daughter:***

1. Smoking cigarettes occasionally (less than once a week)?

1=Strongly 2=Disapprove 3=Neither approve 4=Approve 5=Strongly

disapprove nor disapprove approve

1. Smoking cigarettes regularly (once a week or more)?

1=Strongly 2=Disapprove 3=Neither approve 4=Approve 5=Strongly

disapprove nor disapprove approve

1. Drinking alcohol occasionally (less than once a week)?

1=Strongly 2=Disapprove 3=Neither approve 4=Approve 5=Strongly

disapprove nor disapprove approve

1. Drinking alcohol regularly (once a week or more)?

1=Strongly 2=Disapprove 3=Neither approve 4=Approve 5=Strongly

disapprove nor disapprove approve

1. Having 5 or more drinks of alcohol at one time?

1=Strongly 2=Disapprove 3=Neither approve 4=Approve 5=Strongly

disapprove nor disapprove approve

1. Using marijuana occasionally (less than once a week)?

1=Strongly 2=Disapprove 3=Neither approve 4=Approve 5=Strongly

disapprove nor disapprove approve

1. Using marijuana regularly (once a week or more)?

1=Strongly 2=Disapprove 3=Neither approve 4=Approve 5=Strongly

disapprove nor disapprove approve

1. Using other illegal drugs occasionally (less than once a week)?

1=Strongly 2=Disapprove 3=Neither approve 4=Approve 5=Strongly

disapprove nor disapprove approve

1. Using other illegal drugs regularly (once a week or more)?

1=Strongly 2=Disapprove 3=Neither approve 4=Approve 5=Strongly

disapprove nor disapprove approve