

Initial Parent/ Guardian Full Questions

ENVIRONMENT/ SAFETY

Feel unsafe in neighborhood?	How often do you feel unsafe in the neighborhood where you live?
Domestic violence?	Does your husband or partner (or anyone else in the home) push, hit, slap, kick, choke, or physically hurt you in any way?

NUTRITION

Food security?	During the past 12 months, which one of the following statements best describes the food eaten by you and your family?
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SUBSTANCE USE

	Tobacco Use
Smoke <i>now</i>?	How many cigarettes do you smoke on an average day <i>now</i>?
Smoking in house?	Which of the following statements best describes the rules about smoking <i>inside</i> your home <i>now</i>?
	Alcohol Use
Drink <i>now</i>?	How many alcoholic drinks do you have in an average week? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink).
Household drinking?	Do others members of your household drink more than 4 alcoholic drinks in one sitting?
	Prescription Medication Use
Prescription Drug misuse?	Do you now use prescription medications in a way other than were prescribed to you?
Household prescription medication misuse?	Do other members of your household now use prescription medications in a way other than were prescribed to them?
	Illegal Drug Use
Illegal drug use now?	Do you use now any of the following: Marijuana, Amphetamines, Cocaine/ Heroin, Tranquilizers, Sniffing glue/ hairspray/ other aerosols?
Household use?	Do other members of your household use now any of the following: Marijuana, Amphetamines, Cocaine/ Heroin, Tranquilizers, Sniffing glue/ hairspray/ other aerosols?

FAMILY PLANNING

Doing anything to keep from getting pregnant?	Are you and your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy)
If Yes: What are you doing?	If Yes: What are you and your husband or partner doing to keep from getting pregnant? (Circle all that apply)

FAMILY STRENGTHS

In school or working?	Are you currently in school or working outside the home?
Marital status:	What is your marital status?
Father Support?	Can you count on your husband or partner for support and help (including housekeeping, childcare, money or help with problems)?
Help with problem?	Who would help you if a problem came up? (For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?) (Circle all that apply)