

TODAY Form TODQUEST, TODAY Questionnaire

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Release Participant ID

RELEASEID

Release Visit Number

MVISIT

1. Days since randomization

DAYS

Instructions: Complete this form at the following visits: Baseline, month 6, month 24 and any visit originally classified as a primary outcome or end of study visit. This survey is about your school, health and family. Be sure to read and answer every question.

School questions

2. During the past year, how would you describe your grades in school?

RRGRADE

Select only one response.

 ₁

Mostly As

 ₃

Mostly Cs

 ₅

Mostly Fs

 ₂

Mostly Bs

 ₄

Mostly Ds

 ₆

Not sure

3. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

RRUNSAFE

 ₁

0 days

 ₃

2 or 3 days

 ₅

6 or more days

 ₂

1 day

 ₄

4 or 5 days

The next set of questions asks about cigarette use.

4. Have you ever tried cigarette smoking, even one or two puffs?

 ₁

Yes

 ₀

No

RRSMOKE

If NO, skip to question 5. If YES, continue.

a. How old were you when you tried smoking for the first time?

years

RRAGESM

b. During the past month, on how many days did you smoke cigarettes?

RRDAYSM

 ₁

Never (0 days) → **Skip to question 5**

 ₂

Sometimes (less than 10 days)

 ₃

Often (10-20 days)

 ₄

Almost daily (more than 20 days)

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Cigarette use (continued)

c. During the past month, on the days you smoked, how many cigarettes did you smoke per day?

RRNCIG

₁

Less than 1 cigarette per day

2 to 20 cigarettes

3

₂

1 cigarette per day

More than 20 cigarettes per day

4

The next question asks about other tobacco use.

5. Have you used any other kind of tobacco during the past month? Include things such as cigars, cigarillos, little cigars, and chewing tobacco, snuff, or dip such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen.

₁

Yes

₀

No

RROTHTOB

The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, vodka, or whiskey. For these questions drinking alcohol does not include drinking a few sips of wine for religious purposes.

6. Have you ever had at least one drink of alcohol?

₁

Yes

₀

No

RRALC

If NO, skip to question 7. If YES,

a. During the past month, on how many days did you have at least one drink of alcohol?

RR1DRINK

₁

Never (0 days) → **Skip to question 7**

₂

Sometimes (less than 10 days)

₃

Often (10-20 days)

₄

Almost daily (more than 20 days)

Alcohol use (continued)

b. During the past month, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

RR5DRINK

₁

Never (0 days) → **Skip to question 7**

₂

Sometimes (less than 10 days)

₃

Often (10-20 days)

₄

Almost daily (more than 20 days)

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The next question asks about things that have happened in your family over the past year.

In the past year,

- | | | | | |
|---|-------------------------------|-----|-------------------------------|----|
| 7. Has there been a change in the people who live in your home, for example a new baby, separation or divorce, new step parent, another relative or friend living with you or moving out? | <input type="checkbox"/>
1 | Yes | <input type="checkbox"/>
0 | No |
| 8. Has there been a serious illness or death of a close family member? | <input type="checkbox"/>
1 | Yes | <input type="checkbox"/>
0 | No |
| 9. Have you moved to a different home? | <input type="checkbox"/>
1 | Yes | <input type="checkbox"/>
0 | No |
| 10. Has your parent or guardian lost their job? | <input type="checkbox"/>
1 | Yes | <input type="checkbox"/>
0 | No |
| 11. Has your parent or guardian gotten a new job? | <input type="checkbox"/>
1 | Yes | <input type="checkbox"/>
0 | No |
| 12. Has a close family member gotten in trouble with the law or gone to jail? | <input type="checkbox"/>
1 | Yes | <input type="checkbox"/>
0 | No |

RRPEOPLE

RRDEATH

RRNEWHM

RRJOBST

RRNEWJOB

RRLAW