

DAUGHTER STUDY ID _____

TODAY'S DATE _____ / _____ / _____
 MONTH DAY YEAR

The LEGACY Girls Study

Follow-up #2

Daughter Questionnaire

Social and Physical Environment

For girls ages 10 years and older

Self-administered

- A. Personal product use**
- B. Your place in society**
- C. Future hopes**

YOUR ENVIRONMENT

- **Please answer each question as well as you can. Complete and honest answers are important to help us learn.**
- **If you have trouble with any of the questions, please ask your parent/guardian or the interviewer to help you answer them.**

REMEMBER:

If there are certain questions that you don't want to answer, you don't have to. Just write on the question "I don't want to answer this." Then go to the next question...we will understand!

SECTION A. PERSONAL PRODUCT USE

This section has questions regarding products that you may use.

Thinking back over the <u>last 12 months</u> , how often did you usually use each of the following products?		
A1. Shampoo <input type="checkbox"/> No → please go to next product <input type="checkbox"/> Yes → please tell us how many days	_____ DAYS	<input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/> PER YEAR <input type="checkbox"/> DON'T KNOW
A2. Any hair conditioner or detangler <input type="checkbox"/> No → please go to next product <input type="checkbox"/> Yes → please tell us how many days	_____ DAYS	<input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/> PER YEAR <input type="checkbox"/> DON'T KNOW
A3. A hair styling product such as gel, mousse or hairspray <input type="checkbox"/> No → please go to next product <input type="checkbox"/> Yes → please tell us how many days	_____ DAYS	<input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/> PER YEAR <input type="checkbox"/> DON'T KNOW
A4. Body lotion, hand lotion, or face lotion (moisturizer), not including any petroleum jelly <input type="checkbox"/> No → please go to next product <input type="checkbox"/> Yes → please tell us how many days	_____ DAYS	<input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/> PER YEAR <input type="checkbox"/> DON'T KNOW
A5. Perfume, fragrance or cologne <input type="checkbox"/> No → please go to next product <input type="checkbox"/> Yes → please tell us how many days	_____ DAYS	<input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/> PER YEAR <input type="checkbox"/> DON'T KNOW
A6. Chapstick or other lip balm, not including any petroleum jelly <input type="checkbox"/> No → please go to next product <input type="checkbox"/> Yes → please tell us how many days	_____ DAYS	<input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/> PER YEAR <input type="checkbox"/> DON'T KNOW

<p>A7. Lipstick or lip gloss</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> PER WEEK</p> <p><input type="checkbox"/> PER MONTH</p> <p><input type="checkbox"/> PER YEAR</p> <p><input type="checkbox"/> DON'T KNOW</p>
<p>A8. Eye shadow, eye liner or mascara</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> PER WEEK</p> <p><input type="checkbox"/> PER MONTH</p> <p><input type="checkbox"/> PER YEAR</p> <p><input type="checkbox"/> DON'T KNOW</p>
<p>A9. Foundation or blush</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> PER WEEK</p> <p><input type="checkbox"/> PER MONTH</p> <p><input type="checkbox"/> PER YEAR</p> <p><input type="checkbox"/> DON'T KNOW</p>
<p>A10. Nail polish</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> PER WEEK</p> <p><input type="checkbox"/> PER MONTH</p> <p><input type="checkbox"/> PER YEAR</p> <p><input type="checkbox"/> DON'T KNOW</p>
<p>A11. Deodorant or antiperspirant</p> <p><input type="checkbox"/> No → please go to next product</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> PER WEEK</p> <p><input type="checkbox"/> PER MONTH</p> <p><input type="checkbox"/> PER YEAR</p> <p><input type="checkbox"/> DON'T KNOW</p>
<p>A12. Sunscreen</p> <p><input type="checkbox"/> No → please go to next section</p> <p><input type="checkbox"/> Yes → please tell us how many days</p>	<p>_____ DAYS</p>	<p><input type="checkbox"/> PER WEEK</p> <p><input type="checkbox"/> PER MONTH</p> <p><input type="checkbox"/> PER YEAR</p> <p><input type="checkbox"/> DON'T KNOW</p>

SECTION B. YOUR PLACE IN SOCIETY

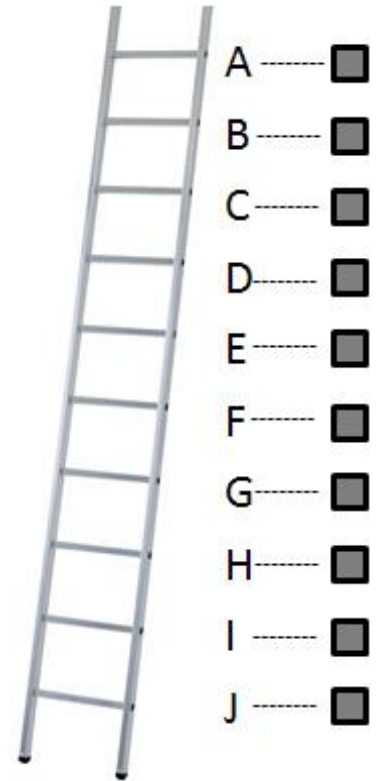
The following questions ask you about your place in society.

B1. Imagine that this ladder pictures how American society is set up.

- At the **top** of the ladder are the people who are the best off – they have the most money, the highest amount of schooling, and the jobs that bring the most respect.
- At the **bottom** are people who are the worst off – they have the least money, little or no education, no job or jobs that no one wants or respects.

Now think about your family. Please tell us where you think your family would be on this ladder.

Please check box that best represents where your family would be on this ladder.

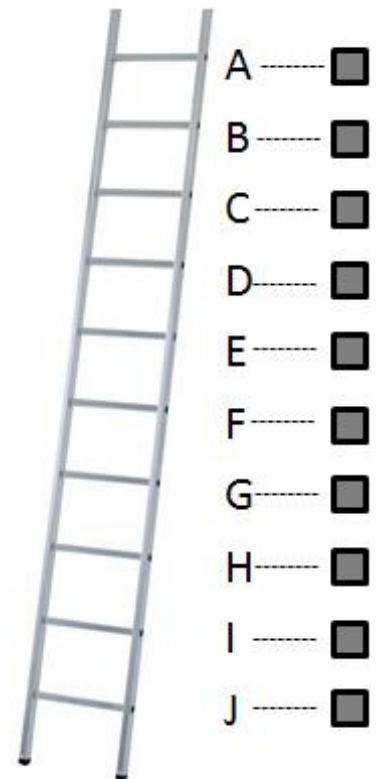


B2. Now assume that the ladder is a way of picturing your school.

- At the **top** of the ladder are the people in your school with the most respect and the highest standing.
- At the **bottom** are the people who no one respects and no one wants to hang around with.

Where would you place yourself on this ladder?

Please check box that best represents where you would be on this ladder.



SECTION C. FUTURE HOPES

How important is it to you that in the future...

		Very important	Important	Somewhat important	Not at all important
C1.	You will graduate from high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.	You will go to college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3.	You will have a job that pays well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4.	You will stay in good health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5.	You will do community work or volunteer work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6.	You will have good friends you can count on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you again for your time and help
with this research project**