**Project Title: Exposure to Secondhand Smoke of Cigarettes and Marijuana in Young Children**

Form 1: Survey Form

# Participant’s Study ID number:

**Study ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Entered by researcher/clinician, blinded from participant)**

# Instruction at the beginning of survey

**Screen 1:**

**Dear parent:**

**Welcome! Please press the Next Page button to continue.**

**Screen 2:**

**Please read and answer all questions one by one. These survey questions are not a test. There is no so-called “right” or “wrong” answer. An honest answer is the best.**

# Training questions (One question per screen)

**Do you want to try a couple of example questions and get familiar with the survey?**

A. Yes (continue)

B. No (skip to “Survey questions” section)

1. Do you watch football games?

A. Yes

B. No

1. How many times do you go out for dinner?

A. Several times a year

B. Several times a month

C. Several times a week

D. Almost every day

1. What is your favorite color? \_\_\_\_\_\_\_\_\_\_

# Survey questions (One question per screen)

**Section 1**

**Instruction: The following questions are related to basic information about you and your child.**

Today’s Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (mm/dd/yyyy)

What is your relationship with this child (please check one)?

1. Father
2. Mother
3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is your place of birth?

1. United States of America
2. Other country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How old are you?

\_\_\_\_\_ years old

Do you describe yourself as? (check all that apply)

1. White
2. Black
3. Hispanic/Latino
4. Asian
5. Multiracial
6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your highest level of education?

1. High school or less
2. College
3. Graduate school

Are you currently employed?

1. Yes
2. No

Within the past 12 months, how often were you worried about running out of food before you got money to buy more?

1. Never happened
2. Occasionally
3. Sometimes
4. Quite often
5. All the time

Within the past 12 months, how often when the food you bought just didn’t last and you didn’t have money to get more?

1. Never happened
2. Occasionally
3. Sometimes
4. Quite often
5. All the time

How many children do you have?

Number of children:\_\_\_\_\_\_\_\_ (max 5 children)

**For each child, answer the following 6 questions: (for survey, all 6 questions per survey page, per child)**

1. What is the birth weight of this child?

Birthweight:\_\_\_\_\_lbs\_\_\_\_\_ozs

Forget/do not know

1. What is Apgar score of this child at birth?

Apgar score (ranged 1 to 10): \_\_\_\_\_\_

Forget/do not know

1. Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)
2. How old is this child now?

Age:\_\_\_\_ years old

(Data validation: Calculate each child’s age using the DOB and Today’s Date fields) – field needs to be hidden on survey

1. Is this child

A: A girl

B: A boy

1. Do you describe this child as? (check all that apply)
2. White
3. Black
4. Hispanic/Latino
5. Asian
6. Multiracial
7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section 2**

**Instruction: The following questions are about family members.**

How many persons living in your household?

\_\_\_\_ # persons (including yourself)

How many of your family members have a lot of friends?

1. None
2. A few
3. Some
4. Most
5. Almost everyone

How many of your family members have college or higher education?

1. None
2. A few
3. Some
4. Most
5. Almost everyone

How many of your family members make a lot of money?

1. None
2. A few
3. Some
4. Most
5. Almost everyone

**Section 3**

**Instruction: The following is about things often happening in a family. Please tell us how much you agree with each of them in your family?**

1. Planning family activities is difficult because we misunderstand each other.

Strongly agree = 0

Agree = 1

Disagree = 2

Strongly disagree = 3

1. In time of crisis, we cannot turn to each other for support.

Strongly agree = 0

Agree = 1

Disagree = 2

Strongly disagree = 3

1. We cannot talk to each other about sadness we feel.

Strongly agree = 0

Agree = 1

Disagree = 2

Strongly disagree = 3

1. Individuals are accepted for what they are.

Strongly agree = 0

Agree = 1

Disagree = 2

Strongly disagree = 3

1. We are able to make decisions about how to solve problems.

Strongly agree = 0

Agree = 1

Disagree = 2

Strongly disagree = 3

Score: (sum of 5 questions above): ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ (hint: have REDCap calculate the score automatically) (0-15)

**Section 4**

**Instruction: The following questions are about your community and neighborhood.**

How many of the people in your community/neighborhood can get along with each other?

1. None
2. A few
3. Some
4. Most
5. All

How many of them are rich?

1. None
2. A few
3. Some
4. Most
5. All

How many of them have a good education?

1. None
2. A few
3. Some
4. Most
5. All

**Section 5**

**Instruction: If someone does the following in your neighborhood, do you think how many people in your community will come out to stop them?**

1. Destroy public facilities

None will come out to stop them = 0

A few = 2

Some =4

Most =6

All =8

1. Drink wildly and got drunk

None will come out to stop them = 0

A few = 2

Some =4

Most =6

All =8

1. Fight with each other

None will come out to stop them = 0

A few = 2

Some =4

Most =6

All =8

1. Use and sell drugs

None will come out to stop them = 0

A few = 2

Some =4

Most =6

All =8

Average score (of questions 1-4 above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (have REDCap score this automatically)

(0-8)

**Section 6**

**Instruction: The following questions are about some daily activities.**

Did you smoke cigarettes in the past month?

1. Yes
2. No

Did you drink alcohol in the past month?

1. Yes
2. No

Have you ever used marijuana/hashish/pot in your lifetime?

1. Yes
2. No

(If yes) Have your smoked marijuana/hashish/pot since this child was born?

1. Yes
2. No

(If yes) Did you use marijuana/hashish/pot in the past month?

1. Yes
2. No

Have you ever used any other drugs in your lifetime?

1. Yes
2. No

(If yes) Did you use other drugs since this child was born?

1. Yes
2. No

(If yes) Did you use other drugs in the past month?

1. Yes
2. No

Has anyone ever smoked cigarettes in your home since this child was born?

1. Yes
2. No

Has anyone ever smoked marijuana/hashish/pot in your home since this child was born?

1. Yes
2. No

(If yes) Has anyone ever smoked marijuana/hashish/pot in your home in the past month?

1. Yes
2. No

Do you think how many people in your neighborhood smoke marijuana/hashish/pot at home?

1. None
2. Very few
3. Some
4. Less than a half
5. About a half or more

Do you think how many people in Florida also smoke marijuana/hashish/pot at home?

1. None
2. Very few
3. Some
4. Less than a half
5. About a half or more

**Section 7**

**Instruction: Please tell us how much you agree with each of the following.**

It is a good thing in Florida to make marijuana use legal for medical purpose.

1. Totally disagree
2. Somewhat disagree
3. Unknown/unsure
4. Somewhat agree
5. Totally agree

Marijuana is harmful for young children.

1. Totally disagree
2. Somewhat disagree
3. Unknown/unsure
4. Somewhat agree
5. Totally agree

Young children can be exposed to secondhand marijuana smoke if an adult smokes.

1. Totally disagree
2. Somewhat disagree
3. Unknown/unsure
4. Somewhat agree
5. Totally agree

**Section 8**

**Instruction: Please tell us how often you had the following feelings in the past week.**

I was bothered by things that usually don’t bother me.

1. Rarely or none of the time (less than 1 day)
2. Some or a little of the time (1-2 days)
3. Occasionally or a moderate amount of time (3-4 days)
4. Most or all of the time (5-7 days)

I had trouble keeping my mind on what I was doing.

1. Rarely or none of the time (less than 1 day)
2. Some or a little of the time (1-2 days)
3. Occasionally or a moderate amount of time (3-4 days)
4. Most or all of the time (5-7 days)

I felt depressed.

1. Rarely or none of the time (less than 1 day)
2. Some or a little of the time (1-2 days)
3. Occasionally or a moderate amount of time (3-4 days)
4. Most or all of the time (5-7 days)

**Section 9**

**Instruction: Please check if you see this child has ever had any of the following.**

Not very much excited in crowded places

1. Yes
2. No

Overly interested in toys/objects

1. Yes
2. No

Get angry too easily

1. Yes
2. No

Frequently irritable, touching and fussy

1. Yes
2. No

**Section 10**

**Please tell us how often you do the following with this child.**

Play with your child in a way that was fun for both of you

1. Not at all
2. Rarely
3. Occasionally
4. Sometimes
5. Frequently
6. Usually
7. Most of the time

Stand back and let your child work through problems s/he might be able to solve

1. Not at all
2. Rarely
3. Occasionally
4. Sometimes
5. Frequently
6. Usually
7. Most of the time

Invite your child to play a game with you or share an enjoyable activity

1. Not at all
2. Rarely
3. Occasionally
4. Sometimes
5. Frequently
6. Usually
7. Most of the time

# End of survey instruction

**Thank you very much for completing the survey!**

**Now please let the researcher know that you are done and hand the computer back. The next step will be the urine sample collection from your child.**

Form 2: Metrics Form

**Instruction: To be completed by researcher/clinician.**

**Study ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Body height of the child at the survey time:

\_\_\_\_\_\_\_cm (enter 999 if not available)

Body weight of the child at the survey time:

\_\_\_\_\_\_\_kg (enter 999 if not available)

Head circumference of the child at the survey time:

\_\_\_\_\_\_\_cm (enter 999 if not available)

Form 3: Urine Test Result Form

**Instruction: To be completed by researcher/clinician.**

**Study ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Urine test for marijuana exposure**

The concentration is:

\_\_\_\_\_\_\_ (enter 999 if not available)

If exposed to marijuana:

1. No
2. Yes
3. Undetermined