**Introduction**

The first set of questions will ask you to describe yourself and your child. For questions that refer to your child or “son/daughter”, please answer them about the adolescent participating in our study. The second set of questions will ask about your alcohol, tobacco, and drug use, and the third set of questions will ask you about your family. There are no right or wrong answers. Remember that all of your answers will be kept confidential and if you would like to skip a question, simply circle “I prefer not to answer” and move on to the next question.

Please respond to each of the following questions:

**1. What is your gender?**

1. Male
2. Female
3. I prefer not to answer

**2. What is your relationship to the child participating in our study?**

1. Biological Mother
2. Biological Father
3. Adoptive Mother
4. Adoptive Father
5. Step Mother
6. Step Father
7. Grandmother
8. Grandfather
9. Other Relative (e.g., aunt, uncle)
10. Legal Guardian
11. I prefer not to answer
12. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. What is your age? (Leave blank if you prefer not to answer.)**

**4. What is your current marital status?**

1. Married
2. Divorced/Separated
3. Single, never married
4. Widowed
5. Living with a romantic partner
6. I prefer not to answer

**5. Is there another adult living in the home who is involved in caring for your child?**

**Please note, this person needs to see the child participating in our study at least two times per month.**

1. Yes [Go to Q. **6**]
2. No [Go to Q. **11**]
3. I prefer not to answer [Go to Q. **6**]

**6. What is this person’s name? (Leave blank if you prefer not to answer.)**

**7. How long has this adult been involved in caring for the child who is participating in our study?**

1. Most or all of my child’s life
2. Less than seven years
3. Four to six years
4. Two to three years
5. One year
6. Less than one year
7. I prefer not to answer

**8. How much time does this other caregiver spend with the child participating in our study?**

1. Less than monthly
2. Monthly
3. Once a week
4. A few times a week
5. Everyday or nearly everyday
6. I prefer not to answer

**9. What is this other caregiver’s relation to the child participating in our study?**

1. Biological Parent
2. Adoptive Parent
3. Step-parent
4. Grandparent
5. Aunt or Uncle
6. Adult sibling
7. Adult cousin
8. I prefer not to answer
9. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. What is your relationship with this other caregiver?**

1. Spouse
2. Sibling
3. Offspring
4. Romantic partner/significant other
5. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. I prefer not to answer

**11. What is your child’s birth month?**

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
13. I prefer not to answer

**12.** **How old is your child?**

1. 15 years old
2. 16 years old
3. 17 years old
4. 18 years old
5. 19 years old
6. 20 years old
7. 21 years old
8. 22 years old
9. 23 years old
10. 24 years old
11. 25 years old
12. I prefer not to answer

**13. Has your child graduated high school?**

1. Yes
2. No
3. I prefer not to answer

**14. What is your child’s educational status (if summer then report plans for Fall):**

1. Attending 2 year college
2. Attending 4 year college
3. Attending technical/trade school
4. Attending high school
5. Not in School
6. I prefer not to answer

**15. What is your child’s occupational status**?

1. Employed Full Time 4. Military
2. Employed Part Time 5. I prefer not to answer
3. Unemployed

**16. Has your child lived at home in the past 12 months?**

1. Yes, my child has lived at home in the past 12 months, and my child is currently living at home.
2. Yes, my child has lived at home in the past 12 months, but my child is NOT currently living at home.
3. No
4. I prefer not to answer

**17. For how many months in the past 12 has your child lived at home? (Leave blank if you prefer not to answer.)**

**18. Has your child lived away from home (e.g. dormitory, apartment, other) in the past 12 months?**

1. Yes, they have lived away from home in the past 12 months, and they are currently living away from home
2. Yes, they have lived away from home in the past 12 months, but they are NOT currently living away from home
3. No
4. I prefer not to answer

**19. For how many months in the past 12 has your child lived away from home?** (Leave blank if you prefer not to answer.)

**20. Highest level of education you have completed:**

1. Grade school
2. Some high school
3. High school graduate
4. Technical school
5. Some college
6. College graduate
7. Graduate or professional school
8. I prefer not to answer

**21. What is your current annual family income before taxes?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Leave blank if you prefer not to answer.)**

**22. Do you receive public assistance income?**

1. No

2. Yes

3. I prefer not to answer

**23. Does [child’s name] take medication regularly?**

1. No [Go to Q. **24**]
2. Yes [Go to Q. **23a**]
3. I prefer not to answer [Go to Q. **24**]

**23a. Please list the medications that [child’s name] takes regularly:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following questions are about your race and ethnicity.

**24. Would you describe yourself as Hispanic or Latino(a)?**

1. Yes

2. No

**25. Please select the race or ethnicity you identify most with.**

1. American Indian or Alaska Native

2. Asian

3. Native Hawaiian or Other Pacific Islander

4. Black or African American

5. White

6. Other (If other, complete Q. **25a**)

7. I prefer not to answer

**25a. Other \_\_\_\_\_\_\_\_\_ (Leave blank if you prefer not to answer.)**