

Family: U X Resp: Father Mother 2nd Male Parent 2nd Female Parent

Date: / / 2 0 0

Int #:

Wave: 5 6 7

Mark choices like this:

INSTRUCTIONS: The following questions are about your teen, your relationship with your teen, and your teen's experiences during the past three months.

<u>In the past 3 months</u> , how often did your teen. . .	Never or almost never	Sometimes	About half the time	Often	Always or almost always
1. Complete assignments or homework on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Participate in sports or organized activities (such as drama, music, religious groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Help with chores around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Act cooperatively with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Act cooperatively with his/her teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Attend church or religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Act friendly and helpful to family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Follow through with a plan or goal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Feel confident and proud of an accomplishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Feel positive about going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Help someone not in the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Volunteer in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Support a friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>In the past 3 months</u> , how often did you. . .					
14. Know what your teen was doing when he/she was away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Know where your teen was after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Family: U
 X

Resp: Father Mother 2nd Male Parent 2nd Female Parent

In the past 3 months , how often did you. . .	Never or almost never	Sometimes	About half the time	Often	Always or almost always
16. Know about your teen's plans for the coming day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Have a pretty good idea about your teen's interests and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Compliment your teen for anything he or she did well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Give your teen something extra for doing something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in the circle that best completes the phrase describing your parenting rules over the past three months.	Didn't have a rule or an expectation	Sort of expected	Definitely expected	Had a clear rule
20. I _____ that my teen should do homework every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I _____ that my teen should not smoke cigarettes or use chewing (or smokeless) tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I _____ that my teen should not use alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I _____ that my teen should not use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I _____ that my teen should not use other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I _____ that my teen should not be with friends at our house or someone else's house without an adult around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I _____ that my teen should check in with me if he or she was going to be late	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. I have a rule or definitely expect that my teen should be home on a weekend night by:
 (write the time in the boxes and circle either "am" or "pm")

: am
 : pm

N/A: "Teen doesn't have a curfew"



Family: U
 X

Resp: Father Mother 2nd Male Parent 2nd Female Parent

Over the last month. . .	Never	Sometimes	About half the time	Often	Always
28. I ate a meal with my teen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I really enjoyed being with my teen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I got along very well with my teen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I trusted my teen's judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. There was a feeling of togetherness in our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Family members backed each other up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Things we did together were fun and interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I talked with my teen about his or her activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many times in the past week did the following things happen between you and your teen?	Never	Once	2-3 times	4-5 times	6-7 times	More than 7 times
36. We got angry at each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. We argued during dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. We had a big argument about a little thing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. One of us got so mad we hit the other person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My teen got his or her way by getting angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past month, did your teen have any of the following experiences?

- 41. Criticized by peers because of something he or she said or did No Yes
- 42. Criticized by peers for his or her looks or clothes No Yes
- 43. Ignored by peers with whom he or she wanted to hang out No Yes

Family:

U
 X

--	--	--

Resp: Father Mother 2nd Male Parent 2nd Female Parent

In the past month, did your teen have any of the following experiences at school?

44. Criticized by peers because of his or her race or ethnic group No Yes

45. Criticized by peers because of his or her school work No Yes

46. Felt left out of an activity involving his or her peers No Yes

Now we would like to ask you some questions about your parenting. If you need more room, please write on the back.

47. What is one goal you have for your teen right now? _____

48. What is something you like about your parenting right now? _____

49a. What is your biggest concern for your teen? _____

49b. How are you trying to handle or cope with that? _____

50a. What are you trying to teach your teen? _____

50b. How are you trying to do that? _____

51. Whom or what offers you parenting support (for example relatives, friends, church)? _____

