FINAL VERSION USED FOR ACASI PROGRAMMING Version: 4/24/03

NIH-DC INITIATIVE
AAP SCREENING QUESTIONNAIRE

Thank you for agreeing to answer some questions on the computer. These first questions are practice questions to help you get started.

PR1. Do you like ice cream? (PR01)

Yes..... 1
No..... 2

PR2. On how many days in the past week have you had ice cream? (PR02)

0	1	2	3	4	5	6	7

PR3. When you eat ice cream, what flavors do you prefer? Select Yes or No for each choice.

1. Chocolate PR03_choc
2. Vanilla PR03_van
3. Strawberry PR03_str

Now we begin the private part of the interview. Remember, after you hear the question, or read it on the screen, touch the screen where your answer appears. The clinic staff person will be close by in case you need any help. Touch the start button when you are ready to begin.

("START" button)

These first few questions are background information about you.

1. **In what year were you born? ..... <array of years>** birthyyy
   In what month were you born?..... <array of months> birthmm
   On what day were you born? ..... <numbers 1-31> birthdd

2. **What is your ethnic/racial group? Select Yes or No for each choice.**

   American Indian or Alaskan native..... 1 race-1
   Asian..... 2 race-2
   Black or African American..... 3 race-3
   Hispanic or Latino, or..... 4 race-4
   White..... 5 race-5

3. **What is the highest grade in school you have completed?** Education

   Never went to school 1
   Less than high school 2
   Some high school 3
   High school graduate or GED 4
   Vocational or trade school 5
   Some college 6
   College degree 7
   Postgraduate 8

4. **Are you pregnant?** pregstat
   Yes..... 1
   No..... 2
   Don't Know..... 3

The following questions are about your health. ~~Exercise~~

5. **On average, how many days per week do you exercise?** Exercise

0	1	2	3	4	5	6	7

6. **Do you smoke cigarettes?** smoking

   Yes, I am a cigarette smoker, ... 1

   No, but I used to smoke, or 2

   No, I have never smoked 3

7. **Do you use a seatbelt every time you ride in a car?** seatbelt

Yes..... 1
No..... 2

The following questions are about drinking alcohol.

For the purpose of answering the following questions about alcohol, please consider:

1 drink= one 12 ounce of beer or wine cooler <picture>, or
8-9 ounces of malt liquor <picture>, or
one 5 ounce glass of wine <picture> , or
1.5 ounces of spirits such as gin, vodka, whiskey, rum, or Tequila <picture>

8. **On average, how many <u>days per week</u> do you drink alcohol?** drink_w

Days →	0	1	2	3	4	5	6	7

9. **On a typical day when you drink, how many <u>drinks</u> do you have?** drink_q

Drinks →	0	1	2	3	4	5	6	7	8	9	10	11	12 or more

10. **What is the maximum number of <u>drinks</u> you had on any given occasion in the last month?** drinks_max

Drinks →	0	1	2	3	4	5	6	7	8	9	10	11	12 or more

11. **How many <u>drinks</u> can you hold?** hold

Drinks →	0	1	2	3	4	5	6	7	8	9	10	11	12	13 or more

12. **Have close friends or relatives worried or complained about your drinking in the past year?** trucate_w

Yes 1

No 2

13. Do you sometimes take a drink in the morning when you first get up? tweak_e

Yes 1

No 2

14. Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? tweak_a

Yes 1

No 2

15. Do you sometimes feel the need to cut down on your drinking? tweak_k

Yes 1

No 2

Finally, there is on more question about what the interview was like.

16. How much did you <u>like</u> using the computer to answer the questions? Computer

I liked it a lot 1
I liked it a little 2
I neither liked nor disliked it 3
I disliked it a little 4
I disliked it a lot 5

Thank you for answering these questions. Please tell the clinic staff person that you are finished.