

This survey is asking only about your child
Please answer all the questions specifically as they relate to this child.

We know that many GUTS participants prefer to receive information about the study via email (including links to the online questionnaire.) Also, text messaging and cell phones are increasingly the best way to contact them. Would you be willing to give us your child's most used email address and cell phone number?

A	B	C	D	E
1	1	1	1	1
2	2	2	2	2
4	4	4	4	4
8	8	8	8	8
P	P	P	P	P

1. email address is: _____
 cell phone #: _____

2. In the past year, how often has _____ used sunscreen with SPF 15+?
 Never Once Several times Frequently Not sure

3. In the past year, how many times did s/he use a tanning bed?
 Never 1 time 2-9 times 10-19 times 20-29 times 30+ times Don't know

4. In the past year, how often have you talked to _____ about using sunscreen with SPF 15+?
 Never Once Several times Frequently

5. In the past year, how often have you talked to this child about NOT using a tanning bed?
 Never Once Several times Frequently

6. In the past year, has _____ smoked cigarettes?
 Yes No Not sure

7. How would you react if (or did you react when) you found out that this child was smoking cigarettes?

Tell him/her to stop and be very upset	Tell him/her to stop but not be too upset	Not tell him/her to stop but would disapprove	Would have no reaction	Don't know how I would react	Would approve
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Have you ever had DOCTOR-DIAGNOSED . . . (mark all that apply):
 Food allergies Asthma Hayfever (allergic rhinitis) Eczema (atopic dermatitis)
 a) What type? Peanut Treenut* Shellfish Milk Eggs Other _____

9. Has the biological father of this child ever had DOCTOR-DIAGNOSED . . . (mark all that apply):
 Food allergies Asthma Hayfever (allergic rhinitis) Eczema (atopic dermatitis)
 a) What type? Peanut Treenut* Shellfish Milk Eggs Other _____

10. When you were pregnant with this child, did you avoid eating peanuts or treenuts*?
 Yes No

11. When you were breast-feeding this child, did you avoid eating peanuts or treenuts*?
 Yes No Did not breast-feed this child

12. Has _____ ever had an allergic reaction to peanuts or treenuts*?
 Yes No

What type of symptoms has s/he had? (mark all that apply)	Peanut	Treenut*
Skin related (e.g., hives, swelling)	<input type="radio"/>	<input type="radio"/>
Respiratory (e.g., shortness of breath, wheezing, cough)	<input type="radio"/>	<input type="radio"/>
Cardiovascular (e.g., low blood pressure, dizziness or fainting)	<input type="radio"/>	<input type="radio"/>
Gastrointestinal (e.g., vomiting, crampy abdominal pain, diarrhea)	<input type="radio"/>	<input type="radio"/>
Anaphylaxis (i.e., severe, multi-system allergic reaction)	<input type="radio"/>	<input type="radio"/>
	...and received epinephrine	<input type="radio"/>
	...and did not receive epinephrine	<input type="radio"/>

*Treenuts include walnuts, macadamia nuts, almonds, pistachios, cashews, pecans, hazelnuts, and Brazil nuts.

13. I am satisfied with . . .

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The love and affection this child shows me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support s/he and I give each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many things this child and I have in common	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of time s/he and I spend together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way this child and I resolve conflicts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The respect s/he shows me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The fun s/he and I have together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way this child and I communicate with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with this child in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You only need to complete the next three questions in the box below if this survey is asking about a daughter.

14. Has _____ had a Pap test in the past year?
 Yes No Not sure

15. In the past year, how often have you talked to _____ about getting a Pap test?
 Never Once Several times Frequently

16. Do you think that _____ should get a Pap test regularly?
 Definitely should Probably should I have no opinion Probably should not Definitely should not

The remaining questions pertain only to YOU. You have to answer page 2 of this survey only once. If you have more than one child in GUTS and have received multiple surveys, you need to answer the remaining questions on only one survey.

(For the purposes of this survey, a sunburn is when exposed parts of your skin stay red for several hours after you have been in the sun.)

17. Last summer, how many times did YOU get a sunburn?

- Didn't get a sunburn 1 time 2 times 3-4 times 5+ times

18. In the past year, how many times did YOU use a tanning bed?

- Never 1 time 2-9 times 10-19 times 20-29 times 30+ times

19. When outside this past summer, how often did . . .

	Never	Seldom	Sometimes	Often	Always
you use sunscreen with SPF 15+?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
you limit time in the sun between 10am and 4pm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Exposing my skin to the sun increases the chances of skin cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it inconvenient to use sunscreen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take great care to avoid getting sunburned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. In the PAST YEAR, have you smoked a cigarette?

- No Yes → In the PAST YEAR, have you quit smoking?

Yes, and stayed quit

yes, but restarted

No

Do you intend to quit smoking in the next year?

- No Yes

22. Have you had a Pap test in the past 3 years?

- Yes No Not sure

23. How likely is it that you will get a Pap test in the next 3 years?

- Extremely likely Somewhat likely Neither likely nor unlikely Somewhat unlikely Extremely unlikely

24. If I were to get a Pap test regularly . . .

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I would be less likely to get cervical cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would give me peace of mind to know what the result is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would help me take control of my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be painful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Human papillomavirus (HPV) is an extremely common infection, often spread by sexual contact. HPV causes genital warts, abnormal Pap tests, cervical cancer, and other types of cancer. An HPV vaccine may be available soon which could prevent about 90% of genital warts and about 70% of cervical cancer. The vaccine works best if given before a person begins to have sexual intercourse.

25. Assume the HPV vaccine is safe, affordable, effective, and recommended. Now, imagine you had a daughter in each of the following age groups. How likely or unlikely is it that you would make sure that each daughter got vaccinated?

	Extremely likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Extremely unlikely
9-12 yrs. old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13-15 yrs. old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-18 yrs. old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. If HPV vaccination were recommended for women your age, how likely or unlikely is it that you would get the vaccine?

- Extremely likely Somewhat likely Neither likely nor unlikely Somewhat unlikely Extremely unlikely

27. Have you personally had HPV infection or a related condition (e.g., genital warts, abnormal Pap tests, cervical dysplasia, or cervical cancer)?

- Yes No Not sure

28. How much do you agree or disagree with the following statements about your daughter(s)?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="radio"/> Do not have a daughter					
HPV vaccination would be the best way to protect my daughter(s) from genital warts and cervical cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenagers who are vaccinated will practice riskier sexual behaviors because they will feel protected against HPV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The diseases caused by HPV infection are a serious threat to my daughter's health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenage girls who are vaccinated will be less likely to get regular Pap tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daughter(s) is(are) at risk for HPV infection and the diseases caused by infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daughter's primary health care provider will recommend that she get an HPV vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, vaccines are a good way for my daughter(s) to protect their health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank You! (Remember you only have to complete this side of the survey once.)