

# Pediatric Ror Survey Adolescent Baseline

Thank you for agreeing to take part in this study. As a reminder, your participation is voluntary. We expect this survey to take about 30 minutes or less. Your responses will help us improve our program and understand the needs of our patients. You will be asked several questions. Some questions will require "yes" or "no" answers, some will be on a 1-5 scale, and other questions will have multiple answer choices. Everything you tell us will be kept confidential. This means that your responses will only be shared with research team members- we will not share any responses with your parents. When we write our report, nothing will identify you. Please be honest with your responses. You can say whatever you want- nothing will hurt our feelings and nothing you say will have a negative effect on your care. Please remember, you can decline to answer any question and you may end the survey at any time.

Please complete the survey below. Thank you!

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## HRQOL-4: Healthy Days Measure

**The first few questions are about your overall health.**

Would you say that in general your health is:

☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Don't know

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- ☐ Don't know
- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
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- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- ☐ Don't know
- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
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- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- ☐ Don't know
- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
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- ☐ 29
- ☐ 30

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### Perceived Risk

In your opinion, compared to other kids your age, what are your chances of developing [heart disease/cancer]?

- ☐ Much lower   ☐ Lower   ☐ Same   ☐ Higher   ☐ Much higher   ☐ Don't know

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### Lifestyle Behaviors

**The next few questions are about your health habits. Remember that we will not share any responses with your parents.**

Diet

How many servings of fruit or vegetables do you eat each day?

- ☐ 1 serving   ☐ 2 servings   ☐ 3 or more servings   ☐ None   ☐ Don't know/not sure

## Physical Activity

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

☐ 0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days

## Smoking &amp; Vaping

Do you currently smoke cigarettes?

☐ Yes ☐ No ☐ Don't know/ prefer not to answer

On average how many cigarettes do you smoke per day?

☐ Less than a half a pack (1-10) ☐ Less than a pack (10-20) ☐ A pack a day ☐ 1-2 packs a day  
☐ more than 2 packs a day

The next question asks about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e- hookahs, hookah pens, and mods.

Have you ever used an electronic vapor product?

☐ Yes ☐ No ☐ Don't know/ prefer not to answer

During the past 30 days, on how many days did you use an electronic vapor product?

☐ 0 days ☐ 1 or 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days  
☐ All 30 days

The next two questions ask about other tobacco products.

During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count any electronic vapor products.)

☐ 0 days ☐ 1 or 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days  
☐ All 30 days

During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

☐ 0 days ☐ 1 or 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days  
☐ All 30 days

## Alcohol Intake

How often do you have a drink containing alcohol?

☐ Never ☐ Monthly or less ☐ 2-4 times a month ☐ 2-3 times a week ☐ 4 or more times a week  
☐ Don't know/ prefer not to answer

How many standard drinks containing alcohol do you have on a typical day?

☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 or 9 ☐ 10 or more

How often do you have six or more drinks on one occasion?

☐ Never   ☐ Less than monthly   ☐ Monthly   ☐ Weekly   ☐ Daily or almost daily

### Rosenberg Self-Esteem Scale (RSE)

The next few questions are about how you feel about yourself.

Please record the appropriate answer for each item, depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

|                                                            | Strongly agree        | Agree                 | Disagree              | Strongly disagree     |
|------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Overall, you are satisfied with yourself.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| At times you think you are no good at all.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You feel that you have a number of good qualities.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You are able to do things as well as most other people.    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You feel that you do not have much to be proud of.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You feel useless at times.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You feel that you're a person of worth.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You wish you could have more respect for yourself.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall, you are inclined to think that you are a failure. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You take a positive attitude toward yourself.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Body Image Scale

Please answer the following questions about how you feel about your body.

|                                                             | Not at all            | A Little              | Quite a Bit           | Very Much             |
|-------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Have you been feeling self-conscious about your appearance? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|                                                                        |                       |                       |                       |                       |
|------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Have you been dissatisfied with your appearance when dressed?          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you find it difficult to look at yourself naked?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you avoid people because of the way you feel about your appearance? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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### Family Functioning Assessment Scale

**The next questions are about your family.**

**Please select the degree to which you agree or disagree with these statements about your family.**

Planning family activities is difficult because you misunderstand each other

☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

In times of crisis you can turn to each other for support

☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

You cannot talk to each other about the sadness you feel

☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Individuals are accepted for who they are

☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

You avoid discussing your fears and concerns

☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

You can express feeling for each other

☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

There are lots of bad feelings in your family

☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

You feel accepted for who you are

☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Making decisions is a problem for your family

☐ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

You are able to make decisions about how to solve problems

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

You don't get along well

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

You confide in each other

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

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### Psychological Flexibility: Acceptance and Fusion Questionnaire for Youth (AFQ-Y) Functioning Assessment Scale

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The next several questions ask about your thoughts and feelings overall.

We want to know more about what you think, how you feel, and what you do. Read each sentence. Then, select how true the statement is for you.

|                                                                               | Not at all True       | A little True         | Pretty True           | True                  | Very True             |
|-------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Your life won't be good until you feel happy.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your thoughts and feelings mess up your life.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you feel sad or afraid, then something must be wrong with you.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The bad things you think about yourself must be true.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You don't try out new things if you're afraid of messing up.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You must get rid of your worries and fears so you can have a good life.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You do all you can to make sure you don't look dumb in front of other people. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You try hard to erase hurtful memories from your mind.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You can't stand to feel pain or hurt in your body.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If your heart beats fast, there must be something wrong with me.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|                                                                        |                       |                       |                       |                       |                       |
|------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| You push away thoughts and feelings that you don't like.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You stop doing things that are important to you whenever you feel bad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You do worse in school when you have thoughts that make you feel sad.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You say things to make you sound cool.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You wish you could wave a magic wand to make all your sadness go away. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You are afraid of your feelings.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You can't be a good friend when you feel upset.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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**Revised Children's Anxiety and Depression Scale**


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|                                                                                                                    | Never                 | Sometimes             | Often                 | Always                |
|--------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| You feel sad or empty.                                                                                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You worry when you think you have done poorly at something                                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You feel afraid of being on your own at home                                                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nothing is much fun anymore                                                                                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You worry that something awful will happen to someone in your family                                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You are afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You worry what other people think of you                                                                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have trouble sleeping                                                                                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You feel scared to sleep on your own                                                                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have problems with your appetite                                                                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You suddenly become dizzy or faint when there is no reason for this                                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have to do some things over and over again (like washing hands, cleaning or putting things in a certain order) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have no energy for things                                                                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You suddenly start to tremble or shake when there is no reason for this                                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You cannot think clearly                                                                                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You feel worthless                                                                                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have to think of special thoughts (like numbers or words) to keep bad things from happening                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You think about death                                                                                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You feel like you don't want to move                                                                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|                                                                                             |                       |                       |                       |                       |
|---------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| You worry that you will suddenly get a scared feeling when there is nothing to be afraid of | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You are tired a lot                                                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You feel afraid that you will make a fool of yourself in front of people                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You have to do some things in just the right way to stop bad things from happening          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You feel restless                                                                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You worry that something bad will happen to you                                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

What was your biological sex assigned at birth?

☐ Female ☐ Male ☐ Intersex ☐ None of these options describe me ☐ Unsure ☐ Prefer not to answer

Biological sex other

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What term best expresses how you describe your gender identity?

☐ Man ☐ Woman ☐ Non-binary ☐ Transgender ☐ None of these describe me ☐ Unsure  
☐ Prefer not to answer

Gender identity other

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What term best represents how you think of your sexual orientation?

☐ Gay ☐ Lesbian ☐ Straight ☐ Bisexual ☐ None of these describe me ☐ Unsure  
☐ Prefer not to answer

Sexual Orientation other

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