

Health Educator Guidebook

FAMILY MATTERS

1998

Department of Health Behavior and Health Education

School of Public Health

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The first edition of this guidebook for Health Educators was compiled by Beril Ulku-Steiner and Katherine Hicks in collaboration with Karl E. Bauman, Vangie A. Foshee, and Susan T. Ennett in May through August of 1996. Additional content in this final edition was developed as the Family Matters program was delivered from July 8, 1996 through September 5, 1997. The preparation and printing of this guidebook was supported by Grant No. DA08125 from the National Institute on Drug Abuse of the National Institutes of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the views of the National Institute on Drug Abuse.

Welcome

Welcome to *Family Matters*! We are delighted that you joined the research team and look forward to working with you.

The *Family Matters* project provides an exciting new approach to a persistent public health problem by focusing on how families can help prevent adolescent tobacco and alcohol use. Evaluation of the effectiveness of family interventions is a major area of research supported by the National Institute on Drug Abuse (NIDA).

As a Health Educator, you are our primary link to participating families and, therefore, vital to the success of *Family Matters*. This guidebook will familiarize you with the *Family Matters* project, provide you with guidelines for communicating with families, and orient you to the materials relevant for the study.

Since you will frequently refer to this manual during your work with *Family Matters*, our goal is for it to be optimally useful. Your ideas and suggestions for improving the guidebook are always welcomed and may be incorporated in later editions. At the end of the manual, you will find a sheet specifically for your suggestions. If you have any tips for improving the manual after your initial reading, please list them on that page and bring it to the training session.

Health Educator Training Schedule

Day 1

10:00-10:30	Project Staff Introductions “Getting to Know You” Exercises Tour of Project Space
10:30-12:00	What is <i>Family Matters</i> ? Program Schedule Program Units Health Educator Responsibilities Scheduling
12:00-1:00	Picnic Lunch (please bring your own)
1:00-3:00	Complete Booklets 1 and 2 in mock family group
3:00-3:15	Break
3:15-5:00	Complete Booklets 3 and 4 in mock family group

Day 2

10:00-11:30	Administrative Procedures Folder Management Contact Sheets Special Protocols Schedules for Placing Calls
11:30-1:00	Telephone Techniques Protocol 1 Review
1:00-2:00	Picnic Lunch (please bring your own)
2:00-3:00	Telephone Role Plays
3:00-3:10	Break
3:10-4:00	More Telephone Role Plays
4:00-5:00	Review Role Plays Question and Answer Session

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Introduction

The *Family Matters* Project

The prevention of alcohol and tobacco use among adolescents is a national priority.¹ Even though families profoundly influence the health of adolescents, families are rarely involved in efforts to prevent adolescent alcohol and tobacco use.

The purpose of this project is to evaluate the influence of a family-directed alcohol and tobacco prevention program called *Family Matters*. The *Family Matters* program reaches families in the general population through the mail and by telephone. The project spans four years and includes data collection from families and adolescents at baseline, then three months and twelve months after the *Family Matters* intervention.

Random digit dialing was used to identify a national sample of 1334 families with adolescents ages 12 to 14. One-half of the families were randomly selected to participate in the *Family Matters* program and one-half serve as control families. Participating families receive one set of program materials in each of four consecutive mailings.

Each mailing contains reading materials and activities for parents and other family members. Parents/caregivers, target adolescents, older siblings and other individuals important to the teen are encouraged to participate. After each mailing, families are contacted via telephone by a Health Educator who encourages participation, answers questions, and evaluates the family's progress. In addition, the Health Educator records information and gets feedback about the program materials.

The *Family Matters* project members have genuine interest in protecting the rights and welfare of participating families. Guidelines for ensuring that these rights are protected are outlined in **Human Subjects Issues**.

Pilot study findings suggest that the *Family Matters* program design maximizes family participation and ensures that, if successful, this curriculum can be widely implemented. The vast majority of the families contacted to participate in pilot studies enrolled in, fully completed and expressed high satisfaction with the *Family Matters* program.

Family Matters is being implemented by the School of Public Health at The University of North Carolina at Chapel Hill and is funded by the National Institute on Drug Abuse of the National Institutes of Health.

¹ U.S. Dept. of Health and Human Services, Public Health Service. (1991). Healthy People 2000: National Health Promotion Objectives (DHHS Publication No. PHS 91-50212). Washington, DC: U.S. Government Printing Office.

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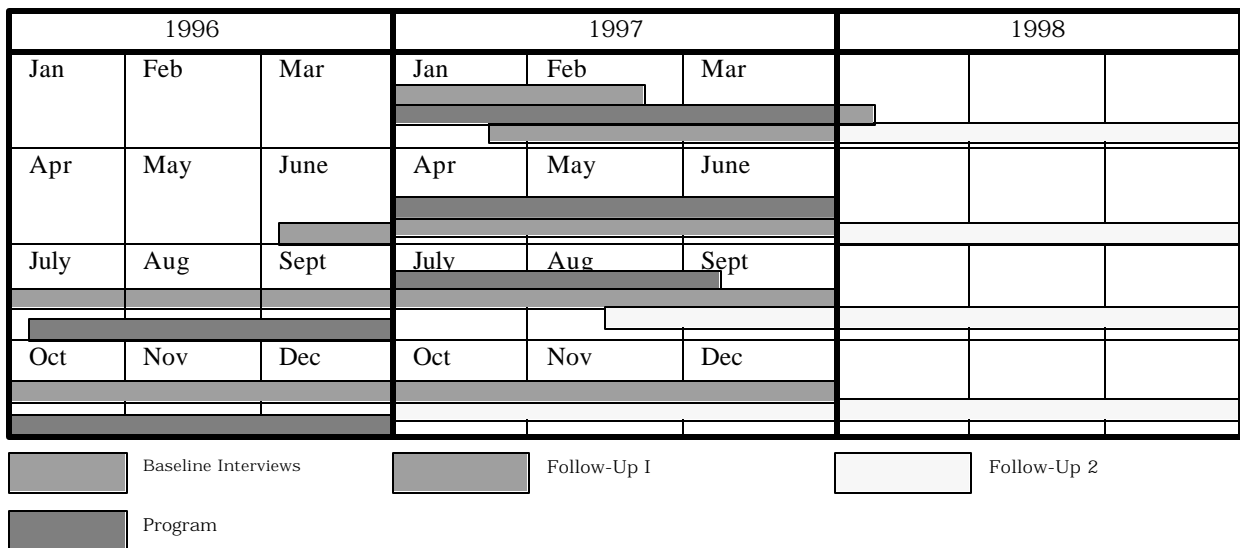
Health Educator Responsibilities

As a Health Educator, you are the primary liaison between the participating families and the *Family Matters* team. You are responsible for making telephone calls to families following each mailing. Each of the telephone contacts is guided by a written protocol. It is essential that you follow protocol scripts and directions during your conversations with families. Much of your communication, however, goes beyond what is mandated by the scripts. You must be skilled in your communication, knowledgeable about the program and ready to respond appropriately to the questions and comments of family members. A Health Educator must do the following:

- ◇ Encourage families' engagement in *Family Matters*, as well as completion of the program correctly and in a timely manner
- ◇ Use the appropriate telephone voice, skills and presentation style when speaking to family members
- ◇ Deliver the protocols in a flowing, conversational manner using clear, concise statements
- ◇ Check for accurate completion of the prescribed number of activities in each book
- ◇ Provide sincere praise to family members who are participating in *Family Matters*
- ◇ Discuss family member reactions to, questions about, and concerns regarding the program materials
- ◇ Answer questions related to the project and know when to refer questions to senior project personnel
- ◇ Record and document participant contact information, protocol responses, comments, and questions accurately and legibly
- ◇ Attend training sessions and regularly scheduled Health Educator meetings
- ◇ Perform other administrative tasks as needed for the *Family Matters* project
- ◇ Adhere to the Confidentiality and Security Assurance pledge
- ◇ Be as accommodating of parent requests as is possible within the standards of the project

The *Family Matters* Project Schedule

The *Family Matters* project entails four distinct phases: baseline data collection; the program; Follow-Up 1; and Follow-Up 2. Future dates are subject to change.



BASELINE INTERVIEWS

Interviewers of the Survey Research Unit (SRU) interviewers of the UNC Department of Biostatistics used a random digit dialing procedure to identify study-eligible families living throughout the contiguous states of the U.S. The SRU interviewers conducted baseline interviews with 1021 adolescent-parent (mother or mother surrogate in 96% of the cases) pairs. 313 adolescents and their parents identified as eligible for study by SRU but not interviewed by them were then interviewed by interviewers recruited, trained, and supervised by the Family Matters Project research staff. Thus, 1334 adolescents and parents were interviewed at baseline. The interview asked about family characteristics and about their alcohol and tobacco use.

Within a week after the baseline interview, adolescents were paired according to date of interview and randomly allocated to either receive the program or serve as a control.

June 6, 1996	Baseline interviews begin
February 24, 1997	Baseline interviews end

Family Matters PROGRAM

The families selected to participate in the program receive four mailings, each subsequently followed by a phone contact from a Health Educator. The specific program delivery schedule for individual families is on the following page.

July 8, 1996	Mail 1 begins
July 26, 1996	Phone 1 begins
September 5, 1997	Program ends

FOLLOW-UP 1

Interviews are attempted with all 1334 participating parents and adolescents, both treatments and controls, three months after the treatment case completes the program, to evaluate short-term effectiveness of the *Family Matters* program. A slightly modified version of the baseline instrument is used.

Participants are mailed a letter one week prior to their call encouraging them to participate in the interview.

January 24, 1997	Follow-Up 1 Interviews begin
April 5, 1998	Follow-Up 1 Interviews end

FOLLOW-UP 2

Interviews are attempted with all 1334 participating parents and adolescents twelve months after the treatment case completes the program, to assess the long-term effectiveness of the *Family Matters* program. A slightly modified version of the baseline instrument is used.

Participants are mailed a letter 10 days prior to their call encouraging them to participate in the interview

August 19, 1997	Follow-Up 2 Interviews begin
January 5, 1999	Follow-Up 2 Interviews end

Grant termination - December 31, 1998

Program Delivery Schedule

<u>Activity</u>	<u>Timing</u>
<u>UNIT 1</u>	
Send Mailing 1	24 days after IRB letter (App. B) sent
Phone Contact 1*	13 days after Mail 1 is sent
<u>UNIT 2</u>	
Send Mailing 2	≤ 1 day after Phone 1 is completed
Phone Contact 2*	13 days after Mail 2 is sent
<u>UNIT 3</u>	
Send Mail 3	≤ 1 day after Phone 2 is completed
Phone Contact 3*	13 days after Mail 3 sent
<u>UNIT 4</u>	
Send Mail 4	≤ 1 day after Phone 3 completed
Phone Contact 4*	13 days after Mail 4 sent

***Health Educator Responsibilities**

Family Matters Project Materials

All *Family Matters* project materials are described below. Each of these materials is also described at length in the appropriate section of the guidebook. In addition, samples of most are included in the text as well in the appendices for your reference.

BOOKLETS AND ACCESSORIES

An introductory letter (Appendix C) and four books which include reading materials and family activities are mailed to families. Each family also receives a participation incentive with these materials.

- Part 1, *Why Families Matter* & pencil
- Part 2, *Helping Families Matter to Teens* & Badge of Honor button
- Part 3, *Alcohol and Tobacco Rules Are Family Matters* & magnet
- Part 4, *Non-Family Influences That Matter* & balloon

FAMILY FOLDERS

In order to keep track of each family's calling schedule, we maintain for them a folder which contains documentation of all interactions relevant to Health Educator contacts. Included in each folder are four phone protocols, four contact sheets corresponding with each phone contact, and any other documents or information important to the case. The folders are placed behind different file categories according to the type of action that needs to be taken.

CONTACT SHEETS

Contact sheets (Appendix D) are used to record the outcome (i.e., attempted, aborted, successful) of each phone call/attempt with participating families. Contact sheets track the progress of the phone contact with families. Correct use of the contact sheets ensures that a complete contact history is maintained with participating families and subsequent calls and mailings to families are made on schedule. Each sheet is personalized for the particular family with the adolescent's and parent's names, address, phone number, time zone, best time to call, and other necessary information for your reference.

PROTOCOL MATERIALS

For each of the four phone contacts (1, 2, 3, 4), a detailed protocol (Appendix E) guides the Health Educator's conversation with parents. Each protocol includes a script with directions to be followed based on the family member's responses. Each unit's protocol is added to the family's folder as they progress through the program.

HEALTH EDUCATOR CRATES

When a Health Educator goes to the calling station, she collects all of the family folders that are scheduled for her shift and places them in the front of the Health Educator crate. The following materials stay in the crate and are always readily accessible during calls.

PARENT CONTACT CHANGE PROTOCOL

This protocol (Appendix H) is to be followed in cases in which the contact says that the participating adolescent has moved from their care. The protocol is for obtaining information about the new caretaker so that we may be able to continue the program with the adolescent at their new home.

INCOMPLETE ACTIVITY PROTOCOL

This script (Appendix G) is a call introduction to be used if a family is being called back because they had not completed the majority of activities in a booklet at the time of the initial Health Educator call. After this introduction, the Health Educator reverts back to the protocol at the relevant place.

DROPOUT REPORT

This report (Appendix F) is to be completed if a family member says directly that her/his family is going to drop out of the program. If a potential drop-out situation arises, try to address their concerns and encourage them to continue in the program. If they still want to drop out and are willing, ask the prepared questions on the dropout report, attach the report to the corresponding phone protocol, and leave the family's folder for the project manager.

APPOINTMENT TABS

Appointment tabs are to be placed as "flags" on the right side of the hanging folder to mark any specific appointments that have been set with the family contact.

TIME PREFERENCE TABS

A time preference tab is to be placed as a "flag" in the middle of the hanging folder to mark any preferred times to be called as indicated by the family.

***Family Matters* BOOKLETS**

The *Family Matters* booklets are available for reference during phone contacts.

EXTRA CONTACT SHEETS

Often the number of contacts that are required to complete a unit with a family are more than the contact sheet allows. In such cases, blank contact sheets are available to continue the contact history.

CHANGE OF ADDRESS FORMS

Fill out and leave in family folder if family notifies us of a change of address or phone number.

SCHEDULES

Schedules for the current and following weeks are available for the Health Educators' reference in scheduling callbacks. They are very important in avoiding missing phone appointments.

REFERRAL NUMBER LIST

List of referral numbers (Appendix J) to offer to parents in the case that they inquire about information about other topics, such as family crises, counseling, alcohol, tobacco, or other drugs, etc.

CALLING STATION POSTINGS

Any information that a Health Educator may need as quick reference during phone calls is posted in the calling stations. These reference materials include time zone maps and time conversion guides, abbreviations for contact sheet notes, and sometimes announcements for the callers.

TIME REPORTING SHEETS

These sheets (Appendix H) are used to record the Health Educators' activity. Each week, the Health Educator completes a table reporting what hours she worked, the number of completed contacts and time spent doing administrative tasks and calling families. Subsequent budgeting and planning is based on the information taken from these sheets.

Family Matters Program Units

UNIT 1

MAIL 1

Mail 1 is the initial program contact with families. Each family receives an introduction letter, a *Family Matters* pencil, and the blue, Part 1 content book, *Why Families Matter*. This book introduces *Family Matters* and explains why families should participate in the program. The subsequent information and activities are designed to emphasize the importance of family involvement in the prevention of adolescent alcohol and tobacco use.

PHONE 1

The Health Educator answers family member questions about and reviews Mail 1, assesses and encourages program engagement, obtains information and prepares families for Mail 2.

UNIT 2

MAIL 2

In Mail 2 families receive the orange Part 2 book, *Helping Families Matter to Teens*, and a Badge of Honor button. Part 2 has two sections. The first section, **Understanding Your Teenager**, focuses on changes children experience as they become adolescents. The second section, **Working Together As a Family**, addresses parenting style, warmth, time with their teenager, and conflict and communication skills.

PHONE 2

The Health Educator answers family member questions about and reviews Mail 2, assesses and encourages program engagement, obtains information and prepares families for Mail 3.

UNIT 3

MAIL 3

With Mail 3, families receive a magnet and the green Part 3 book, *Alcohol and Tobacco Rules Are Family Matters*. This book includes information and activities which focus on ways that families can help keep their adolescents from using or abusing alcohol and tobacco.

PHONE 3

The Health Educator answers family member questions about and reviews Mail 3, assesses and encourages program engagement, obtains information and prepares families for Mail 4.

UNIT 4

MAIL 4

The purple Part 4 content book, *Non-Family Influences That Matter*, is sent to families, along with a *Family Matters* balloon. Part 4 focuses on how influences outside the family, such as peers and the mass media, can encourage adolescents to use alcohol and tobacco. Families also learn how they can help to discourage negative outside influences and encourage positive influences.

PHONE 4

The Health Educator answers family member questions about and reviews Mail 4, assesses level of program engagement and encourages continued family member involvement with adolescents in alcohol and tobacco use and abuse prevention.

Potential “Family Members”

Within the scope of the *Family Matters* project, any individuals with whom the adolescent enjoys a close relationship are considered *family members*.

In most cases, this family group is comprised of parents, adolescents, siblings and other family members. In some cases, however, this family group may include others who are important to the teen such as coaches, Big Buddies, boyfriends/girlfriends of the teen or parent, ministers, neighbors, or friends.

All *family members* are welcomed and encouraged to participate in *Family Matters*. Please clearly communicate this to family members and be sensitive to the different types of families that you may encounter during phone contacts.

The *Family Matters* Program : Mail

Mailing Procedures

Each book is mailed out to a family on the week day following completion of the previous unit's phone interview. This is the responsibility of the project manager, not the Health Educators.

Generally, a family should only receive one book at a time, and should not get the next until they are finished with the current one. However, the following cases are exceptions:

1. Cases where an adolescent will soon be moving into another guardian's house and the original household family therefore has a time restriction for completing the program before the adolescent moves.
2. Cases where the parent requests the next book because the family will not be available. Reasons for this might include a family going on vacation and wanting to work on several books on their trip. It is very important, however, that a Health Educator NOT present this as an option; the idea must come from the parent.

Fluorescent appointment stickers are placed on the outside of each envelope enclosing a Family Matters book. The sticker specifies the date and time of the family's next scheduled call as a reminder. It reads,

"We will be calling you again on date / time.
We look forward to talking with you!"

Mail 1: *Why Families Matter*

PURPOSE AND FOCUS

Mail 1 is designed to engage parents in the *Family Matters* program. It is the first program unit to reach families and, therefore, a vital step in securing their participation. The readings and activities address three issues: the negative consequences of adolescent alcohol and tobacco use; vulnerability of every adolescent to alcohol and tobacco use; and families' role in influencing their teen. Unlike other parts of the program, this booklet is designed to be used only by the parents and/or other adults. Some families, however, choose to include their adolescent in the activities.

ACTIVITIES

- **Q & As - Answering Your Questions** (parents / p. 2)
This reading addresses issues frequently raised by families as they are becoming familiar with the *Family Matters* program. The questions and answers detail the reasons that families should participate, what the program involves, and what participation will entail for their family.
- **Activity 1: What Do You Know?** (parents / 10 mins. / p. 4-7)
Parents are asked to take a ten-question True / False quiz which challenges many common misconceptions concerning adolescent alcohol and tobacco use. The quiz is followed by a section which provides the correct quiz answers and accompanying explanations for each statement.
- **Activity 2: These Things Happen** (parents / 5 mins. / p. 8-11)
Using a checklist, parents are asked to indicate which items they believe represent potential consequences of adolescent drug use for their teen as well as for their entire family. Following the checklist, a description of the possible outcomes of adolescent alcohol and tobacco is provided for parents to read and discuss.
- **Activity 3: Chip Off the Old Block** (parents and other relevant adults / 10 mins. / p. 12)
Parents create a mental list of ways in which their adolescent's behavior is similar to their own. In doing so, they are asked to rely on their own observations as well as their discussions with other adults who know the family well. This activity reinforces for parents the powerful influence that they exert on their child's behavior across situations.

Mail 2: *Helping Families Matter to Teens*

PURPOSE AND FOCUS

Mail 2 engages family members in discourse about family dynamics and communication while providing them with general information about alcohol and tobacco use. For the first time, the adolescent is involved in the program along with the parents, other family members and significant adults. The readings and activities help family members understand the typical changes accompanying adolescence. In addition, this section addresses the ways that family members can increase closeness and positive communication within their family, which decreases the adolescent's risk of using alcohol and tobacco.

Mail 2 has two sections. The first section, **Understanding Your Teenager**, focuses on changes young people experience as they become adolescents. The second section, **Working Together As A Family**, identifies and suggests activities to develop the skills which can enhance a family's ability to work together including: parenting style, warmth, quality time together as a family, conflict, and communication skills.

ACTIVITIES

- **Q & As - Understanding Your Teenager** (parents / p. 3-4)
This section addresses questions frequently asked by parents concerning the behavior of typical adolescents. This reading ideally aids in the parents' efforts to prevent teen alcohol and tobacco use by increasing their awareness and sensitivity to the changes their teen is experiencing.
- **Activity 1: Now We Get It!** (parents / 5 mins. / p. 5)
Parents list five things that their adolescent said or did in the last week that might be explained by the changes described in the preceding **Q & As** section. Through this activity, parents are able to apply their new and/or refreshed understanding of adolescent changes to the behavior of their teen.
- **Activity 2: Where Are You Coming From?** (whole family / 30 mins. / p. 6-7)
Family members and teens each answer questions about and discuss their experiences as adolescents. In addition to enabling family members to better relate with one another, this sharing time is meant to provide both parents and teens with a better understanding of the parallels of their adolescent experiences, and, thus, a better understanding of each other.

- **Q & As - Working Together As A Family** (parents / p. 8-10)
This section includes responses to parents' frequently asked questions about communicating with and disciplining their teens.
- **Activity 3: Let's Talk!** (whole family / 30 mins. / p. 11)
This activity brings the family together for each member to share an experience of the past week. Conducted as a family meeting, this activity allows family members to enjoy one another's company and share experiences, as well as practice the communication skills found on their *Family Matters* magnet.
- **Activity 4: Family Time** (whole family / 15 mins. to plan and more to do/ p. 12)
The family meets to decide on and plan fun future family activities. Each member writes one or two activity ideas on a slip of paper. Each activity slip is drawn from the communal pile and scheduled so that all family members can participate. These special events encourage family members to plan events and spend quality time together. (Note: the planned activity does not need to be completed in order for "Family Time" to be considered complete.)
- **Activity 5: Family Matters Badge of Honor** (whole family / 5 mins. / p. 13)
Families can create their own badge or use the *Family Matters* button as a "Badge of Honor" to reward each other for their work together as a family. Parents are also encouraged to let teenagers exchange the badge for privileges or other rewards.

Mail 3: *Alcohol and Tobacco Rules Are Family Matters*

PURPOSE AND FOCUS

Mail 3 builds on Unit 2. This unit specifically addresses alcohol and tobacco use by adolescents. Family members are advised on how to identify alcohol and tobacco use by their teen, the ways in which they may inadvertently facilitate alcohol and tobacco use by their teen as well as ways to safeguard against the use of alcohol and tobacco by their teen.

ACTIVITIES

- **Q & As - Answering Your Questions** (parents / p. 2-4)
This section provides answers to parents' frequently asked questions about how they can communicate effectively with their adolescent regarding alcohol and tobacco use. The communication of household rules and standards from parents to teens are addressed by example, as well as the establishment of rewards and consequences related to such rules. In addition, parents are given a checklist of indicators of possible alcohol and tobacco use.
- **Activity 1: Are You a Partner to Teenage Alcohol and Tobacco Use?** (parents / 5 mins. / p. 5)
Using a behavior checklist, parents are asked to indicate the ways in which they may have inadvertently facilitated the use of alcohol and tobacco by their adolescent. They are then encouraged to discuss ways in which they can alter or eliminate such facilitative behaviors.
- **Activity 2: The Rules of the House** (parents / 15 mins. / p. 6-7)
Parents establish household rules for alcohol and tobacco use (which may or may not include rules for adult use). Although a list of examples are provided, parents are encouraged to use their discretion and choose rules which are appropriate, firm, fair, and reasonable for their particular family needs. These rules are then discussed later by the entire family in Activity 4.
- **Activity 3: Story Time** (whole family / 30 mins. / p. 8-10)
Families are asked to read out loud several scenarios involving adolescents and alcohol or tobacco. Questions about the possible consequences and ethics involved in each situation are posed and can be used to trigger family conversation about alcohol and tobacco use.

- **Activity 4: Family Rules About Alcohol and Tobacco** (whole family/30 min/p.11-13)
As a continuation of Activity 2, the family meets to discuss and agree upon a set of family rules about alcohol and tobacco use. This meeting also involves discussion about the rewards and consequences related to these rules. It is very important that the adolescent be involved in this discussion so that he or she can fully understand the rules, see why they are important, ask questions and express concerns, and finally agree on what is reasonable and appropriate. It is suggested that families post the Family Rules for optimal accessibility.

Mail 4: *Non-Family Influences That Matter*

PURPOSE AND FOCUS

Mail 4 addresses how families can deal with influences on adolescent alcohol and tobacco use outside of the family, such as peer pressure and the media. The readings and activities are designed to alert the family to negative non-family messages as well as to advise family members on methods to encourage positive influences. In addition, a review and reflection section covering the entire program is included in this unit.

ACTIVITIES

- **Q & As - Peer and Media Pressure** (parents / p. 2-4)
This section provides answers to commonly asked questions regarding peer pressure and the media.
- **Activity 1: “Just Say No” Is Only One Way To Go** (whole family / 20 mins / p. 5-6)
This activity asks parents to talk with their teens about situations in which peer pressure may arise. Alternate modes of ‘saying no’ are offered for family members to discuss. Peer pressure scenarios and related questions are provided to spur family discussion.
- **Activity 2: The Critic** (whole family / 30 mins / p. 8-10)
Families are asked to attend to the specific alcohol or tobacco-related messages in television shows and advertisements. Family members are then asked to answer questions and discuss issues relating to the messages conveyed through the media.
- **Activity 3: Family Matters Checklist** (parents / 5 mins / p. 10-12)
Parents are asked to identify the *Family Matters* suggestions and readings that they applied (or continued applying) by checking those items on a checklist. If parents indicate fewer than 15 checks, it is suggested that they complete some of the remaining activities. If they have 15 or more checks, they are then duly congratulated and asked to continue to involve their family in activities which raise awareness about as well as prevent alcohol and tobacco use.

The *Family Matters* Program : Phone

General Telephone Techniques

Your phone communication with families is crucial to the success of *Family Matters*. As the primary liaison between the *Family Matters* team and families, the Health Educator's demeanor, attitudes and rapport with family members can significantly affect their opinions about, success with, and motivation to participate in the program. A great deal of effort goes into recruiting families and maintaining their involvement. It is vital that we keep families engaged and participating in the program. Below are some guidelines for creating and maintaining good rapport with families during phone contact as well as guidelines for ensuring that the ways in which we collect information from families is consistent and useful.

ENTHUSIASTIC

- Be energetic (but, of course, without sacrificing professionalism)
- Express excitement balanced with appropriate attention to the serious nature of these topics
- Be pleasantly directive
- Communicate personal conviction about the value of the program
- Compliment family members for showing care for their adolescent by participating in *Family Matters*

STANDARDIZED

- Ask all questions in the order presented and exactly as worded in order to ensure comparability of responses
- Minimize variation in the way that questions are delivered
- Minimize extraneous comments and explanations
- Only talk with the specific family contact (usually mother) unless the family directly requests otherwise and the project manager gives approval

NON-INTRUSIVE

- Focus on program materials and relevant topics only
- Avoid personal disclosures about yourself
- Respect family member requests about calling times etc.
- Politely redirect family members who stray from *Family Matters* topics, but remember that it is vital to establish a good rapport with parents. They may often disclose personal information. Record that and follow up on it (i.e. if they mention a sick child, note it and ask how the child is on the next call).

PROFESSIONAL AND POLITE

- Be very aware of your comments and responses to parents. Remember that they may see Health Educators as experts in areas which they are actually not (i.e. child development, counseling, alcoholism).
- Speak in well-delivered, concise, and clear statements
- Be knowledgeable about the project. If you do not know the answer to a question, however, be honest about that and ask if we can call back with a correct answer.
- Thank families and reinforce the important role that they play by participating in *Family Matters*
- Be tactful and respectful for families in your tone and words
- Provide honest responses to questions relating to the program

NON-DIRECTIVE IN PROBING

- Probes are used to obtain more information if the participant's answer is unclear, irrelevant, or incomplete
- Improper probing puts words in the participant's mouth. It's better to politely request a more specific answer without making any assumptions
- Clarify and elaborate without influencing participant responses
- Examples of probing techniques:
 - Show interest (*uh-huh, I see, Yes*)
 - Pause
 - Repeat the question
 - Repeat the reply
- Ask neutral questions:
 - Clarification questions
 - ◇ *Could you please explain that?*
 - ◇ *So how do you think you would classify that?.* (list possible responses)
 - Specificity questions
 - ◇ *Could you be more specific about that?*
 - ◇ *Tell me about that. What? Who? How? Why?*
 - Relevance questions
 - ◇ *How do you mean that?*
 - Completeness question
 - ◇ *Anything else?*
 - ◇ *Can you think of an example?*
- Even if a question seems redundant due to a comment that the family member has already made, do not assume you know the answer they would give. You can say:
 - ◇ *You may have answered this question, but I want to be sure that I'm not putting words in your mouth.* [Then read question and answer choices]

QUALITY CONSCIOUS

- Control the pace of the phone contact without rushing respondents
- Try not to rush though interviews -- always focus first on the quality of each contact rather than the time it takes to finish. This includes making sure that you have enough time to finish an entire protocol before you make a call (enough time not to miss your bus, for instance).
- Double check and review all completed documents

It is the Health Educator's discretion as to what is appropriate, as long as she follows the basic *Family Matters* guidelines. Our goal is to make parents comfortable and keep them engaged in the program. YOU, the personal human contact, are a major asset of *Family Matters*, so be personable and HAVE FUN!

Guidelines for Placing Calls

UNABLE TO REACH FAMILY MEMBER CONTACT

BUSY SIGNAL

- Try again soon.

ANSWERING MACHINE

- Leave a “reminder” message if, after repeated attempts, the Health Educators have not spoken to anyone in the family, or if no one answers the phone when calling for a scheduled appointment. Messages should not be left more than once a week. Document on contact sheet when a message is left, including what was said. There is no answering machine protocol because repeated verbatim messages may seem impersonal to the family.

At the Health Educator's discretion, a “semi-appointment” may be made through an answering machine message. If the family has been difficult to get in touch with, the Health Educator may leave a message on the answering machine with the specific date and time that she will call back, in hopes that the parent may make an effort to be home at that time. The day and time should be ones that have been successful or known to be preferred in the past. Health Educators should then treat them as solid appointments.

NO ANSWER

- Hang up after 5 rings (after 24 seconds or 6 rings, there is a charge).

CONTACT UNAVAILABLE

- Try to identify a good time to call back.

CONTACT MADE -- NOT A GOOD TIME TO TALK

- Identify a good time to call back or call back in 1 or 2 days

HAS DONE NONE OR NOT ENOUGH OF THE ACTIVITIES

- Encourage them. Suggest ways to make the program more convenient for their family
- Identify a good time to call back. If contact suggests a date more than a week in the future, encourage her to try an earlier goal date. If a good time is not specified, call back in 3 days

HAS NOT RECEIVED MAILING

- Identify a good time to call back. If a good time is not specified, call back in 13 days.

HAS COMPLETED UNIT AND IS READY FOR NEXT BOOK

- Identify a good time to call back to go over the next unit's book (usually in 12-15 days). This time is considered an appointment and should be noted on the contact sheet; it overrides the default 13 day period given for mailing and completing the book.

Priorities of Calls

The following is the general priority of calls, listed in order. The Health Educator is to use this list loosely; it is only a guide. If she deems that one category is being neglected, she is encouraged to use her discretion about the reordering of priorities.

1. Appointment set by parent contact
2. Appointment set by someone in household other than parent contact.
3. Any case which has not been called in a reasonable amount of time based on the previous contact. One such example would be a case that typically would have a 1 day call back that has not been called in a week.
4. "Best Time to Call" (if during that shift)
5. All other calls

Times for Placing Calls

Our goal is to reach families during times which are most convenient for them. We have found that the optimal times for placing calls to families are on weekday evenings and Saturday mornings. Much of the calling takes place during these times. We do, however, place calls at all times during the day.

APPOINTMENTS

Some families prefer to schedule specific times for phone contact while others do not. Please be flexible and accommodating. Use appointment tabs to mark all specific callback time requests.

TIME PREFERENCES

Some families indicate general preferences as to when to be called (e.g., 7:30-8:30pm or before 10am). These times should be written on tabs on the folders for easy reference and used as guidelines in calling. We do our best to respect people's preferences and time limitations.

TIME ZONES

We are placing calls all over the continental United States -- pay particular attention to the time zones. Colored dots are on the case number label of every family folder, color-coded according to that family's time zone.

Red - Eastern

Green - Central

Blue - Mountain

Yellow - Pacific

"BEST TIME TO CALL"

Each family's contact sheet is labeled with a "Best Time to Call". This time is based on previous calls, parent requests, or just their time zone and APPLIES ONLY TO WEEKDAYS unless otherwise specified. Saturday call times should be based only on the time zone unless otherwise specified on the contact sheet.

OPTIMAL TIMES FOR PLACING CALLS WITHIN EACH TIME ZONE

- Weekday evenings : 6:00 PM - 8:50 PM
- Saturday mornings : 10:00 AM- 1:00 PM

RESTRICTED TIMES WITHIN EACH TIME ZONE (unless requested by families)

- Usually no Sunday calls
- No calls before 10:00 AM on Saturdays
- No calls after 8:50 PM

Time Zone Calling Chart

***LARGER, BOLDED** times are optimal for placing calls to families

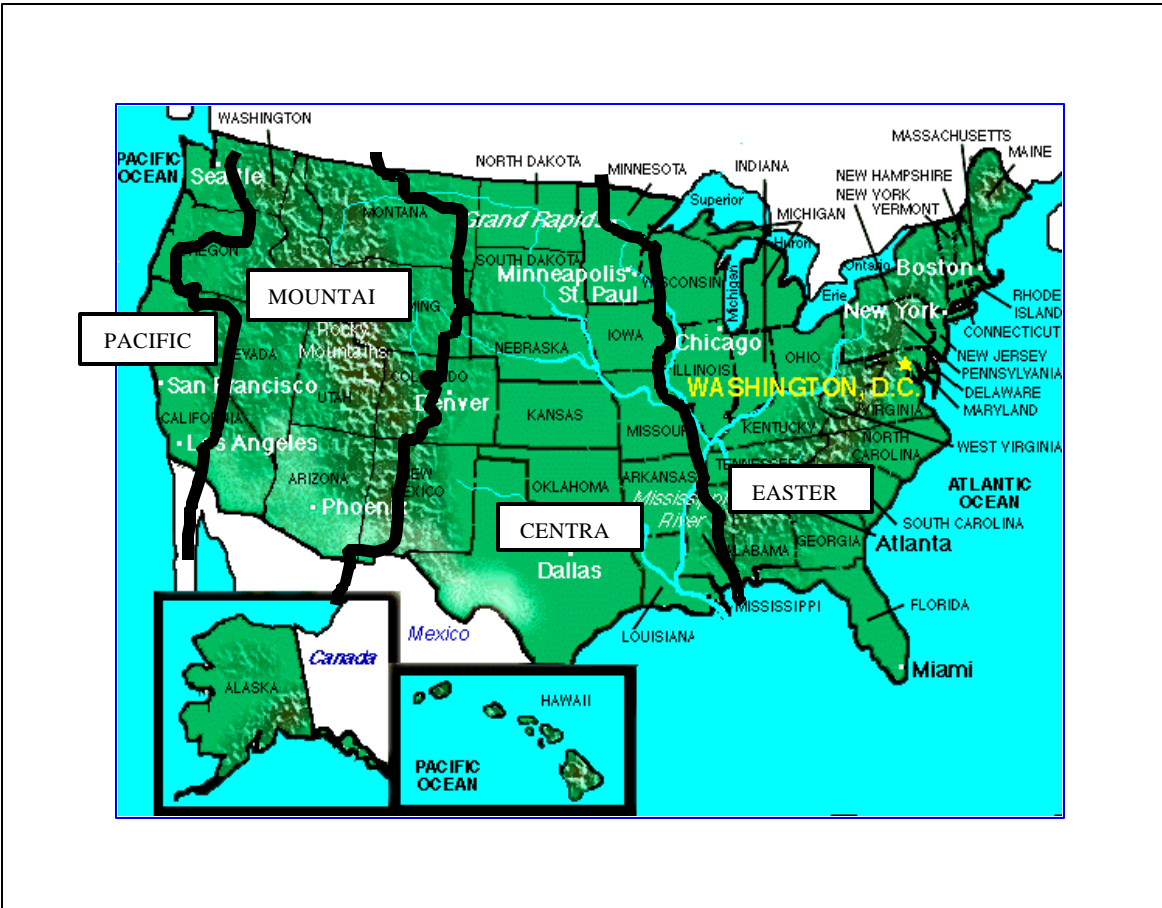
	EASTERN	CENTRAL	MOUNTAIN	PACIFIC
W E E K D A Y S	6 PM	5 PM	4 PM	3 PM
	7 PM	6 PM	5 PM	4 PM
	8 PM	7 PM	6 PM	5 PM
	9 PM	8 PM	7 PM	6 PM
	10 PM	9 PM	8 PM	7 PM
	11 PM	10 PM	9 PM	8 PM
	12 AM	11 PM	10 PM	9 PM
S A T U R D A Y S	10 AM	9 AM	8 AM	7 AM
	11 AM	10 AM	9 AM	8 AM
	12 PM	11 AM	10 AM	9 AM
	1 PM	12 PM	11 AM	10 AM
	2 PM	1 PM	12 PM	11 AM
	3 PM	2 PM	1 PM	12 PM
	4 PM	3 PM	2 PM	1 PM

***Arizona and parts of Indiana do not recognize Daylight Savings Time**

Spring / Summer:	AZ = Pacific	parts of IN = Central

Fall / Winter	AZ = Mountain	parts of IN = Eastern

Time Zone Map



Handling Problems in the Family

Our experience with *Family Matters* is that the program does not reveal major problems in families, such as child abuse and neglect, physical violence between adults, or suicide threats. Perhaps that is because *Family Matters* is neither intended nor designed to discover or treat such major problems and because we are studying general populations rather than dysfunctional families.

However, in the process of implementing *Family Matters*, a serious family problem in need of emergency attention may be revealed to a Health Educator. If anyone ever suspects family problems such as these, they must immediately inform the principal investigator by email, telephone, and/or personal contact. They must also describe, in writing, the problem and the details of how they learned about it and give a copy to the principal investigator. The principal investigator will discuss the problem with the Health Educator and with other appropriate professionals if indicated to determine what action if any should be taken. Such action may include reporting the information to appropriate officials as required by law.

Discussing Non-*Family Matters* Issues

As we talk with family members, they may want to discuss health-related topics not directly relevant to *Family Matters*. It is imperative that we focus on *Family Matters* and avoid extended discussion of other topics/concerns. If you find that family members are beginning to divert their focus to other topics, try to redirect their attention. Always maintain focus on *Family Matters*. If needed, refer to them an appropriate resource from the Referral Numbers list (Appendix J) located in the Health Educator crate. If you are unsure about what action to take, talk with a supervisor. If you provide referral numbers to any families, please document this on the contact sheet.

ALCOHOL AND TOBACCO ISSUES

You may find that family members want to discuss topics not directly related to *Family Matters* but concerning alcohol and tobacco in general. A referral would be the most appropriate action in this case.

- ◇ *Our focus is on family programs for tobacco and alcohol...*
You may want to contact...
I can give you this number....

OTHER ISSUES

Although referral numbers other than those for tobacco and alcohol are listed on the second part of the referral sheet, please do not offer them unless a family member makes a direct, explicit request for information or a referral number. We want to maintain focus on *Family Matters*.

- ◇ *I am not sure how to deal with this. I would like to talk with my supervisor and call you back. Is there a time that would be most convenient for you?*

PLEASE be familiar with the organizations included on the referral sheet.

Encouragement Techniques

The following techniques can help in encouraging quicker progression in the program. When one or some of the techniques are used with a family, notes should be written and highlighted in the comments section of a contact sheet to keep track of which suggestions and techniques have been used with that family.

BRAINSTORM with parent about ways to overcome barriers to completing the book.

- Help them figure out why they haven't completed the book and respond accordingly, perhaps with some of the ideas below.
- Pay attention to what you might learn about their family situation to help think about what strategies might be relevant to them.

"USE TOGETHER TIMES like meal times (dinner or breakfast) or times in the car. "

WALK THEM THROUGH some of the activities to show them how easy it is for families to incorporate the activities into their daily lives.

- Book 2: Tell them that one activity is telling stories about their day or week, another is talking about your childhood and comparing to theirs, another is planning to do something together as a family. In fact, Book 2 is the easiest to incorporate into everyday life.
- Book 3: Tell them that one activity is setting specific rules about alcohol and/or tobacco use for their teens, another is discussing those rules with their teens.
- Book 4: Tell them that one activity is short, the next is just watching a TV show together.

"DO ONE ACTIVITY AT A TIME instead of trying to do the whole book at once."

"INCLUDE WHOEVER'S AROUND"

- If the contact is not able to get the entire family together for *Family Matters*, they can just include the parent and target adolescent.
- If the contact can't get the target adolescent alone, they can include whoever is around (e.g., friends) in the activity with the adolescent.

"READ IT FIRST"

By preparing beforehand, family times will be more productive. Remind them exactly who they will need to complete each of the activities (i.e., be sure the parent knows that in Book 3, they need to figure out rules alone before including children).

"TRY TO FINISH IN A WEEK OR LESS"

Ask the contact to specify a date when they can have the book done. If the date is more than a week from that call, encourage them to move it up (maybe with some of these strategies).

"20 MINUTES is what other families have told us Book 1 takes"

“BOOK 2 IS THE LONGEST.”

Tell them this AFTER they've finished it. Book 3 is shorter and Book 4 is even shorter. Make them feel it's "all downhill from here" instead of that they are only half way through the program.

“USE WEEKENDS TO YOUR ADVANTAGE.”

"How about if we give you the weekend to do the book, and we'll call the beginning of next week?"

MORE EFFECTS OF QUICK COMPLETION?

You can say that it is POSSIBLE that the program might have more of an effect if it's done over a relatively short period of time, instead of being spread out over a long period of time and therefore perhaps diluting its effect on the teenager.

Participation Concerns

In our efforts to maintain family participation, Health Educators must pay special attention to families who are suspected to be considering dropping out of the program. Immediate action should be taken to restore family engagement and participation. Families who seem tired or disengaged often continue with the program due to the encouragement, enthusiasm and persistence of the Health Educators.

If appropriate, try to address any problems that the parents have with *Family Matters*; we may be able to accommodate them. Of course, we do not want them to feel harassed, but if we can in any way keep their participation, then we will always try.

Unless a family member specifically tells you that his/her family wants to quit the program, you should NOT assume that they are considering ending their participation. If a family does finally decide to drop out, go through the Drop Out Report (Appendix F) only if going through this protocol is appropriate. Their responses to the questions on this form provide important program feedback and document their reasons for no longer wanting to participate. Leave that folder with the project manager. Copies of this report are located in each Health Educator crate.

If a family member specifically informs you that her/his family no longer wants to participate:

1. Try to maintain their participation by addressing the particular concerns of the family - describe the merits of the program, use excuse responses from Guidebook ("Common Excuses and Responses" section).
2. If family members have a particular request that would enable them to continue participating, discuss with them how we can best accommodate their request. If you are unsure whether or not their request is feasible, contact the project manager before agreeing to the family's request.
3. If they make a final decision to drop out of the program, ask the contact for the requested information on the Drop Out Report.
4. Leave the folder with the project manager.

Commonly Asked General Questions and Responses

This section provides you with potential questions that you may be asked by families and appropriate responses for those questions. What you read on these pages should guide your responses to families -- you need not use these responses verbatim. When responding to family member concerns, always be concise and thorough.

- **How did you get my child's name?**

You may remember that you and your child were interviewed about 1 month ago as part of this study. We got your child's name from your participation in that interview.

- **How did you get my phone number?**

Your telephone number was randomly selected from all numbers in the US.

- **What does this program have to do with the phone call survey I recently got?**

Both the phone survey and this program are part of a study on how families can prevent adolescent alcohol and tobacco use.

- **What are you going to do with the information you are getting?**

It will be used to evaluate the *Family Matters* program. It will also be used to improve program materials.

- **Who is doing the program?**

The University of North Carolina at Chapel Hill School of Public Health is doing the program. It is funded by the National Institute on Drug Abuse (NIDA) of the National Institutes of Health.

- **What is involved if I do the program?**

The program entails a series of four booklets of readings and activities for families. The booklets will be mailed to you. The amount of time it takes to do a booklet ranges from about 20 min to about 1 ½ hours and they can be completed in parts at your leisure. Each of these books is followed by a ten minute phone call from a Health Educator who will ask and answer questions about the program.

- **How much time will it take to do the activities?**

Each activity takes between 5 and 30 minutes. Most will take about 10 minutes.

- **Does it cost anything? / Do we get paid?**

No

- **Why should I do the program?**

It could help you, your adolescent, and other family members by letting you discuss and do activities related to alcohol and tobacco use for teens.

Adolescent alcohol and tobacco use are major problems in the US. You and your family could help us determine if a family program designed to prevent adolescent alcohol and tobacco use works. Your family represents a large number of American families. Therefore, your participation is vital.

- **Why is the program focused on younger teens?**

This is a critical age for many adolescents -- the age when many start to use tobacco and alcohol.

- **Who should we involve in doing these activities?**

Your teen, any older siblings, parents or other close adult family members who know your teen, as well as others who know your teen well (i.e. coach, minister, cousin, neighbor). Sometimes parents decide to include younger siblings. We recommend that you read each activity beforehand and determine whether you think it is appropriate for your younger children to be involved. Other young teenagers outside of the family are encouraged to participate, as well.

- **Should I give the booklets to my child to read?**

At the beginning of each section, there will be directions on who should read each part. Some parts will be only for parents to read and others will involve the entire family.

- **Are you going to call me back next time?**

A member of our Health Educator team will call you back, but it might not be me.

- **Why do you need to call me after we have gotten the materials?**

To ask you questions about your progress and opinions or thoughts about the program. We will also answer any questions that you might have.

- **Where else are you doing this program?**

Families all across the US are participating in *Family Matters*.

- **Have you done this program before?**

Yes, but in a limited way. We are happy to have the opportunity to do this on a national scale. A lot of research went into its development and it was reviewed by teenagers and parents like yourself. Other families have really enjoyed being a part of *Family Matters*.

- **I would like to do the program, but I am afraid that my child will not want to participate -- he/she will think that I am accusing him/her.**

You can tell your teenager that this program is for all types of families--ones that do and don't use alcohol and tobacco. You can also let your teen know that the activities in these books are designed for families and teens to talk and share ideas about alcohol and tobacco.

- **I would like to do the program, but I am afraid that my child will not want to participate - he/she will think it is silly to sit with booklets that structure our conversation/We do better when conversation is spontaneous.**

Some parents find it is easier to talk to their teens using the booklets as a starting point, a way to open up discussions. Others find that their teenagers respond better if the parent reads the activity beforehand and then slips the activities in during normal family together time, without reading aloud from the books.

- **What are the other parts of the program about?**

Part 1

Introduces *Family Matters* and explains why families should do the program. The activities and readings are designed to show that families matter a lot when it comes to preventing teen alcohol and tobacco use.

Part 2

Talks about things that families can do to help prevent their teenagers from becoming involved with cigarettes and alcohol. You will learn about adolescent development, communication skills and activities that if done regularly should help steer your teenager away from alcohol and tobacco use.

Part 3

Talks about keeping cigarettes and alcohol away from your teenager, and establishing rules, rewards and consequences concerning alcohol and tobacco use.

Part 4

Talks about some indications that your teenager may be using drugs and how to react. Also, this part includes activities on influences from outside of the family which may impact adolescent alcohol and tobacco use.

- **I smoke and have a beer daily; can I succeed in sending a message that my teen will trust?**

Absolutely! You can tell your teenager that because you love him/her and care for his/her health, and because you recognize that smoking is addictive and bad for one's health, you do not want your child to start up this bad habit. Also, drinking among teenagers is not only illegal, but it can lead to general trouble-making and a decreased interest in family and school.

- **Do I have to follow the program exactly? Some of it will be review for my child.**

We think that each component is very valuable. Even if your child has done some similar activities before, *Family Matters* activities are new, fun and provide reinforcement for what your child may already know. Most importantly, they involve all of your family.

- **Am I committed to doing the program if I just read it?**

No, not at all. However, we do think it is very important that you read the first part of the program and try to do the activities to see how you enjoy it. You may find it is better and more fun than you had anticipated.

- **Is there anyone else I can talk with about this program?**

Yes, if you would like, either the project manager or the lead project director, Dr. Karl Bauman, will call you to answer any questions you might have.

Common Excuses and Responses

The following section provides you with possible responses to common reasons that participants may give for not wanting to participate. You may find it to be to your benefit to be familiar with these next few pages – it always helps to be prepared for a parent wavering on dropping out. Remember, when responding to participant questions, be concise and thorough.

- **Our family doesn't need this program. Our kids don't use alcohol, tobacco, or any other drugs - and they never will.**

It sounds like your family might have already found some great ways to deal with the issue of adolescent alcohol and tobacco use, therefore we would love to hear from you about what those ideas are and what you think of ours. We are trying to develop these materials to be as effective as possible – your expertise is what we need.

- **I don't have the time.**

Family Matters is designed for busy families. The activities and readings don't take much time and you do not have to go anywhere to do them. And if you need, we will be happy to call you back at a later date when you are a little less busy.

(If they have read the booklet)

The entire program usually takes 4 to 5 hours at most. This is divided over about at least 2 months.

(If they haven't read the booklet)

The materials you have usually take about 15-20 minutes to read. We would really appreciate your input on the booklet. Do you think you might have the time to read it sometime in the next few days? When would be a good time to call you back?

- **My health is not good at this time/one of us is sick.**

I'm sorry to hear that -- would it be okay if I call back in a day/week/month (*depending on problem*) or two when you are feeling better?

- **I don't think that I can do this program correctly.**

The readings and activities are designed so that everyone can do them--there are no right or wrong answers. Most of them simply ask that you talk with your family about tobacco and alcohol related ideas.

- **My child does not use drugs/alcohol/tobacco.**

That is great. *Family Matters* is a prevention program and is designed for all type of families. Just talking about alcohol and tobacco helps family members better understand each other's ideas on these issues.

- **We already do drug education in our house.**

That is great that you are already thinking about these issues. We love to hear that. *Family Matters* would be great to incorporate into what you are already doing – you might find some things that your family enjoys. Also, we would especially love to get input from you about our materials since you already have experience in these matters and we'd like to get new ideas from you too.

- **My child already gets drug education at school.**

That is great. The way that *Family Matters* is different from most school-based drug education programs is that *Family Matters* involves the most important influence of all – family! It gives you and your teenager more of an opportunity to share ideas about alcohol and tobacco use. *Family Matters* can work along with the school's program.

- **My child already uses alcohol or tobacco, so there's no point in doing it.**

Your teen continually makes choices about his/her behavior. *Family Matters* materials helps you and your teen think about possible negative effects of each instance of alcohol and tobacco use. *Family Matters* may also help your child stop using tobacco or alcohol.

- **My child is not a teenager yet, so this program isn't for our family.**

Family Matters is actually designed for children the age of your child (12-14). Your child's ideas about alcohol and tobacco may have already begun to develop. In fact, they may already know other kids who experiment with alcohol and tobacco. *Family Matters* will give you the chance to share your thoughts about alcohol and tobacco as your child's ideas develop.

- **I talked with my child and (s)he does not want to do it.**

It is normal for many adolescents to be uncomfortable when talking with their families about such topics. However, your enthusiasm about the program may help to encourage your teen's participation. The readings and activities are written for teens, they are fun and do not take very long. If you can get family members who are important to your teen to participate, maybe your child will participate also.

- **My child never listens to what I say anyway, so this program wouldn't do any good.**

One of the purposes of *Family Matters* is to help build communication skills in the family. *Family Matters* activities are for family members and other adults who the teen knows well. If you feel that your teen would be more comfortable discussing these topics with another adult, please include him/her in this program.

- **All kids try alcohol and tobacco, and I don't think that there's any point in trying to stop them.**

Many negative consequences are associated with the use of alcohol and tobacco. Each time a teenager experiments, he/she is at risk. The goal of this program is to get parents and teens to talk about their ideas relating to alcohol and tobacco and to get them to think about the immediate and long term consequences of alcohol and tobacco use. Kids may experiment with alcohol and tobacco but your ideas may influence their subsequent use.

- **The program doesn't talk about serious drugs like marijuana and crack.**

There are lots of negative outcomes for teens who use alcohol and tobacco such as drunk driving accidents, health problems, etc. In fact, teenagers are at greater risk for using alcohol and tobacco than other serious drugs. Also, the use of alcohol and tobacco can lead to experimentation with other drugs such as marijuana and crack. Using *Family Matters* to talk with teens about alcohol and tobacco use can prevent other kinds of drug use or other negative consequences.

- **I can't get anyone in my family interested in doing the activities.**

I understand that these may be hard topics for families to discuss. But they are important. You might want to try incorporating some of the activities into times when your family is already together and doing fun things. Also involving others who are important to your teen may help. The activities are fun and short and once you get started, you may find that your family gets more excited about this program. Please give *Family Matters* a try.

- **The activities are too hard to follow.**

I would like to try to help you with this. Which activities in particular are hard to follow? How about we talk through them?

- **It's too hard for me to read.**

Is there another family member or other adult who is participating in the program who can help you? I would be happy to explain any parts that are difficult to understand.

- **There's too much to read.**

We have divided the booklets into sections to split up the reading. It might be easier to focus on one section at a time rather than try to read it all at once.

- **I looked over the materials. It did not look interesting to me.**

Many of these activities are for all family members. You may find that doing the activities and reading the materials with the whole family makes them more interesting. When family members get to share their ideas the discussions often turn out to be a lot of fun.

- **I don't want to be bothered with phone calls / We'll do the program but I don't want to have to answer phone calls.**

We don't want to bother you either. If you'll tell us the best times to reach you, we'll call then. We'll only talk with you once after each activity book for about 5-10 minutes. The calls are mostly to answer questions and to help you, as well as to get your feedback so that you can help us make the program more effective.

- **How our family discusses drug/alc/tob use is no one else's business**

I can certainly understand. These questions that we ask are directed toward getting your reactions about our materials, rather than areas that we understand are personal. However, what you do tell us, I can assure you is completely confidential and not shared with anyone. Also, you do not have to answer any questions that you do not wish to answer.

Administrative Procedures for Telephone Contact

Participant Folder Management

Each family has a folder that contains all Health Educator information pertaining to the family's involvement in the program. At any one point in time, the folder is in one of the following four locations:

- **ACTION FILE**
 - Contains folders which require **calls within the current or following week**
 - Organized by day of week and time of day
- **SNOOZE FILE**
 - Contains folders which require a **call after the current or following week**
 - Folders are moved from the snooze file to the action file by the project manager.
 - **You will not file folders in or take folders out of the snooze file.** The Health Educator gives all of these files to the project manager, who enters their data into the computer, and subsequently places them in the snooze file.
- **IN USE BY HEALTH EDUCATOR**
- **IN USE BY PROJECT MANAGER**
 - The project manager needs file folders to enter into the computer any of the following information: a unit has been completed
 - a mailing needs to be resent
 - a change of address has occurred
 - a call back will occur outside of the current or following weeks
 - a family has dropped out
 - a phone number is disconnected

Folder management protocol....

1. When you come to the project room, pull the folders from the action file which require calls during your shift, place them in the front of your Health Educator crate and go to your calling station.
2. Note all folders with "Appointment" tabs (top right of folder) and "Best Time to Call" tabs (top middle of folder) and the time zones of the folders (based on the color of the dot on the case number label). The contact sheet inside of the folder will alert you to the specific time to place the call as well as the previous interactions with each family.
3. You progress through your stack of folders, making calls and filling out contact sheets and protocol sheets as warranted.
4. At the end of your shift, you separate and file the folders according to their next destination – action file or the project manager. File all action file folders behind the appropriate date and time markers.
5. The project manager will then enter the information from three groups into the computer tracking system: 1)completed folders, 2)problem cases and 3)folders that need to be called after next week. She returns the folders to the calling drawer.

Guidelines for Using Contact Sheets

By the time a family completes the program, four contact sheets (Appendix D) corresponding to each phone contact (1, 2, 3 or 4) will be in that family's folder. All contact with families must be documented on these sheets. Each contact sheet contains the family's address, the family's case number and the names of the teen and the parent contact. The project manager will be sure that unit's contact sheets and phone protocols are always in the folders.

These contact sheets serve a crucial function. When correctly used, they ensure that a complete contact history is maintained for participating families and that subsequent calls and mailings to families are made on schedule. Therefore, your documentation on the contact sheets should be thorough, clear and legible. You may also want to note that the project manager will document on the contact sheet any out of the ordinary letters that are sent to families.

An example of a completed contact sheet is included as Appendix D.

For EVERY attempted, aborted or successful phone contact with a family, you must document the following:

- date
- beginning and ending time of the phone contact (no matter how brief)
- type of contact (legends are on the sheet)
- call back date and time (in Eastern time)
- whether the call back time is an appointment, general guideline, or a guess
- comments, including person with whom you spoke (if possible), your initials, any codes representing "encouragement techniques" you used with a contact, or any other relevant comments made by you or the parent

Contact Sheet (Blank)

Case #: **2000**

(919) 444-9999

Family contact: **Barby Bones**

Time Zone: **EASTERN**

Teen: **Bubba Bones**

Address: 125 Main St Carrboro, NC 27510

BEST TIME TO CALL (EST) _____

IMPORTANT MEMO: _____

Record all phone calls in Eastern Standard Time

	Date	Phone Call Beg./End.	AM PM	Type of Contact	Call Back Date	Call Back Time	AM PM	Appt	Comments and Initials
1		/	AM PM			EST	AM PM		
2		/	AM PM			EST	AM PM		
3		/	AM PM			EST	AM PM		
4		/	AM PM			EST	AM PM		
5		/	AM PM			EST	AM PM		
6		/	AM PM			EST	AM PM		
7		/	AM PM			EST	AM PM		
8		/	AM PM			EST	AM PM		
9		/	AM PM			EST	AM PM		
10		/	AM PM			EST	AM PM		

**Health Educator checks action to be taken. Program Manager completes the action, dates and initials*

CHECK	ACTION	DATE	ENTERED	MAILED
	*REPHONE (after current or next wk)			
	*RESEND MAIL 1			
	*SEND MAIL 2			
	*CHANGE OF ADDRESS			

BS - Busy Signal

NA - No Answer

DN - Disconnected Number

AM - Answering Machine

HM - Home But Can't Talk

CU - Completed Unit

IA - Incomplete Activity

NH - Contact Not Home

NC - Need To Call Back

Guidelines for Using the Telephone Protocols

Now that you know the *what* and the *when* of the phone contact with families...we can focus on the *how*.

During each phone contact with the families, your conversation is guided by a script or protocol (see pp. 47-52 for one example or Appendix E for all four protocols). The protocol sheets for each phone contact are in the family's folder and labeled with the appropriate heading (1, 2, 3 or 4).

You must deliver the script in a clear, concise and standardized manner. Each response made by the family member should be recorded in the corresponding section of the protocol sheet. Below are guidelines for following the protocol format.

- The protocol sheets follow a drop pattern. Based on the family member's response, proceed to the text that is directly below their response.
- Always clearly circle ONE AND ONLY ONE response. Any question in which there is not one clearly marked response is counted as "missing".
- Do not read text in...
CAPITAL LETTERS (possible family member responses)
Italics (directions for you to follow)
- All other text should be read verbatim

READING AND ACTIVITY COMPLETION

Near the beginning of each protocol, the family member is asked if their family has read the booklet and completed the activities. We DO NOT want to proceed with the questionnaire unless the family has completed the majority of the readings and/or activities. The requisite number of activities the family should have completed for each unit is indicated on the protocol.

If the family has read the booklet and completed the requisite number of activities, proceed with the questionnaire. If the family has not read the booklet or has not completed the requisite number of activities, you should schedule a time to call back. Sometimes you may learn that an activity which the contact initially indicated and was marked as "completed" has not actually been completed (because it was not done at all, not done correctly, or did not include the necessary participants). In those cases, be sure to change the original markings and follow the protocol according to the actual number of activities completed.

The next mailing is sent to the family only after they have either completed the requisite number of activities or if they are certain that they will not complete any more of the activities (when the number completed is less than the requisite number). In either case, go through the protocol and proceed with the questions that are relevant to the activities that the family has completed (if any). The next mailing should then be sent to families and this

action should be documented on the contact sheet and in the HEED comments on the phone protocol.

It should also be noted that a family can only count an activity that they are doing already in day-to-day life toward an activity in a Family Matters book if they've done it since receiving the book in the mail AND if their activity included all the key components of the Family Matters activity.

In addition, a Health Educator may “walk through” an activity designed for parents only, but only if it is appropriate, legitimate, and necessary for completion of the book.

SOME ACTIVITY SPECIFICS

The following are some clarifications about specific activities in the *Family Matters* booklets.

Book 2 Activity 4: Family Time

A family gets credit for having done this activity if a fun family activity has been planned (it does not necessarily have to have been completed at the time of the interview) by at least the parent contact AND the adolescent.

Book 3 Activities 2 & 4 (Family Rules)

Many families may already have standing rules concerning their family's alcohol and tobacco use. In such cases, credit is given for this activity only if, as a part of the program, they reassess the rules for necessary revisions and they hold a family discussion about the rules, as specified in Activity 4.

Book 4 Activity 2: The Critic

Time spent watching TV shows or movies for Act 2, The Critic, IS included in the total time spent on Book 4.

Book 4 Activity 3: Checklist

For the checklist in Book 4, include everything the family reports doing, not just what was affected by Family Matters. The idea is to get a “snapshot” of their current family situation.

HEALTH EDUCATOR RATINGS

Rating of enthusiasm

The Health Educator should consider the following factors in assessing the family's enthusiasm for Family Matters:

- Family members' and contact's tone, demeanor, and comments during phone contacts
- Number of activities done
- Percentage of people in the household participating in each activity
- Amount of time spent on the book
- Number of weeks and calls necessary to get a "Completed Unit"

Rating of involvement

The Health Educator should consider the following factors in assessing the family's involvement in the program:

- Number of activities done
- Percentage of people in the household participating in each activity
- Amount of time spent on the book
- Number of weeks and calls necessary to get a "Completed Unit"
- Family members' and contact's comments during phone contacts

Deducing truthfulness of parent responses

The Health Educator should consider the following factors in assessing the contact's truthfulness in responding to each of the questions on the protocol:

- Consistency of information
- Consistency of comments and responses for each activity
- Contact's tone and comments

Deducing parental understanding of questions

The Health Educator should consider the following factors in assessing the contact's understanding of each of the questions on the protocol:

- Confidence in response
- Consistency of comments and responses for each activity
- Contact's tone and comments

Phone Protocol

Case Number: _____

Phone 1
Why Families Matter
Part 1

Hello, may I speak with _____? Ms./Mr. _____, my name is (your name) and I am with the FAMILY MATTERS project at the University of North Carolina. We recently sent you the first FAMILY MATTERS booklet, and invited you and (adolescent's name) to participate. (*Probe: It came in a large envelope and included a booklet and pencil. The booklet is called "Why Families Matter" and has a blue family of five on the cover.*)

Did you receive the program materials?

YES NO

They must have gotten lost in the mail because you should have received them by now. Just to let you know, FAMILY MATTERS is a program for families to help prevent alcohol and tobacco use by their preteens or teenagers. Your family was selected by chance from families all across the country to receive the program. If you haven't received it yet, maybe we do not have your correct address. We have your address listed as (family's address). Is that correct?

NO YES

Okay, I'll go ahead and send you another one and we'll call you back in about 2 weeks to see if you have any questions about the program. For future reference, what time of day or days of the week are best for us to reach you? (*Specify time zone / convert to EST on contact sheet.*) _____ Thanks very much. I look forward to talking to you then. Goodbye.

Can you tell me your correct address? _____

I'll go ahead and send you another packet, and call you back in about 2 weeks to see if you have any questions about the program. For future reference, what time of day or days of the week are best for us to reach you? (*Specify time zone / convert to EST on contact sheet.*) _____ Thanks very much. I look forward to talking to you then. Goodbye

DON'T SEND IT, I DON'T WANT TO DO THE PROGRAM

We really hope you'll look over the first part of FAMILY MATTERS -- it just takes about 10 minutes to read -- before deciding whether you want to do the program. Why don't I send you the first part, then call you back in about 2 weeks? You can tell me then if you want to participate or not.

- You represent thousands of families in the United States.
- Other parents say FAMILY MATTERS is very informative.
- Your child is reaching the age when experimentation with alc. and tobacco begins.

OKAY NO (*Use Dropout Report*)

Great. What time of day and days of the week are best for us to reach you? (*Specify time zone / convert to EST on contact sheet.*) _____ Thanks very much. I look forward to talking to you then. Goodbye

Great, have you had a chance yet to read over the booklet?

YES NO

If you have a couple of minutes, I can briefly tell you what FAMILY MATTERS is about.

OKAY NO, I DON'T HAVE THE TIME NOW

Okay, why don't I give you a chance to read through the materials and then I'll call you back in 3 or 4 days so that we can talk about it. Would (suggest day and time) be okay to call back? (Specify time zone / convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye.

FAMILY MATTERS is a program to help families prevent preteens and young teens from drinking alcoholic beverages, smoking cigarettes, and using smokeless tobacco. It comes in four parts that are easy to do and mailed to you at home. Each part has a booklet with helpful information for parents and activities that families can do together at home and at your own pace. About a week after you receive each part, a health educator will contact you to answer any questions you may have and to find out how you like the program so far. We would really like your family to participate. Why don't I give you a chance to read through the materials and then I'll call you back in about 3 days so that we can talk about it. When would be a good time to call back? _____. Thank you. We look forward to talking with you. (If parents say they will not read it, ask why and give responses from excuses sheet.)

Great! I'd like to ask you some questions about it if you have a couple of minutes.

OKAY NO

Alright. Would (suggest day and time) be okay to call back? (Specify time zone / convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye.

Okay, to remind you a bit about what you read, the booklet had a question and answer section for parents to read called "Answering Your Questions" and three activities for parents or adult family members to do. First, I want to see if you have any questions or comments about any of these.

Which activities did you do?

1-1. Activity 1: What Do You Know? (True/false statements about teen alcohol and tob. use.)

- 1 YES
- 2 NO

1-2. Activity 2: These Things Happen. (Problems that might happen to your teen and your family if your teen used alcohol or tobacco.)

- 1 YES
- 2 NO

1-3. Activity 3: Chip Off the Old Block. (Ways that your teen is like you, and ways that you influence your teen without even knowing it.)

- 1 YES
- 2 NO

1-4. Circle number activities completed:

3 **2** **1** (If they don't think they are going to complete any more of the activities, and 2 or 3 | _____ / activities have not been completed, proceed to the completed activities' questions then send MAIL 2)

We'd like for you to do all or most of the activities before asking you what you think of the program. Why don't I give you a chance to do the rest of the activities, and then I'll call you back in 3 or 4 days so that we can talk about it. Would (suggest day and time) be okay to call back? (Specify time zone / convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye.

1-5. The first activity is called *What Do You Know?* and has true/false statements about teen alcohol and tobacco use. How much new information did you learn from that activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Nothing
- 98 DON'T KNOW
- 99 REFUSED

1-6. How much did you like this activity? Would you say...

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

1-7. Who participated in this activity? (Probe to check for respondent's participation if unclear.)

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: _____)
- 6 SISTER(S) (specify number: _____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

1-8. In the second activity, (called *These Things Happen*, which was about some problems that might happen to your teen and your family if your teen used alcohol or tobacco), how much new information did you learn about problems which can potentially result from teen alcohol and tobacco use?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Nothing
- 98 DON'T KNOW
- 99 REFUSED

1-9. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

1-10. Who participated in this activity? (*Probe to check for respondent's participation if unclear.*)

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: ____)
- 6 SISTER(S) (specify number: ____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

1-11. In the third activity called *Chip Off the Old Block*, (which was about ways that your teen is like you, and ways you might influence your teen without even knowing it,) how much did it help you think about the influence you have over your teen?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

1-12. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

1-13. Who participated in this activity? (Probe to check for respondent's participation if unclear.)

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: _____)
- 6 SISTER(S) (specify number: _____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

Ask all respondents the following questions.

1-14. About how long did it take to read the booklet and do the activities? _____

1-15. Were the instructions with the activities...

- 1 More than you needed to do them?
- 2 About right?
- 3 Less than you needed to do them? Probe: What kind of problems did you have? What was missing that would have been helpful?
_____)
- 98 DON'T KNOW
- 99 REFUSED

1-16. After doing this booklet, do you feel *more* or *less* confident that your family can help keep your teen from using alcohol and tobacco?

- 1 More
- 2 Less
- 3 About the same
- 98 DON'T KNOW
- 99 REFUSED

1-17. Overall, after doing Part 1, do you think it is *more* or *less* important to do FAMILY MATTERS?

- 1 More important
- 2 Less important
- 3 Neither
- 98 DON'T KNOW
- 99 REFUSED

Those are all of the questions that I have about Part 1. We appreciate your input, as it will help us make the program as fun and effective as possible.

1-18. Now, in Part 2 of FAMILY MATTERS, you'll start involving (adolescent's name) and other family members in the program. Other families have found that the program works best when they include as many family members as they can, like other parents, grandparents, older brothers and sisters, and even adults from outside the family who spend a lot of time with your teen. Who do you think you will involve in FAMILY MATTERS? (Circle respondent in addition to other family members named.)

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: _____)
- 6 SISTER(S) (specify number: _____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

1-19. What is YOUR exact relationship to (adolescent's name)?

- | | |
|-----------------------------|----------------------------|
| 1 BIOLOGICAL MOTHER | 9 BIOLOGICAL FATHER |
| 2 STEP MOTHER | 10 STEP FATHER |
| 3 ADOPTIVE MOTHER | 11 ADOPTIVE FATHER |
| 4 FOSTER MOTHER | 12 FOSTER FATHER |
| 5 GRANDMOTHER | 13 GRANDFATHER |
| 6 AUNT | 14 UNCLE |
| 7 OTHER FEMALE RELATIVE | 15 OTHER MALE RELATIVE |
| 8 OTHER FEMALE NON-RELATIVE | 16 OTHER MALE NON-RELATIVE |
| 98 DON'T KNOW | |
| 99 REFUSED | |

Okay. Those are all the questions I have for you. Again, do you have any other comments or more questions for me?

I'll be sending you the second part of FAMILY MATTERS in a day or so. We're really glad that you and your family are doing the program. We look forward to talking to you in a few weeks. Goodbye.

Health Educator Rating

1-19. In your opinion, how enthusiastic about the program is the parent?

- 1 Very enthusiastic
- 2 Somewhat enthusiastic
- 3 Neither enthusiastic or unenthusiastic
- 4 Not very enthusiastic
- 5 Not at all enthusiastic

1-20. Do you believe that there were any questions in which the parent did not tell the truth?

- 1 Yes----->Which questions? _____
- 2 No

1-21. Were there any questions that the respondent did not understand?

- 1 Yes----->Which questions? _____
- 2 No

HEALTH EDUCATOR COMMENTS ONLY: _____ _____ _____ _____
--

Drop Out Report

This report (also in Appendix F) is to be completed if a family member says directly that her/his family is going to drop out. If a drop-out situation arises, try to address their concerns and encourage them to continue in the program. If they still want to drop out and are willing, ask the prepared questions on the dropout report, attach the report to the corresponding phone protocol, and leave the family's folder for the project manager.

Always keep in mind that requests to drop out of the program are only accepted if they are 1) specific requests to end participation in the program and 2) made directly by the parent contact. Exceptions to this rule can only be decided by the project manager and the research team. People who are suspected of attempting to passively drop out of the program (e.g., by hanging up on Health Educators, consistently avoiding calls, etc.) are not accepted as legitimate drop outs until they reach extreme levels. Those cases are sent a letter explaining our attempts to reach them. If subsequent contact attempts are not successful, the cases are candidates for "phasing-out".

Drop Out Report
Reasons for leaving the program : _____ _____ _____ _____
What did you find most difficult or enjoy the least? <i>(only if Part 2, 3, or 4)</i> _____ _____ _____
What components of the program, if any, did you enjoy most? <i>(only if Part 2, 3, or 4)</i> _____ _____ _____
* Don't forget to thank the participant for their time.

ALTERNATE PARENT

CALL THE ALTERNATE PARENT. IF THERE IS A MOTHER OR MOTHER SURROGATE LIVING IN THE HOUSEHOLD, SHE IS TO BE THE ALTERNATE. IF THERE IS NO MOTHER OR MOTHER SURROGATE LIVING IN THE HOUSEHOLD, THE ALTERNATE PARENT WILL BE THE FATHER OR FATHER SURROGATE.

Hi. I am (FIRST AND LAST NAME OF HEALTH EDUCATOR) at the University of North Carolina at Chapel Hill. When (NAME OF CHILD) was living with (NAME OF PARENT), they began participating in a national study to evaluate a program designed to help families keep their adolescents from using alcohol and tobacco. Most people agree that alcohol and tobacco use by adolescents is one of the major problems facing families today. We would very much like to have you and (NAME OF CHILD) continue the study. May I explain the study to you?

___ YES NOW. CONTINUE AT PART A.

___ NO NEVER: Could you tell me why you don't want me to explain the study?

THEN: Will you tell me why you don't want the program to continue for (NAME OF CHILD)?

REASONS: _____

-

___ YES BUT LATER.

When would be a good time to call you back?

-

You will be called back later. Thank you for your time.

PART A

(NAME OF CHILD) was selected for this study by randomly dialing telephone numbers throughout the United States. We would mail you four booklets that consider how families can prevent adolescent tobacco and alcohol use. After each mailing our Health Educators would make brief telephone calls to your home to answer any questions you might have. This would cost you nothing and could be beneficial to your family.

We would also like to interview you and your adolescent on the telephone three months and a year after the program. It should take less than 15 minutes of your time, and less than 15 minutes of you adolescent's time, for each interview. Everything you and your adolescent tell us will be completely confidential. The questions ask about things like alcohol and tobacco use, family communication, and family rules.

Adolescents don't have to use tobacco and alcohol to be in the study. No physical risks are expected from this study. Your participation is entirely voluntary and either of you can stop at anytime.

Dr. Karl Bauman is the professor responsible for the study. I am going to give you his telephone number in case you want to talk with him. It is 919-966-3900.

Do you have any questions? ANSWER ALL QUESTIONS TO YOUR SATISFACTION AND TO RESPONDENT'S SATISFACTION OR ARRANGE FOR SATISFACTORY ANSWERS TO BE PROVIDED.

Can I send you the program materials?

___ NO: Could you tell me why you do not want to participate?

REASONS: _____

Thank you very much for the time you gave us.

INTERVIEWER RATING OF REFUSAL STRENGTH:
VERY WEAK 1 2 3 4 5 6 7 VERY STRONG (E.G., DON'T CALL BACK!!!!)

___ YES: Thank you very much. I will drop the first set of materials in the mail to you tomorrow. Please give me your full name and address so that I can send them to you.

_____ NAME
_____ ADDRESS

Thank you. We will be in contact with you!

Incomplete Activity Protocol

The following protocol (also found in Appendix G) is to be used as a call introduction if a family is being called back because they had not completed the majority of activities in a booklet at the time of the initial Health Educator call. After this introduction, the Health Educator reverts back to the appropriate place in the protocol.

Incomplete Activity Protocol

Hello, may I speak with (parent name)? Ms./Mr. (parent name), my name is (your name). I am a Health Educator for the *Family Matters* Program. I (or other health educator's name) spoke with you earlier this (week, month). I am calling to ask if you have had the chance to do any of the activities in Book (1, 2, 3, 4)?

Yes

No

Why don't I give you a chance to do the other activities and I'll call you soon. When would be a good time to call back? And is there any particular time of day that is best? (*Encourage the parent to set a call back time that is within one week.*)

IF THEY DON'T PLAN TO DO ANY MORE ACTIVITIES, RETURN TO THE ORIGINAL PROTOCOL AND COMPLETE THE QUESTIONS FOR THE COMPLETED ACTIVITIES ONLY. THEN SEND THE NEXT MAILING.

Great! I would like to ask you some questions about the activities that you have completed. Which activities did you do? (*Return to the original protocol*)

Phone Contact Completion

1. Be sure that the type of contact that you have had with the family member is accurately recorded on the contact sheet. Also, check that the date and beginning and ending time of the final call are clearly documented, and that your initials along with any relevant comments are in the comments column.
2. If you have completed the protocol sheet:
 - Review every item and question on the sheet to be sure that all items are fully answered.
 - Check markings on multiple choice items, answers on open-ended questions and any other written responses or comments for readability, clarity and completeness.
 - Either clarify or delete any extraneous or unclear words or markings on protocol sheets
3. Place protocol and contact sheets in the family's folder
4. Place folder in the appropriate place for next action to be taken.

Time Reporting

In order to best assess optimal calling times, productivity and efficiency, each Health Educator is asked to complete a daily time sheet. The information that we get from these sheets is important for subsequent budgeting and planning. Each time that you come to the *Family Matters* offices, please document your activity on these sheets. Record your activity DAILY. A sample of the time reporting chart is shown below. An actual time reporting sheet has three of these charts on a single page, and would be turned in to the project manager at the end of the third week.

Health Educator's Name : _____

	Date	Time In- Time Out	Number of Completed Phone Contacts					Percent of Time Calling vs. Admin. (Total=100% / day)
			1	2	3	4	Total	
Monday								/
Tuesday								/
Wednesday								/
Thursday								/
Friday								/
Saturday								/
Sunday								/

Day's End Checklist

- Separate your folders into appropriate groups and file accordingly
 - action
 - project manager
- Organize and tidy the calling station and project office for the next Health Educator
- Complete your time reporting sheet for the day
- Stay safe. If it's late/dark, have the security guard walk you to your car. Phone (Beeper 216-0807; Office 254-3642)

Human Subjects Issues

IRB Approval

The *Family Matters* project has been reviewed and approved by the Institutional Review Board for the Protection of Human Subjects.

In the week following baseline data collection, a letter (Appendix B), referred to as the “IRB letter”, is sent to all 1334 families concerning their option to terminate participation at any time. This letter explains that if they do not want their child to participate in the study, they can inform us by letter and their child’s name will be subsequently dropped.

Confidentiality Assurance

We are genuinely committed to protecting the rights and privacy of participating families. As a member of the *Family Matters* team, you must maintain confidentiality regarding any information pertaining to this study. This confidentiality assurance includes all information provided by any subject in this project that would allow personal identification of the subject or the prospective subject. Verbal and written communication provided by or about the subject, as well as any information which would lead to the identification of the subject’s name, telephone number or address must remain confidential.

When sharing information provided by subjects among persons explicitly affiliated with the study, information that would allow personal identification are not to be used except when absolutely essential for meeting study objectives. You will be asked to sign and strictly adhere to the “*Family Matters* Confidentiality pledge” (Appendix 1). Please sign the copy on the following page and return it to the project manager.

Please emphasize the confidentiality assurance to participating families whenever possible and/or necessary.

Security Procedures

It is vital that all information pertaining to the study (i.e. subject files, computer floppy disks, etc.) that has any personal identifiers or case identification numbers be stored within the *Family Matters* offices at all times. Any unneeded papers with this information should be shredded. Any requests made for project materials by those other than *Family Matters* team members (i.e. interview schedule, booklets) should be referred to the principal investigator.

In addition, only current employees of the Family Matters project may be in the office unsupervised and given access to the door entry code. That code is changed regularly and as employees leave the project.

Family Matters Confidentiality Pledge

I am genuinely committed to protecting the rights and privacy of participating families. As a member of the *Family Matters* team, I will maintain confidentiality regarding any information pertaining to this study. This confidentiality assurance includes all information provided by any subject in this project that would allow personal identification of the subject or the prospective subject. Verbal and written communication provided by or about the subject, as well as any information which would lead to the identification of the subject's name, telephone number or address must remain confidential.

When sharing information provided by subjects among persons explicitly affiliated with the study, I will not use information that would allow personal identification except when absolutely essential for meeting study objectives.

I will adhere to the policy that all written information pertaining to the study (i.e. subject files, computer floppy disks, etc.) be stored within the *Family Matters* offices at all times. I will refer any requests made for project materials by those other than *Family Matters* team members (i.e. interview schedule, booklets) to the principal investigator.

Health Educator Signature

Date

Appendices

Appendix A: Fact Sheet : Tobacco & Alcohol

Tobacco

- 63% of high school students have smoked cigarettes
- High school students use cigarettes on a daily basis more than they use any other substance
- Approximately 18.6% of 8th graders, 25.4% of 10th graders & 31.2% of 12th graders smoke cigarettes daily
- Smokeless tobacco (snuff/ chewing tobacco) is unsafe. It contains nicotine and is addicting. Smokeless tobacco can cause mouth and throat cancer, high blood pressure and dental problems.
- Most young people who use drugs begin with tobacco or alcohol

Alcohol

- First use of alcohol typically begins around age 13.6
- There are more than 3.5 million adolescents who are alcoholics
- 87% of high schoolers have used alcohol
- 2/3 of teenagers who drink report that they can buy their own alcohol
- Use of alcohol and other drugs is associated with the leading causes of death and injury among teenagers (i.e., car accidents, suicide).
- Approximately 7% of the nation's 8th graders, 18% of 10th graders and 30% of 12th graders report that they have been drunk during the last month
- An alcohol related family problem strikes 1 in every 4 American homes.
- Alcohol users frequently use other drugs

Appendix B: IRB Letter

November 30, 1996

Dear Ms. <<Parent Last Name>>,

Thank you for talking with our telephone interviewer a week or so ago for our national study on preventing adolescent alcohol and tobacco use. Your participation, and the participation of <<Adolescent First Name>>, are greatly appreciated. As the interviewer indicated to you, all types of families -- including those in which alcohol and tobacco are and are not used -- must be in the study in order for it to be of value.

Your family, and the others in the study, were randomly selected to represent many other families throughout the United States. However, if you do **NOT** want <<Adolescent First Name>> in our study, then you can indicate this decision in writing and he/she will be dropped from the study at this time. We hope that you want him/her to remain in the study, in which case no further action is necessary.

Thank you again for contributing to our study. If you have any questions about the study, I hope you will call me at (919) 966-3900.

Sincerely,

A handwritten signature in cursive script that reads "Karl E. Bauman".

Dr. Karl E. Bauman

Professor

Appendix C: Introductory Letter

July 29, 1996

Dear (Parent),

Teenage drinking and tobacco use are serious problems facing families today. Teens who use alcohol and tobacco are at risk for many problems, such as trouble with their health now and in the future, accidents, and school difficulties. Fortunately, families can help prevent teen alcohol and tobacco use. But they rarely are given the chance to learn more about how to do it.

The University of North Carolina at Chapel Hill is offering a program called **FAMILY MATTERS**. The program is for families who want to know more about how to keep their teen from becoming involved with alcohol and tobacco. It's also for families whose teen is already using alcohol and tobacco.

FAMILY MATTERS is being offered free of charge to randomly chosen families of teens.

Here are some features of **FAMILY MATTERS**.

- *It's designed for you to use at home, when it's most convenient for your family.
- *It's in four, easy-to-do parts that will be mailed to you.
- *It provides helpful information about preventing teen alcohol and tobacco use.
- *It describes specific activities for you to do with your teenager.

Part 1 of **FAMILY MATTERS -- Why Families Matter** -- is enclosed. Please take a look at these materials as soon as you can. One of our staff members will call you in about two weeks to answer your questions.

Sincerely,



Dr. Karl E. Bauman
Director, **FAMILY MATTERS**
University of North Carolina
at Chapel Hill

Appendix D: Contact Sheet (with entries)

Contact Sheet

Case #: **2000**

(919) 444-9999

Family contact: **Barby Bones**

Time Zone: **EASTERN**

Teen: **Bubba Bones**

Address: 125 Main St Carrboro, NC 27510

BEST TIME TO CALL (EST): 8:30 – 9:30 PM DON'T call after 9:30

IMPORTANT MEMO: Watch out – her phone rings VERY loudly!

Record all phone calls in Eastern Standard Time

	Date	Phone Call Beg./End.	AM PM	Type of Contact	Call Back Date	Call Back Time	AM PM	Appt	Comments and Initials
1	8/1 2	7:43 / 7:44	AM PM	NA	8/12	9:00 EST	AM PM		HR.
2	8/1 2	9:03 / 9:06	AM PM	IA	8/16	8:00 EST	AM PM		She just got the book yesterday -CY
3	8/1 6	7:56 / 7:57	AM PM	HM	8/16	8:20 EST	AM PM		Husband said she is running out to pick up Bubba. Call bk in 20 mins. HR.
4	8/1 6	8:25 / 8:25	AM PM	NA	8/16	9:00 EST	AM PM		???? Where'd they go? HR.
5	8/1 6	9:05 / 9:06	AM PM	NH	8/18	9:00 EST	AM PM		There's something fishy about this...HR.
6	8/1 8	9:00 / 9:09	AM PM	CU!	9/2	8:30 EST	AM PM		OT. NICE LADY! Made Phone 4 appt for 9/2 @ 8:30.
7		/	AM PM			EST	AM PM		
9		/	AM PM			EST	AM PM		
10		/	AM PM			EST	AM PM		

*Health Educator checks action to be taken, Program Manager completes the action, dates and initials

CHECK	ACTION	DATE	ENTERED	MAILED
	*REPHONE (after current or next wk)			
	*RESEND MAIL 1			
<input type="checkbox"/>	*SEND MAIL 2	8/19	KH	KH
	*CHANGE OF ADDRESS			

BS - Busy Signal

NA - No Answer

DN - Disconnected Number

AM - Answering Machine

HM - Home But Can't Talk

CU - Completed Unit

IA - Incomplete Activity

NH - Contact Not Home

NC - Need To Call Back

Appendix E: Telephone Protocols

Case Number: _____

Phone 1

Why Families Matter
Part 1

Hello, may I speak with _____? Ms./Mr. _____, my name is (your name) and I am with the FAMILY MATTERS project at the University of North Carolina. We recently sent you the first FAMILY MATTERS booklet, and invited you and (adolescent's name) to participate. (Probe: It came in a large envelope and included a booklet and pencil. The booklet is called "Why Families Matter" and has a blue family of five on the cover.)

Did you receive the program materials?

YES NO

They must have gotten lost in the mail because you should have received them by now. Just to let you know, FAMILY MATTERS is a program for families to help prevent alcohol and tobacco use by their preteens or teenagers. Your family was selected by chance from families all across the country to receive the program. If you haven't received it yet, maybe we do not have your correct address. We have your address listed as (family's address). Is that correct?

NO YES

Okay, I'll go ahead and send you another one and we'll call you back in about 2 weeks to see if you have any questions about the program. For future reference, what time of day or days of the week are best for us to reach you? (Specify time zone / convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye.

Can you tell me your correct address? _____

I'll go ahead and send you another packet, and call you back in about 2 weeks to see if you have any questions about the program. For future reference, what time of day or days of the week are best for us to reach you? (Specify time zone / convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye

DONT SEND IT, I DONT WANT TO DO THE PROGRAM

We really hope you'll look over the first part of FAMILY MATTERS -- it just takes about 10 minutes to read -- before deciding whether you want to do the program. Why don't I send you the first part, then call you back in about 2 weeks? You can tell me then if you want to participate or not.

- You represent thousands of families in the United States.
- Other parents say FAMILY MATTERS is very informative.
- Your child is reaching the age when experimentation with alc. and tobacco begins.

OKAY NO (Use Dropout Report)

Great. What time of day and days of the week are best for us to reach you? (Specify time zone / convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye

Great, have you had a chance yet to read over the booklet?

YES NO

If you have a couple of minutes, I can briefly tell you what FAMILY MATTERS is about.

OKAY NO, I DONT HAVE THE TIME NOW

Okay, why don't I give you a chance to read through the materials and then I'll call you back in 3 or 4 days so that we can talk about it. Would (suggest day and time) be okay to call back? (Specify time zone / convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye.

FAMILY MATTERS is a program to help families prevent preteens and young teens from drinking alcoholic beverages, smoking cigarettes, and using smokeless tobacco. It comes in four parts that are easy to do and mailed to you at home. Each part has a booklet with helpful information for parents and activities that families can do together at home and at your own pace. About a week after you receive each part, a health educator will contact you to answer any questions you may have and to find out how you like the program so far. We would really like your family to participate. Why don't I give you a chance to read through the materials and then I'll call you back in about 3 days so that we can talk about it. When would be a good time to call back? _____. Thank you. We look forward to talking with you. (If parents say they will not read it, ask why and give responses from excuses sheet.)

Great! I'd like to ask you some questions about it if you have a couple of minutes.

OKAY NO

Alright. Would (suggest day and time) be okay to call back? (Specify time zone / convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye.

Okay, to remind you a bit about what you read, the booklet had a question and answer section for parents to read called "Answering Your Questions" and three activities for parents or adult family members to do. First, I want to see if you have any questions or comments about any of these.

Which activities did you do?

1-1. Activity 1: What Do You Know? (True/false statements about teen alcohol and tob. use.)

- 1 YES
- 2 NO

1-2. Activity 2: These Things Happen. (Problems that might happen to your teen and your family if your teen used alcohol or tobacco.)

- 1 YES
- 2 NO

1-3. Activity 3: Chip Off the Old Block. *(Ways that your teen is like you, and ways that you influence your teen without even knowing it.)*

- 1 YES
- 2 NO

1-4. *Circle number activities completed:*

3 **2** **1** *(If they don't think they are going to complete any more of the activities, and 2 or 3 |____| activities have not been completed, proceed to the completed activities' questions then send MAIL II)*

We'd like for you to do all or most of the activities before asking you what you think of the program. Why don't I give you a chance to do the rest of the activities, and then I'll call you back in 3 or 4 days so that we can talk about it. Would (suggest day and time) be okay to call back? *(Specify time zone / convert to EST on contact sheet.)* _____ Thanks very much. I look forward to talking to you then. Goodbye.

1-5. The first activity is called *What Do You Know?* and has true/false statements about teen alcohol and tobacco use. How much new information did you learn from that activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Nothing
- 98 DON'T KNOW
- 99 REFUSED

1-6. How much did you like this activity? Would you say...

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

1-7. Who participated in this activity? *(Probe to check for respondent's participation if unclear.)*

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify:_____)
(specify:_____)
- 5 BROTHER(S) *(specify number:_____)*
- 6 SISTER(S) *(specify number:_____)*
- 7 OTHER
(specify:_____)
(specify:_____)
- 98 DON'T KNOW
- 99 REFUSED

1-8. In the second activity, (called *These Things Happen*, which was about some problems that might happen to your teen and your family if your teen used alcohol or tobacco), how much new information did you learn about problems which can potentially result from teen alcohol and tobacco use?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Nothing
- 98 DON'T KNOW
- 99 REFUSED

1-9. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

1-10. Who participated in this activity? (*Probe to check for respondent's participation if unclear.*)

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: ____)
- 6 SISTER(S) (specify number: ____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

1-11. In the third activity called *Chip Off the Old Block*, (which was about ways that your teen is like you, and ways you might influence your teen without even knowing it,) how much did it help you think about the influence you have over your teen?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

1-12. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

1-13. Who participated in this activity? (Probe to check for respondent's participation if unclear.)

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: _____)
- 6 SISTER(S) (specify number: _____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

Ask all respondents the following questions.

1-14. About how long did it take to read the booklet and do the activities? _____

1-15. Were the instructions with the activities...

- 1 More than you needed to do them?
- 2 About right?
- 3 Less than you needed to do them? (Probe: What kind of problems did you have? What was missing that would have been helpful? _____
_____)
- 98 DON'T KNOW
- 99 REFUSED

1-16. After doing this booklet, do you feel *more* or *less* confident that your family can help keep your teen from using alcohol and tobacco?

- 1 More
- 2 Less
- 3 About the same
- 98 DON'T KNOW
- 99 REFUSED

1-17. Overall, after doing Part I, do you think it is *more* or *less* important to do FAMILY MATTERS?

- 1 More important
- 2 Less important
- 3 Neither
- 98 DON'T KNOW
- 99 REFUSED

Those are all of the questions that I have about Part I. We appreciate your input, as it will help us make the program as fun and effective as possible.

1-18. Now, in Part 2 of FAMILY MATTERS, you'll start involving (adolescent's name) and other family members in the program. Other families have found that the program works best when they include as many family members as they can, like other parents, grandparents, older brothers and sisters, and even adults from outside the family who spend a lot of time with your teen. Who do you think you will involve in FAMILY MATTERS? (Circle respondent in addition to other family members named.)

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: _____)
- 6 SISTER(S) (specify number: _____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

1-19. What is YOUR exact relationship to (adolescent's name)?

- | | | | |
|---|-------------------|----|-------------------|
| 1 | BIOLOGICAL MOTHER | 9 | BIOLOGICAL FATHER |
| 2 | STEP MOTHER | 10 | STEP FATHER |

- | | | | |
|----|---------------------------|----|-------------------------|
| 3 | ADOPTIVE MOTHER | 11 | ADOPTIVE FATHER |
| 4 | FOSTER MOTHER | 12 | FOSTER FATHER |
| 5 | GRANDMOTHER | 13 | GRANDFATHER |
| 6 | AUNT | 14 | UNCLE |
| 7 | OTHER FEMALE RELATIVE | 15 | OTHER MALE RELATIVE |
| 8 | OTHER FEMALE NON-RELATIVE | 16 | OTHER MALE NON-RELATIVE |
| 98 | DON'T KNOW | | |
| 99 | REFUSED | | |

Okay. Those are all the questions I have for you. Again, do you have any other comments or more questions for me?

I'll be sending you the second part of FAMILY MATTERS in a day or so. We're really glad that you and your family are doing the program. We look forward to talking to you in a few weeks. Goodbye.

Health Educator Rating

1-19. In your opinion, how enthusiastic about the program is the parent?

- 1 Very enthusiastic
- 2 Somewhat enthusiastic
- 3 Neither enthusiastic or unenthusiastic
- 4 Not very enthusiastic
- 5 Not at all enthusiastic

1-20. Do you believe that there were any questions in which the parent did not tell the truth?

- 1 Yes----->Which questions?_____
- 2 No

1-21. Were there any questions that the respondent did not understand?

- 1 Yes----->Which questions?_____
- 2 No

HEALTH EDUCATOR COMMENTS ONLY: _____ _____ _____ _____ _____

Case Number: _____

Phone 2

Helping Families Matter to Teens
Part 2

Hello, may I speak with Ms./Mr. (parent name)? Ms./Mr. (parent name), this is (your name) with the FAMILY MATTERS Program. I am calling to see how things are going and to make sure that you received the second part of FAMILY MATTERS. (*Probe: It's called "Helping Families Matter to Teens" and is printed in red ink and came with a Badge of Honor button.*)

YES NO

It must have gotten lost in the mail because you should have received it by now. Let me make sure I have your correct address. We have your address listed as (family's address). Is that correct?

NO YES

Okay, I'll go ahead and send you another one and we'll call you back in about two weeks to see if you have any questions about the program. What time of day or days of the week are best for us to reach you? (*Convert to EST on contact sheet.*) _____ Thanks very much. I look forward to talking to you then. Goodbye.

Can you tell me your correct address? _____

I'll go ahead and send you another packet, and call you back in about 2 weeks to see if you have any questions about the program. What time of day or days of the week are best for us to reach you? (*Convert to EST on contact sheet.*) _____ Thanks very much. I look forward to talking to you then. Goodbye.

DONT SEND IT, I DONT WANT TO DO THE PROGRAM

We really hope you'll look over the booklet before deciding whether you want to do the program. A lot of families seem to enjoy that the activities include the entire family. Why don't I send you the booklet, then call you back in about 2 weeks? You can tell me then if you want to participate or not.

OKAY NO (*Use Dropout Protocol if necessary*)

Great. What time of day or days of the week are best for us to reach you? (*Convert to EST on contact sheet.*) _____ Thanks very much. I look forward to talking to you then. Goodbye

Great, have you had a chance to read over the booklet and do the activities?

YES NO

Okay, why don't I give you a chance to read through the materials and then I'll call you back in a few days so that we can talk about it. Would (suggest day and time) be okay to call back?. (*Convert to EST on contact sheet.*) _____ Thanks very much. I look forward to talking to you then. Goodbye.

Great! I'd like to ask you some questions about it if you have a couple of minutes.

OKAY NO

Alright. Would (suggest day and time) be okay to call back?..(Convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye.

Okay, to remind you a bit about what you read, the booklet had five activities -- one for parents and the rest for the whole family to do. First, I want to see if you have any questions or comments about any of these.

Which activities did you do?

- | | | | |
|------|-------------|----------------------------------|--|
| 2-1. | Activity 1: | Now We Get It! | <i>(Things your teenager did last week that might be explained by changes teens experience.)</i> |
| 1 | YES | | |
| 2 | NO | | |
| 2-2. | Activity 2: | Where Are You Coming From? | <i>(What it was like for you as a teenager. What it's like for your teen.)</i> |
| 1 | YES | | |
| 2 | NO | | |
| 2-3. | Activity 3: | Let's Talk! | <i>(Story telling about something that happened in the past week.)</i> |
| 1 | YES | | |
| 2 | NO | | |
| 2-4. | Activity 4 | Family Time | <i>(Drawing of fun things for your family to do together from ideas family members put in a bowl.)</i> |
| 1 | YES | | |
| 2 | NO | | |
| 2-5. | Activity 5: | FAMILY MATTERS
Badge of Honor | <i>(Game to reward family members for working well together by pinning badge on each other.)</i> |
| 1 | YES | | |
| 2 | NO | | |

2-6. Circle number activities completed:

5 **4** **3** **2** **1**
/ _____ /

We'd like for you to do at least three of the activities before asking you what you think of the program. Why don't I give you a chance to do the rest of the activities, and then I'll call you back in a few days so that we can talk about it. Would (suggest day and time) be okay to call back?. (Convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye.

2-7. In the first activity (called Now We Get It! which asked you to think of things your teenager did last week that might be explained by some of the changes teens experience), how much new information did you learn about teenagers?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Nothing
- 98 DON'T KNOW
- 99 REFUSED

2-8. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

2-9. Who participated in this activity?

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: ____)
- 6 SISTER(S) (specify number: ____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

2-10. Who participated in the second activity, "Where Are You Coming From?" (which was to help parents and teens talk about what it's like to be a teenager.)? (Probe to check for respondent's participation if unclear.)

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: ____)
- 6 SISTER(S) (specify number: ____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

2-11. How much did you like doing Activity #2?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

2-12. How much do you think *(adolescent's name)* liked this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

2-13. Who in your family participated in the third activity, "Let's Talk!" (which was about having family members tell stories about something that happened in the past week)? *(Probe to check for respondent's participation if unclear.)*

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) *(specify number:_____)*
- 6 SISTER(S) *(specify number:_____)*
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

2-14. How much did this activity help your family practice good communication skills?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

2-15. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

2-16. How much do you think (*adolescent's name*) liked this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

2-17. In the fourth activity called "Family Time" (which was about helping families come up with fun activities to do together) who in your family took part in planning the family times?

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (*specify number: _____*)
- 6 SISTER(S) (*specify number: _____*)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

2-18. Has your family had a chance to do any of the things you planned?

- NO (1)
- YES (2)

What did you do? (specify) _____

2-19. Who participated in this activity? (*Probe to check for respondent's participation if unclear.*)

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (*specify number: _____*)
- 6 SISTER(S) (*specify number: _____*)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

2-21. How much did you like doing this/these activity(s)?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

2-22. How much do you think *(adolescent's name)* liked this/these activity(s)?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

2-23. The FAMILY MATTERS Badge of Honor activity...(where the FAMILY MATTERS Badge was awarded to anyone in the family who did something special to help your family work well together.) Who participated in the awarding of the Badge of Honor?

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: _____)
- 6 SISTER(S) (specify number: _____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

2-24. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

2-25. How much do you think *(adolescent's name)* liked this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

Ask all respondents the following questions.

2-26. Besides the activities, the booklet had 2 question and answer sections for parents to read. The first was about changes that happen during the teenage years. How much new information did you learn from it?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Nothing
- 98 DON'T KNOW
- 99 REFUSED

2-27. And then the second question and answer section -- (*Probe*: It was about ways families can work well together, like using good communication skills, setting rules for teenagers, putting a lot of emphasis on school, and having fun times together.) how much new information did you learn about how families can work well together?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Nothing
- 98 DON'T KNOW
- 99 REFUSED

2-28. About how long did it take to read the booklet and do the activities, (*if applicable*: including only the planning part of "Family Time")?

2-29. Were the instructions with the activities:

- 1 More than you needed to do them
- 2 About right ?
- 3 Less than you needed to do them? (*Probe*: What kind of problems did you have? What was missing that would have been helpful? _____
_____))
- 98 DON'T KNOW
- 99 REFUSED

2-30. After doing Part 2 of FAMILY MATTERS, do you feel *more* or *less* confident that your family can help keep your teenager from using alcohol and tobacco?

- 1 More
- 2 Less
- 3 About the same
- 98 DON'T KNOW
- 99 REFUSED

2-31. Overall, after doing Part 2, do you think it is *more* or *less* important to do FAMILY MATTERS?

- 1 More important
- 2 Less important
- 3 Neither
- 98 DON'T KNOW
- 99 REFUSED

Those are all of the questions that I have about Part 2. We appreciate your input, as it will help us make the program as fun and effective as possible.

Do you have any other comments or more questions for me?

Once again, I'll be sending you the next part of FAMILY MATTERS in a day or so, and calling you back in about 2 weeks to see how things are going. Part 3 is about some specific things families can do to help their teens stay away from alcohol and tobacco. We're really glad that you and your family are doing the program. Thanks again for participating. Goodbye.

Health Educator Rating

2-31. In your opinion, how enthusiastic about the program is the parent?

- 1 Very enthusiastic
- 2 Somewhat enthusiastic
- 3 Neither enthusiastic or unenthusiastic
- 4 Not very enthusiastic
- 5 Not at all enthusiastic

2-32. In your opinion, how involved is the family in the program (e.g., are they spending a lot or a little time on it, involving family members, doing the activities)?

- 1 Very involved
- 2 Somewhat involved
- 3 Neither involved or uninvolved
- 4 Not very involved
- 5 Not at all involved

2-33. Do you believe that there were any questions in which the parent did not tell the truth?

- 1 NO
- 2 YES----->Which questions? _____

2-34. Were there any questions that the respondent did not understand?

- 1 NO
- 2 YES----->Which questions? _____

HEALTH EDUCATOR COMMENTS: _____ _____ _____

Case Number: _____

Phone 3

Alcohol and Tobacco Rules Are Family Matters Part 3

Hello, may I speak with Ms./Mr. (parent name)? Ms./Mr. (parent name), this is (your name) with the FAMILY MATTERS Program. I am calling to see how things are going and make sure that you received the third part of FAMILY MATTERS. (It's called "Alcohol and Tobacco Rules Are Family Matters" and is printed in green ink and came with a magnet with tips for good family communication.)

YES NO

It must have gotten lost in the mail because you should have received it by now. Let me make sure I have your correct address. We have your address listed as (family's address). Is that correct?

NO YES

Okay, I'll go ahead and send you another one and we'll call you back in about two weeks to see if you have any questions about the program. What time of day or days of the week are best for us to reach you? *(Convert to EST on contact sheet.)* _____ Thanks very much. I look forward to talking to you then. Goodbye.

Can you tell me your correct address?_____

I'll go ahead and send you another packet, and call you back in about 2 weeks to see if you have any questions about the program. What time of day or days of the week are best for us to reach you? *(Convert to EST on contact sheet.)* _____ Thanks very much. I look forward to talking to you then. Goodbye.

DONT SEND IT, I DONT WANT TO DO THE PROGRAM

We really hope you'll look over the booklet before deciding whether you want to do the program. A lot of families seem to enjoy that the activities include the entire family. Why don't I send you the booklet, then call you back in about 2 weeks? You can tell me then if you want to participate or not.

OKAY NO *(Use Dropout Report if necessary.)*

Great. What time of day or days of the week are best for us to reach you?
(Record hours in their time zone / convert to EST on contact sheet.) _____
Thanks very much. I look forward to talking to you then. Goodbye.

Great, have you had a chance to read over the booklet and do the activities?

YES NO

Okay, why don't I give you a chance to read through the materials and then I'll call you back in a few days so that we can talk about it. Would (suggest day and time) be okay to call back? *(Convert to EST on contact sheet.)* _____ Thanks very much. I look forward to talking to you then. Goodbye.

Great! I'd like to ask you some questions about it if you have a couple of minutes.

OKAY NO

Alright. Would (suggest day and time) be okay to call back?.(Convert to EST on contact sheet.) _____ Thanks very much. I look forward to talking to you then. Goodbye.

Okay, to remind you a bit about what you read, the booklet had four activities -- two for parents and two for the whole family to do. First, I want to see if you have any questions or comments about any of these.

Which activities did you do?

3-1. Activity 1: Are You a Partner To Teenage Alcohol and Tobacco Use? (Checklist of things parents sometimes do that can encourage teens to use alcohol and tobacco)
1 YES
2 NO

3-2. Activity 2: The Rules of the House (Parents choose and write out family rules about alcohol and tobacco use.)
1 YES
2 NO

3-3. Activity 3: Story Time (Stories about teenage alcohol and tobacco use for families to talk about.)
1 YES
2 NO

3-4. Activity 4 Family Rules About Tobacco and Alcohol (Family meeting to agree on rules about alcohol and tobacco use.)
1 YES
2 NO

3-5. Circle number activities completed:

4 **3** **2** **1**
|___|

We'd like for you to do at least three of the activities before asking you about Part 3. Why don't I give you a chance to do the rest of the activities, and then I'll call you back in a few days so that we can talk about it. Would (suggest day and time) be okay to call back?.(Convert to EST on contact sheet.) _____
Thanks very much. I look forward to talking to you then. Goodbye.

Ask the following questions for activities completed.

3-6. You said you did the first activity ("Are You a Partner to Teenage Alcohol and Tobacco Use?") which was about things parents can do that might encourage teen alcohol and tobacco use. Who participated in that activity?

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: ____)
- 6 SISTER(S) (specify number: ____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

3-7. How much did this activity help you think about things you do that might be encouraging your teen to use alcohol or tobacco?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

3-8. Have you or other family members made any changes to be sure you might not be encouraging your teen to use alcohol or tobacco?

- 1 NO
- 2 NO BECAUSE WE DIDN'T NEED TO MAKE ANY CHANGES
- 3 YES (specify what they did if volunteered) _____

3-9. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

3-10. In the second activity ("The Rules of the House") which was to help you choose rules about alcohol and tobacco use for your teen before discussing them as a family. Who participated in this activity?

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
- 5 BROTHER(S) (specify number: ____)
- 6 SISTER(S) (specify number: ____)
- 7 OTHER
(specify: _____)
(specify: _____)
- 98 DON'T KNOW
- 99 REFUSED

3-11. How much did this activity help you choose rules about alcohol and tobacco use that are right for your family?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

3-12. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

3-13. You said you did the third activity "Story Time" (which had stories about alcohol and tobacco use) Who participated in this activity

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify:_____)
- (specify:_____)
- 5 BROTHER(S) (specify number:____)
- 6 SISTER(S) (specify number:_____)
- 7 OTHER
(specify:_____)
- (specify:_____)
- 98 DON'T KNOW
- 99 REFUSED

3-14. How much did this activity help your family talk about some of the harmful consequences of alcohol and tobacco use?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

3-15. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

3-16. How much do you think (adolescent's name) liked this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

3-17 In the activity called "Family Rules About Alcohol and Tobacco" (which was a family meeting to talk about and agree on rules about alcohol and tobacco use) did your family choose rewards for following the rules?

- 1 YES
- 2 NO

3-18 Did your family choose any consequences?

- 1 YES
- 2 NO

3-19 Did you write down the family rules and rewards and consequences?

- 1 NO
- 2 YES----->Where are they now?_____

3-20 Who participated in the meeting?

- 1 ADOLESCENT
- 2 ADOLESCENT'S FATHER / FATHER SURROGATE
- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
(specify:_____)
- (specify:_____)
- 5 BROTHER(S) (specify number:____)
- 6 SISTER(S) (specify number:_____)
- 7 OTHER
(specify:_____)
- (specify:_____)
- 98 DON'T KNOW
- 99 REFUSED

3-21 How helpful do you think your family rules will be?

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not very helpful
- 4 Not at all helpful
- 98 DON'T KNOW
- 99 REFUSED

3-22 How much did you like doing this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

3-23 How much do you think (adolescent's name) liked this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DON'T KNOW
- 99 REFUSED

3-24 Besides the activities, the booklet had a question and answer section for parents to read. (It had information about talking with your teen about alcohol and tobacco use, about rule setting, and about clues to watch for teen alcohol and tobacco use.) How much new information did you learn from this section? Did you learn:

- 1 A lot
- 3 Some
- 3 Not very much
- 4 Nothing
- 98 DON'T KNOW
- 99 REFUSED

Ask all respondents the following questions.

3-25 About how long did it take to read the booklet and do the activities?

3-26 Were the instructions with the activities:

- 1 More than you needed to do them
- 2 About right
- 3 Less than you needed (*Probe:* What kind of problems did you have? What was missing that would have been helpful?_____)
- 98 DON'T KNOW
- 99 REFUSED

3-27. After doing Part 3 of FAMILY MATTERS, do you feel *more* or *less* confident that your family can help keep your teenager from using alcohol and tobacco?

- 1 MORE
- 2 NEITHER MORE NOR LESS
- 3 LESS
- 98 DON'T KNOW
- 99 REFUSED

2-28 Overall, after doing Part 3, do you think it is *more* or *less* important to do FAMILY MATTERS?

- 1 MORE
- 2 NEITHER MORE NOR LESS
- 3 LESS
- 98 DON'T KNOW
- 99 REFUSED

Okay. Thank you very much for answering these questions. We want to encourage you to stick with the rules and consequences and reward system that you came up with. Remember that the more consistent you are with your family rules, the more likely your teen is follow them.

Do you have any other comments or more questions for me?

I'll be sending you the fourth and last part of FAMILY MATTERS tomorrow, and calling you back in about 2 weeks to see how things are going. Part 4 is about how influences outside the family, like peer pressure and the media, can encourage your teen to use alcohol and tobacco. We're really glad that you and your family are doing the program. Thanks again for participating. Goodbye.

III. Health Educator Rating

3-30. In your opinion, how enthusiastic about the program is the parent?

- 1 Very enthusiastic
- 2 Somewhat enthusiastic
- 3 Neither enthusiastic or unenthusiastic
- 4 Not very enthusiastic
- 5 Not at all enthusiastic

3-31. In your opinion, how involved is the family in the program (e.g., are they spending a lot or a little time on it, involving family members, doing the activities)?

- 1 Very involved
- 2 Somewhat involved
- 3 Neither involved or uninvolved
- 4 Not very involved
- 5 Not at all involved

3-32. Do you believe that there were any questions in which the parent did not tell the truth?

- 1 NO
- 2 YES----->Which questions? _____

3-33. Were there any questions that the respondent did not understand?

- 1 NO
- 2 YES----->Which questions? _____

HEALTH EDUCATOR COMMENTS: _____ _____ _____

Case Number: _____

Phone 4

Non-Family Influences that Matter Part 4

Hello, may I speak with Ms./Mr. (parent name)? Ms./Mr. (parent name), this is (your name) with the FAMILY MATTERS Program. I am calling to see if you've gotten the fourth and last part of FAMILY MATTERS? (called "Non-Family Influences That Matter").

YES NO

It must have gotten lost in the mail because you should have received it by now. Let me make sure I have your correct address. We have your address listed as (family's address). Is that correct?

NO YES

Okay, I'll go ahead and send you another one and we'll call you back in about two weeks to see if you have any questions about the program. Is _____ still a good time to reach you? *(Specify time zone / convert to EST on contact sheet.)*
_____. Thanks very much. I look forward to talking to you then. Goodbye

Can you tell me your correct address? _____

I'll go ahead and send you another packet, and call you back in about 2 weeks to see if you have any questions about the program. Is _____ still a good time to reach you? *(Specify time zone / convert to EST on contact sheet.)* _____ Thanks very much. I look forward to talking to you then. Goodbye.

Great, have you had a chance to read over the booklet and do the activities?

YES NO

I hope you'll be able to do it. It's great that your family is almost finished with FAMILY MATTERS, and we really want you to do this last part. Why don't I call you back in about 3 days after you've had a chance to read the booklet and do the activities? Would (suggest day and time) be okay to call back?*(Specify time zone / convert to EST on contact sheet.)* _____
Thanks very much. I look forward to talking to you then. Goodbye

Okay, to remind you a bit about what you read, the booklet had three activities -- two for the whole family and one for parents to do. First, I want to see if you have any questions or comments about any of these.

Which activities did you do?

- | | | |
|------|--|--|
| 4-1. | Activity 1: "Just Say No" Is Only
One Way to Go | <i>(Things teens can do when they're in situations
where there's pressure to use alcohol and tobacco.)</i> |
| 1 | YES | |
| 2 | NO | |

- 4-2. Activity 2: The Critic *(Family talks about alcohol and tobacco messages in teen's favorite TV shows.)*
- 1 YES
2 NO

- 4-3. Activity 3: FAMILY MATTERS Checklist *(Parents check off all the FAMILY MATTERS things they've done.)*
- 1 YES
2 NO

4-4. Circle number activities completed:

3
/____/

We'd like for you to do at least two of the activities before asking you about Part 4. Why don't I give you a chance to do the rest of the activities, and I'll call back in about 3 days? Would (suggest day and time) be okay to call back?. *(Specify time zone / convert to EST on contact sheet.)* _____ Thanks very much. I look forward to talking to you then. Goodbye

Ask the following questions for activities completed.

- 4-5. You said you did "Just Say No' Is Only One Way to Go" (about things teens can do when they're in situations where there is pressure to use alcohol or tobacco.) Who participated in this activity?

- 1 ADOLESCENT
2 ADOLESCENT'S FATHER / FATHER SURROGATE
3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
4 OTHER ADULT FAMILY MEMBER(S)
(specify: _____)
(specify: _____)
5 BROTHER(S) *(specify number: _____)*
6 SISTER(S) *(specify number: _____)*
7 OTHER
(specify: _____)
(specify: _____)
98 DON'T KNOW
99 REFUSED

- 4-6. How much did this activity help your family talk about things (adolescent's name) could do in situations where there was pressure to use alcohol or tobacco?

- 1 A lot
2 Some
3 Not very much
4 Not at all
98 DON'T KNOW
99 REFUSED

- 4-7. How much did you like this activity?

- 1 A lot
2 Some
3 Not very much
4 Not at all
98 DON'T KNOW
99 REFUSED

- 4-8. How much do you think (adolescent's name) liked this activity?

- 1 A lot
2 Some
3 Not very much
4 Not at all
98 DON'T KNOW
99 REFUSED

- 4-9. The second activity was called "The Critic" (which was to help teens become aware of how TV can push using alcohol and tobacco.) Who participated in this activity?

- 1 ADOLESCENT
2 ADOLESCENT'S FATHER / FATHER SURROGATE

- 3 ADOLESCENT'S MOTHER / MOTHER SURROGATE
- 4 OTHER ADULT FAMILY MEMBER(S)
 (specify: _____)
 (specify: _____)
- 5 BROTHER(S) (specify number: _____)
- 6 SISTER(S) (specify number: _____)
- 7 OTHER
 (specify: _____)
 (specify: _____)
- 98 DONT KNOW
- 99 REFUSED

4-10. How much did this activity help (adolescent's name) become more aware of how TV portrays alcohol and tobacco use?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DONT KNOW
- 99 REFUSED

4-11. How much did you like this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DONT KNOW
- 99 REFUSED

4-12. How much do you think (adolescent's name) liked this activity?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Not at all
- 98 DONT KNOW
- 99 REFUSED

4-13. The third activity is called "FAMILY MATTERS Checklist" (and asked you to check all the activities and other things your family has done to help prevent your teen from using alcohol and tobacco.) Please take a look at this activity and tell me how many checks you made. (WRITE #)

_____ < 15 CHECKS - SUGGEST TO THE PARENT THAT THE FAMILY MAY WANT TO GO DO SOME MORE OF THE THINGS
SUGGESTED BY FAMILY MATTERS TO HELP KEEP THEIR TEEN FROM USING ALCOHOL OR TOBACCO.
_____ > 15 CHECKS - OFFER PRAISE TO PARENTS

4-14. Besides the activities, the booklet had a question and answer section for parents to read. (It had information about pressures from outside the family, such as peers and the media, that teens might feel to use alcohol and tobacco.) How much new information did you learn about pressures from outside the family?

- 1 A lot
- 2 Some
- 3 Not very much
- 4 Nothing
- 98 DON'T KNOW
- 99 REFUSED

Ask all respondents the following questions.

4-15. About how long did it take to read the booklet and do the activities? _____

4-16. Were the instructions with the activities:

- 1 More than you needed to do them
- 2 About right
- 3 Less than you needed (*Probe:* What kind of problems did you have? What was missing that would have been helpful?_____)
- 98 DON'T KNOW
- 99 REFUSED

Now that you've finished FAMILY MATTERS, I have just a few more questions about the overall program.

4-17. Has doing the FAMILY MATTERS program made you feel *more* or *less* confident that your family can help keep your teenager from using alcohol and tobacco?

- 1 MORE
- 2 NEITHER MORE NOR LESS
- 3 LESS
- 98 DON'T KNOW
- 99 REFUSED

4-18. Having finished the program, do you think it is *more* or *less* important to do FAMILY MATTERS?

- 1 MORE
- 2 NEITHER MORE NOR LESS
- 3 LESS
- 98 DON'T KNOW
- 99 REFUSED

4-19 How much of an effect do you think FAMILY MATTERS will have on (adolescent's name)'s use of alcohol? Would you say...

- 1 A lot
- 2 Some
- 3 Not very much
- 4 None
- 98 DON'T KNOW
- 99 REFUSED

4-20 How much of an effect do you think it will have on *his/her* use of tobacco? Would you say...

- 1 A lot
- 2 Some
- 3 Not very much
- 4 None
- 98 DON'T KNOW
- 99 REFUSED

4-21 How helpful were the four FAMILY MATTERS booklets? Were they..

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not very helpful
- 4 Not helpful at all

4-22 Would you have completed the program if you had never been called by the health educator?

- 1 Yes, for sure
- 2 Maybe
- 3 I don't think so
- 4 No

4-23 Was the number of booklets we sent you - 4...

- 1 Too many
- 2 About right
- 3 Too few

4-24 Was the number of phone calls from Health Educators - 4...

- 1 Too many
- 2 About right
- 3 Too few

4-25 Overall, how willing to participate was your teenager?

- 1 Very willing
- 2 Somewhat willing
- 3 Not very willing
- 4 Not at all willing
- 5 MIXTURE

4-26 How willing to participate were your other family members? Were they..

- 1 Very willing
- 2 Somewhat willing
- 3 Not very willing
- 4 Not at all willing
- 5 MIXTURE

4-27 How convenient was it for your family to do FAMILY MATTERS?

- 1 Very convenient
- 2 Somewhat convenient
- 3 Not very convenient
- 4 Not at all convenient

4-28 Overall, was the amount of time your family spent doing FAMILY MATTERS

- 1 Too much
- 2 About right
- 3 Too little

4-29 Thinking back over the whole program, what did you like best about FAMILY MATTERS?

4-30 What did you like least about the program?

4-31 Do you have suggestions for anything we should change about the program?

4-32 Finally, would you recommend FAMILY MATTERS to other families?

- 1 Yes - for sure
- 2 Yes - maybe
- 3 Probably not
- 4 No

Thank you very much for answering these questions. That'll help us a lot in improving the program for the future. We hope you've found this program helpful and enjoyable for your family, and appreciate the time and effort you've spent on it. I hope you and your family will continue to do the things suggested in FAMILY MATTERS to help keep your teen from using alcohol or tobacco.

Do you have any other comments or more questions for me?

Thanks again for participating. Goodbye.

Health Educator Rating

4-33 In your opinion, how enthusiastic about the program is the parent?

- 1 Very enthusiastic
- 2 Somewhat enthusiastic
- 3 Neither enthusiastic or unenthusiastic
- 4 Not very enthusiastic
- 5 Not at all enthusiastic

4-34 In your opinion, how involved is the family in the program (e.g., are they spending a lot or a little time on it, involving family members, doing the activities)?

- 1 Very involved
- 2 Somewhat involved
- 3 Neither involved or uninvolved
- 4 Not very involved
- 5 Not at all involved

4-35 Do you believe that there were any questions in which the parent did not tell the truth?

- 1 NO
- 2 YES----->Which questions?_____

4-36 Were there any questions that the respondent did not understand?

- 1 NO
- 2 YES----->Which questions?_____

HEALTH EDUCATOR COMMENTS: ----- ----- -----

Appendix F: Drop Out Report

Reasons for leaving the program : _____

What did you find most difficult or enjoy the least? *(only if Part 2, 3, or 4)*

What components of the program, if any, did you enjoy most? *(only if Part 2, 3, or 4)*

* Don't forget to thank the participant for their time.

Appendix G: Incomplete Activity Protocol

Hello, may I speak with (parent name)? Ms./Mr. (parent name), my name is (your name). I am a Health Educator for the FAMILY MATTERS Program. I (or other health educator's name) spoke with you earlier this (week, month). I am calling to ask if you have had the chance to do any of the activities in Book (1, 2, 3, 4)?

Yes No

Why don't I give you a chance to do the other activities and I'll call you in about 3 days. Is there any particular time of day that is better to call you?

Mornings _____Afternoons_____ Evenings_____ Any:_____ *(If parents say they will not read it, ask them why and give responses for the excuses sheets).*

IF THIS IS THE 3rd CALLBACK---RETURN TO THE ORIGINAL PROTOCOL AND COMPLETE THE QUESTIONS FOR THE COMPLETED ACTIVITIES ONLY. THEN SEND THE NEXT MAILING.

I would like to ask you some questions about the activities that you have completed. Which activities did you do? *(Return to the original protocol)*

Great! What activities did you do? *(proceed with the regular protocol sheets)*

Appendix H: Parent Contact Change Protocol

THIS IS THE PROTOCOL TO FOLLOW WHEN THE PARENT (SURROGATE) INTERVIEWED AT BASELINE IS NO LONGER AVAILABLE TO SERVE AS THE CONTACT FOR ADMINISTERING THE PROGRAM. LOSS OF THE ORIGINAL PARENT WILL OCCUR UNDER SEVERAL CIRCUMSTANCES, SUCH AS WHEN THE ADOLESCENT MOVES TO LIVE WITH A DIFFERENT PARENT. IN SUCH CASES, AN "ALTERNATE" PARENT IS TO BE IDENTIFIED, INFORMED ABOUT THE STUDY, AGREE TO CONTINUE PARTICIPATION, SERVE AS PROGRAM CONTACT TO RECEIVE MATERIALS AND TELEPHONE CALLS, AND BE INTERVIEWED AT FOLLOW-UP. THE ALTERNATE PARENT WILL RECEIVE A LETTER WITH THE FIRST MAILING THAT INDICATES HE OR SHE CAN WRITE US IF THEY WISH TO DROP OUT OF THE STUDY AT THAT STAGE.

ORIGINAL PARENT

We are sorry that you will be unable to continue the Family Matters program, but we would very much like to be able to continue the program for (NAME OF CHILD). Can you give me the name, address, and telephone number of the adult who I can contact to make the necessary arrangements?

____ YES _____ NAME
_____ ADDRESS

_____ TELEPHONE
____ NO ENCOURAGE CONTINUATION

THEN: Will you tell me why you don't want the program to continue for (NAME OF CHILD)?

REASONS: _____

ALTERNATE PARENT

CALL THE ALTERNATE PARENT. IF THERE IS A MOTHER OR MOTHER SURROGATE LIVING IN THE HOUSEHOLD, SHE IS TO BE THE ALTERNATE. IF THERE IS NO MOTHER OR MOTHER SURROGATE LIVING IN THE HOUSEHOLD, THE ALTERNATE PARENT WILL BE THE FATHER OR FATHER SURROGATE.

Hi. I am (FIRST AND LAST NAME OF HEALTH EDUCATOR) at the University of North Carolina at Chapel Hill. When (NAME OF CHILD) was living with (NAME OF PARENT), they began participating in a national study to evaluate a program designed to help families keep their adolescents from using alcohol and tobacco. Most people agree that alcohol and tobacco use by adolescents is one of the major problems facing families today. We would very much like to have you and (NAME OF CHILD) continue the study. May I explain the study to you?

____ YES NOW. CONTINUE AT PART A.

____ NO NEVER: Could you tell me why you don't want me to explain the study?

THEN: Will you tell me why you don't want the program to continue for
(NAME OF CHILD)?

REASONS:

____ YES BUT LATER.

When would be a good time to call you back? _____

You will be called back later. Thank you for your time.

PART A

(NAME OF CHILD) was selected for this study by randomly dialing telephone numbers throughout the United States. We would mail you four booklets that consider how families can prevent adolescent tobacco and alcohol use. After each mailing our health educators would make brief telephone calls to your home to answer any questions you might have. This would cost you nothing and could be beneficial to your family.

We would also like to interview you and your adolescent on the telephone three months and a year after the program. It should take less than 15 minutes of your time, and less than 15 minutes of you adolescent's time, for each interview. Everything you and your adolescent tell us will be completely confidential. The questions ask about things like alcohol and tobacco use, family communication, and family rules.

Adolescents don't have to use tobacco and alcohol to be in the study. No physical risks are expected from this study. Your participation is entirely voluntary and either of you can stop at anytime.

Dr. Karl Bauman is the professor responsible for the study. I am going to give you his telephone number in case you want to talk with him. It is 919-966-3900.

Do you have any questions? ANSWER ALL QUESTIONS TO YOUR SATISFACTION AND TO RESPONDENT'S SATISFACTION OR ARRANGE FOR SATISFACTORY ANSWERS TO BE PROVIDED.

Can I send you the program materials?

____ NO: Could you tell me why you do not want to participate?

REASONS: _____

Thank you very much for the time you gave us.

INTERVIEWER RATING OF REFUSAL STRENGTH:

VERY WEAK 1 2 3 4 5 6 7 VERY STRONG (E.G., DON'T CALL BACK!!!!)

____ YES: Thank you very much. I will drop the first set of materials in the mail to you tomorrow. Please give me your full name and address so that I can send them to you.

_____ NAME
_____ ADDRESS

Thank you and we will be in contact with you!

Appendix I: Time Reporting Sheet

Name : _____

Week: _____

	Date	Time In- Time Out	No. of Completed Phone Contacts					% of Time Calling vs. Admin. <small>(Total=100% day)</small>
			1	2	3	4	Total	
Monday								/
Tuesday								/
Wednesday								/
Thursday								/
Friday								/
Saturday								/
Sunday								/

Week: _____

	Date	Time In- Time Out	No. of Completed Phone Contacts					% of Time Calling vs. Admin. <small>(Total=100% day)</small>
			1	2	3	4	Total	
Monday								/
Tuesday								/
Wednesday								/
Thursday								/
Friday								/
Saturday								/
Sunday								/

Week: _____

	Date	Time In- Time Out	No. of Completed Phone Contacts					% of Time Calling vs. Admin. <small>(Total=100% day)</small>
			1	2	3	4	Total	
Monday								/
Tuesday								/
Wednesday								/
Thursday								/
Friday								/
Saturday								/
Sunday								/

Appendix J: Family Matters Confidentiality Pledge

I am genuinely committed to protecting the rights and privacy of participating families. As a member of the *Family Matters* team, I will maintain confidentiality regarding any information pertaining to this study. This confidentiality assurance includes all information provided by any subject in this project that would allow personal identification of the subject or the prospective subject. Verbal and written communication provided by or about the subject, as well as any information which would lead to the identification of the subject's name, telephone number or address must remain confidential.

When sharing information provided by subjects among persons explicitly affiliated with the study, I will not use information that would allow personal identification except when absolutely essential for meeting study objectives.

I will adhere to the policy that all written information pertaining to the study (i.e. subject files, computer floppy disks, etc.) be stored within the *Family Matters* offices at all times. I will refer any requests made for project materials by those other than *Family Matters* team members (i.e. interview schedule, booklets) to the principal investigator.

Health Educator Signature Date

Appendix K: Referral Numbers

Alcohol

AL ANON/ALATEEN FAMILY GROUP HEADQUARTERS, INC.

1 800 344 2666 (for meeting information; talk to real person - they are not counselors)
M-F 8-6 EST

1 800 356 9996 (for free introductory literature packet; voice mail - leave name & address)
24 Hrs.

Free self-help groups. Provides information about Al-Anon/Alateen and referrals for local meetings. "Al-Anon (and Alateen for younger members) is a worldwide organization that offers a self-help recovery program for families and friends of alcoholics whether or not the alcoholic seeks help or even recognizes the existence of a drinking problem."

***language:** There are some Al Anon groups conducted in languages other than English. The caller would need to call the 1 800 number and give the staff person their zip code who would then look up local meetings. The Al Anon staff should be able then to tell the caller if there is a local meeting all in Spanish or something else. The caller would need to speak English to talk to the staff person. They have literature available in Spanish and 25 other languages; caller can call this number and request literature available in that language.

ALCOHOLICS ANONYMOUS WORLD SERVICES INC.

212-870-3400 (talk to a real person)
M-F 8:30-4:45 PM EST

Free self-help groups. Provides information about AA and worldwide referrals to local meetings. "AA is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, non-denominational, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem."

***language:** No bilingual staff in office; however, they can provide non-ES callers with a list of local hotlines or AA meetings in their area and the caller can inquire as to the availability of services in their own language (there are AA groups in languages other than English). (AA sent us a list of local numbers; to save the family potential confusion when calling AA, we can provide a local hotline number.) However, they do have literature in 30 different languages; call the number above and request the literature in that language.

Alcohol (cont'd)

ALCOHOL TREATMENT REFERRAL HOTLINE

1 800 ALCOHOL (1 800 252 6465)
24 HRS (should get a real person 24 hrs/day)

Treatment referral (and referral if in crisis). Provides help & referral sources for people with concerns about alcohol or drug use. Referrals to treatment and self-help; also, staff will provide basic info about substance use. If caller is in crisis, the Hotline will research the most appropriate local assistance for the individual and refer them. They use a variety of manuals to keep up to date on meetings of self-help groups and services of professional organizations.

***language:** NO bilingual services or referrals.

BOYS TOWN

1 800 448 3000
24 HRS (either get a real person or recordings depending on your voice mail system selections)

Crisis counseling and treatment referral. Professional counseling for children and parents about any family problem (i.e. abuse, conflict, depression, frustration). Offers "a hotline that children (girls and boys) and parents can call with any problem at any time-children who are suffering physical or sexual abuse, depressed, thinking about suicide, on the run, taking drugs, hooked on alcohol, threatened by gangs, or just fighting with their parents; or parents frustrated by an out-of-control child, scared of an abusive, alcoholic spouse, dependent on drugs or alcohol, or seeking shelter for their homeless family." Can talk to a counselor or select phone option that allows them to receive other sorts of information; there are tape recordings about the different services that Boys Town offers.

***language:** Services in English and Spanish. For other languages: They maintain a database on other services in the US; it is not categorized by language, but it may be noted that there are services in other languages.

Note - let callers with rotary dial to wait on the line; they keep hearing the same recording over and over again, but it will eventually be answered. Depending on call flow, there could be a wait of several minutes. Callers can not leave messages in the voice mail system to get a counselor, but they can call back. English speakers - press 1 initially to get English language; Spanish speakers press 2.

CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT) NAT'L DRUG AND ALCOHOL TREATMENT ROUTING SERVICE

1 800 662 HELP
24 HRS (voice mail to start with, can select option to reach a person; may need to wait a bit before reaching a person)

Treatment and information referral. Can link the caller to a variety of hotlines that are already listed in this referral list - it is a good general number. "When you call the toll-free number, you will be given the following five options: 1) printed material on alcohol or drug information [connects you to NCADI], 2) treatment options in your state [connects you to an office, perhaps a state office, to get info in your state],

Alcohol (cont'd)

3) to speak to someone about drug treatment referrals [connects you to the National Help Hotline], 4) to speak to someone about an alcohol problem [connects you to Alcohol Treatment Referral Hotline], 5) to speak to someone about an adolescent or family problem [connects you to Boys Town], and 6) for information on Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, check your local telephone directory.”

***language:** Tape is in English. Number 3 option connects to the National Help Line, where they can provide services to Spanish speakers and make referrals for people who speak other languages. Better to give out the National Help Line number directly.

FAMILIES ANONYMOUS

1 800 736 9805

M-F 10-4 PST (talk to a real person; after hours voice mail also)

Free self-help groups. Provides info about FA & worldwide referrals to local mtgs; FA “is a Twelve Step support program of recovery for relatives and friends concerned about the use of drugs, alcohol, or related behavioral problems. ... Families Anonymous is *not* drug or behavior-specific, and is therefore more general. Most new members arrive in crisis, with a child, spouse or friend in jail or a recovery/rehab facility. FA focuses on the *member’s* recovery”

***language:** There are some Spanish-speaking FA groups (as of 9/96, there are groups in Los Angeles, Chicago, New York, and one in Florida. Caller would need to speak some English in order to talk to the staff person on the 1 800 number and get the referral.

NAT’L COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE (NCADD) HOPELINE

1 800 622 2255

24 HRS. (voice mail only; need touch tone phone to use it)

Treatment referral. Will refer the caller to a local affiliate office of the National Council on Alcoholism and Drug Dependence. Callers can also leave their name and address to receive written information about alcohol and other drug abuse OR receive appropriate phone numbers that are provided in the voice mail system. Can receive info on: 1) counseling and treatment, 2) receive info on alcoholism, 3) helping a teen with a drinking or drug problem, 4) receive more info about the organization, 5) receive a list of publications.

***language:** Do NOT refer non ES callers here (tape is only in English).

Alcohol (cont'd)

NATIONAL HELP HOTLINE (FORMERLY COCAINE ANONYMOUS)

1-800-262-2463 (you get a real person)

24 HRS

Treatment & crisis referral for anyone with problems with any type of drug or alcohol. Also provide information. Not a crisis line, but can refer callers to crisis lines. Also give out information and support group referrals for family and friends of an addict.

***language:** Bilingual (Spanish/English) staff are frequently available. If a Spanish-speaking staff is not available, caller is given the 800 number for the National Clearinghouse for Alcohol and Drug Information (1 800 729 6686). If a caller needs help in other languages, the hotline refers them to local crisis numbers which may or may not have services in their language.

NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION [NCADI]

1 800 729 6686

8 am - 7 PM EST (real person) & 24 hour voice mail.

When calling, you first receive voice mail system information provided. If caller wants literature, they should select the option for Information Specialist. This number provides a wide variety literature and information on alcohol and drug use (not for crisis or for treatment referrals). Information is from the US government standpoint on the issues.

***language:** Provide services in English and Spanish. Spanish-speaking callers will need to listen to an English tape, press 1 at first option, and then wait through another English tape to get to the Spanish. Most literature is available in English, but they do have some stuff in Spanish.

SECULAR ORGANIZATIONS FOR SOBRIETY (SOS)

1 310 821 8430

24 hours (get a real person if during work hours (Pacific Time))

Free self-help groups. "SOS is an alternative recovery method for those alcoholics or drug addicts who are uncomfortable with the spiritual content of widely available 12-step programs. SOS takes a reasonable, secular approach to recovery and maintains that sobriety is a separate issue from religion or spirituality. SOS credits the individual for achieving and maintaining his or her own sobriety, without reliance on any 'Higher Power.'" Callers can obtain information on local SOS meetings; a publication list; and can order the international newsletter. If you get the voice mail you are asked to leave your phone number if you call locally; if you call long distance, you can call back or leave your address and be mailed information.

***language:** staff at the office; however, SOS may have some bilingual meetings. Callers would need to call local meetings and find out.

Smoking

AMERICAN LUNG ASSOCIATION

800 LUNG USA

9-5 - phone number rings into local branch in their time zone

Literature and programs on tobacco use available; types of lit and programs vary with local branch. Minnesota branch has developed a program "Tobacco Free Teens" that callers may be able to obtain information on. When they call, they should ask for "tobacco control" information; that term refers to prevention of use and treatment of use.

***language:** Have a few materials available in Spanish. National office person told me that some locals may have them in a different language, such as Vietnamese; thus, caller would need to inquire when they call.

AMERICAN CANCER SOCIETY

1 800 ACS 2345 (1 800 227 2345)

8:30 am - 5 PM EST M-F

Literature and programs on tobacco use available. They can get referrals from local branch or from national office. Also, "this is the home of the Great American Smoke Scream, a smoking cessation program aimed at teens as well as other information about smoking and the American Cancer Society's programs."

***language:** Some local branches provide information for non ES speakers. Call the 1 800 number to get connected to those offices.

AMERICAN HEART ASSOCIATION

1 800 242 8721

9-5 probably, 800 # rings into a local branch in their time zone

Literature and programs on tobacco use available. For teenagers, ask for materials about the "Smoke Free Class of 2000," a national program in all 50 states.

***language:** have some materials in Spanish. Inquire locally for any other languages.

Drug Use (General)

ALCOHOL TREATMENT REFERRAL HOTLINE

(see "Alcohol") (provides referral info on drug treatment also)

BOYS TOWN

(see "Alcohol")

CENTER FOR SUBSTANCE ABUSE TREATMENT (CAST) NATIONAL DRUG AND ALCOHOL

TREATMENT REFERRAL SERVICE

(see "Alcohol")

FAMILIES ANONYMOUS

(see "Alcohol")

MARIJUANA ANONYMOUS WORLD SERVICES

800 766 6779

24 HRS (voice mail)

Free self-help groups. MA is a 12 step recovery program for people who want to stop using pot. When you call, you receive voice mail listing the nine districts where MA meetings are currently offered (as of 9/10/96, most districts are in California, with one each in Seattle and New York). Callers can obtain the number of the district closest to them and call that district for a listing of local meetings. Caller can also leave a message and get a call back from the office manager or member of MA, obtain more information about MA, and an "international directory of meetings."

***language:** Voice mail tape is in English. They are working to develop materials in Spanish and Dutch.

NAT'L COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE (NCADD) HOPELINE

(see "Alcohol")

NATIONAL HELP HOTLINE (FORMERLY COCAINE ANONYMOUS)

(see "Alcohol")

NAT'L CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION

(see "Alcohol")

Drug use (cont'd)

NAFARE ALCOHOL, DRUG, AND PREGNANCY HELPLINE

1 800 638 BABY

M-F 9-5 CST (if "real person" doesn't answer, tape directs them to CSAT for immediate treatment referral information)

Treatment referral - may provide some crisis. Provide treatment referral and some telephone counseling for women with concerns about alcohol/drug use and pregnancy. "If you are pregnant and looking for a treatment referral or want information about effects of drugs on pregnancy, leave name and number. Line is confidential." If you don't get a real person, you'll get voice mail. Can leave a clear detailed message about information you want and indicate if you want a call back or if you would like information sent to you. If caller needs an immediate treatment referral, they are told to call 1800 662 4357 (which is the number for CSAT - information on CSAT above). May be able to obtain information about adoption or foster care for children if that's what they want.

***language:** NO services or materials are provided in languages other than English.

NAR-ANON FAMILY GROUPS

310-547-5800

M-Th 9am-4 PM PST

Provides information about Nar-Anon and worldwide referrals to local meetings. Similar to Al-Anon -- Nar Anon is a 12 step, self-help program designed for families and friends of drug addicts - or families that are concerned about drug use.

***language:** NO materials in non ES languages available from the US office.

NARCOTICS ANONYMOUS

1 818 773 9999

M-F, 8-5 PST. Can go into voice mail or go directly to an operator

Provides information about NA and worldwide referrals to local meetings. "Narcotics Anonymous is an international, community-based association of recovering drug addicts. Started in 1947, the NA movement is one of the world's oldest and largest of its type, with nearly twenty thousand weekly meetings in seventy countries. ... The core of the Narcotics Anonymous recovery program is a series of personal activities known as the Twelve Steps, adapted from Alcoholics Anonymous."

***language:** Tape is in English and in Spanish. Have literature available in several languages. May have meetings in the US in languages other than English (more likely for California, etc.); get local number from national number, and caller can inquire about such meetings in languages other than English.

SECULAR ORGANIZATIONS FOR SOBRIETY (SOS)

(see "Alcohol")

Additional Referral Numbers

Depression

NAT'L FOUNDATION FOR DEPRESSIVE ILLNESS

1 800 248 4344

24 HRS

Recording with info on depression and how to access treatment

Domestic Violence / Abuse

CHILD ABUSE HOTLINE

1 800 422 4453

24 HRS

Counseling services; reporting info

DOMESTIC VIOLENCE

1 800 799 SAFE

Crisis counseling

DOMESTIC VIOLENCE

1 800 500 1119

24 HRS

Advice and location of local shelters

Youth

NAT'L YOUTH CRISIS HOTLINE

1 800 448 4663

STDs / AIDS

AIDS HOTLINE

1 800 342 2437 (1 800 342 AIDS)

24 HRS

educ, info, referral. Provides information, education, and answers question regarding the disease, testing facilities, and medications used for treatment.

Add'l referral numbers: youth (cont'd)

AIDS HOTLINE / SPANISH

1 800 344 7432 (1 800 344 SIDA)

24 HRS

educ, info, referral

AIDS HOTLINE / TDD

1 800 243 7889

24 HRS

educ, info, referral

STD HOTLINE

1 800 227 8922

8-11 EST

Info & referral to local testing centers for STDs

Appendix L: **Guidebook Improvement Tips**

Please indicate the section and the page number when applicable.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
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- _____
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