

APPENDIX 5: NATURAL EXPOSURE FOLLOW-UP SURVEY

OMB No. 0930-0196

Expiration Date: 09/30/2013

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0196. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent per year, as no time is necessary for reviewing instructions, searching existing data sources, gathering and maintaining data, nor completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 8-1099, Rockville, Maryland, 20857.

WEB

APPLICATION ID#:

URL:

DRAFT - April 20, 2012

Project Registration # N TRANSLATIONS
City Center: X SURVEY DESIGN:
CSAP Natural Exposure Follow-up
Lloyd/Purcell N PANEL SAMPLE
Mark Rupprecht, Programmer
February, 2012
n=500

SA. NAME: (CODE FROM OMS):
(Prefix/First Name/Last Name/Suffix)

SB. FORM: (CODE FROM OMS)

- 1 PILOT SITE A ATTENDEE
- 2 PILOT SITE B ATTENDEE
- 3 PILOT SITE C ATTENDEE
- 4 PILOT SITE D ATTENDEE
- 5 PILOT SITE E ATTENDEE

SC. EVENT TYPE: (CODE FROM OMS)

- 1 IF SB=1 EVENT TYPE IS <PILOT SITE A EVENT>
- 2 IF SB=2 EVENT TYPE IS <PILOT SITE B EVENT>
- 3 IF SB=3 EVENT TYPE IS <PILOT SITE C EVENT>
- 4 IF SB=4 EVENT TYPE IS <PILOT SITE D EVENT>
- 5 IF SB=5 EVENT TYPE IS <PILOT SITE E EVENT>

SD. EVENT DATE: (CODE FROM OMS)

- 1 IF SB=1 EVENT DATE IS <PILOT SITE A EVENT>
- 2 IF SB=2 EVENT DATE IS <PILOT SITE B EVENT>
- 3 IF SB=3 EVENT DATE IS <PILOT SITE C EVENT>
- 4 IF SB=4 EVENT DATE IS <PILOT SITE D EVENT>
- 5 IF SB=5 EVENT DATE IS <PILOT SITE E EVENT>

New Screen

Welcome to The Gallup Underage Drinking Prevention Survey.

This survey will only take you a few minutes to complete. Please enter your ID Code from the e-mail invitation you received earlier and click the "Begin Survey" button to continue.

ID Code

<Begin Survey>

(PROGRAMMER NOTE: If incorrect ID Code, display the following error message:)

The ID Code you have entered is invalid. Please carefully re-enter your ID Code.

(PROGRAMMER NOTE: If no ID Code is entered, display the following error message:)

You must enter an ID Code to continue.

New Screen

(PROGRAMMER NOTE: If completed survey found in database for this ID Code, display the following error message:)

A survey has already been completed with this ID Code. Thank you for your participation.

If you feel you have received this message in error, please contact Gallup Client Support at gallupoll@gallup.com or call 1-888-297-8999.

Do not print, store, or copy this page.

New Screen

Dear (Prefix/First Name/Last Name/Suffix):

We would like to thank you for agreeing to participate in this study. It is important that your opinions be heard.

This survey is a follow-up to the survey you took a few months ago. We would like to get your feedback on the you information you received on underage drinking prevention at (**CODE EVENT TYPE BASE ON SC**).

If you do not complete the survey in one sitting, you can log on again and the survey will resume where you left off. You will not have to repeat any of the questions you have already answered.

Your responses are confidential. Gallup will never release any of your information.

Thank you in advance for your valued input.

New Screen

S1. Just to confirm, are you (Prefix/First Name/Last Name/Suffix)?

- 1 Yes
- 2 No

(Error Message:)

A response is required to continue.

S2. Did you attend the <**CODE EVENT TYPE BASE ON SC**> on **CODE EVENT DATE AND LOCATION**>

- 1 Yes
- 2 No

(Error Message:)

A response is required to continue.

(If code 1 in S2, Skip to Q1; Otherwise, Continue)

New Screen

We're sorry, but this survey was intended for (Prefix/First Name/Last Name/Suffix) who attended <CODE EVENT TYPE BASE ON SC> on CODE EVENT DATE AND LOCATION>.

If you feel you have received this message in error, or if you have questions about this survey, please contact Gallup Client Support at galluppoll@gallup.com or call 1-888-297-8999.

Thank you. You may now close your browser or go to another Web site.

New Screen

For the following questions, I want you to think about your child/children who are between the ages of **9 and 15**.

Q1. Currently, do you see drinking alcohol as an issue to be concerned about regarding your child/children?

- 1 Yes
- 2 No

Q2. Do you think there is anything you could do to prevent your child/children from drinking alcohol?

- 1 Yes **(IF CODE 1 in Q2 continue)**
- 2 No **(SKIP TO Q4)**

New Screen

Q2a. What could you do to prevent your child/children from drinking alcohol? (Fill in response) ***(Allow 400 characters)***

New Screen

Q3. Have you ever had a conversation with your child/children about alcohol?

- 1 Yes **(IF CODE 1 in Q3 continue)**
- 2 No **(SKIP TO Q4)**

New Screen

Q3a. Within the last 3 months, how often have you talked to your child/children about drinking alcohol?

- 1 Once
- 2 Twice
- 3 Three times
- 4 Four times
- 5 Five times or more
- 6 Not at all in the 3 months

Q3b. Within the last 3 months, how often have you talked to your child/children about dangers of drinking alcohol?

- 1 Once
- 2 Twice
- 3 Three times
- 4 Four times
- 5 Five times or more
- 6 Not at all in the 3 months

Q4. Have you talked with the parents of your child's/children's friends about their children drinking alcohol?

- 1 Yes (IF CODE 1 in Q3 continue)
- 2 No (SKIP TO Q5)

New Screen

Q4a. Within the last 3 months, how often have you talked with the parents of your child's/children's friends about children drinking alcohol?

- 1 Once
- 2 Twice
- 3 Three times
- 4 Four times
- 5 Five times or more
- 6 Not at all in the 3 months

New Screen

Q5. If you were concerned or wanted to find information about preventing your child/children from drinking alcohol, where would you go to find information to help

you address this concern? (Fill in response) **(Allow 400 characters)**

New Screen

Q6. Without looking back at any of the materials you received at **(CODE EVENT TYPE BASE ON SC)** about underage drinking, what organization sponsored them?

- 1 CDC
- 2 SAMHSA
- 3 HHS
- 4 NIH
- 8 Don't know

Q7. How likely would you be to seek out more information about this organization?

- 1 Not at all likely
- 2
- 3
- 4
- 5 Extremely likely

Q8. Thinking about all the materials and information you received at **<CODE EVENT TYPE BASE ON SC> about underage drinking**, please describe what you found most useful? Please be as specific as possible. (Fill in response) **(Allow 400 characters)**

New Screen

Q9. How relevant would you say these materials are to you?

- 1 Not at all relevant
- 2
- 3
- 4
- 5 Extremely relevant

Q10. Did the materials leave an impression on you?

- 1 Did not leave an impression
- 2
- 3
- 4
- 5 Left impression

Q11. To what extent did you like these materials?

- 1 Did not like it at all
- 2
- 3
- 4
- 5 Liked it a lot

**(If 1, 2, or 3 in #Q11, Continue;
If No response, go to #Q12;
Otherwise, Skip to Q11B)**

New Screen

Q11A. What didn't you like about them? (Fill in response) **(Allow 200 characters)**

(All in #11A, Skip to #12)

New Screen

Q11B. What did you like about them? (Fill in response **(Allow 200 characters)**)

New Screen

Q12. How likely are you to take any of the following actions related to your child/children and underage drinking?

A. Have a conversation with your child/children about underage drinking in the next 30 days?

- 5 Very likely
- 4
- 3
- 2
- 1 Not at all likely

7 DK

B. Let your child/children know how you feel about him/her drinking?

- 5 Very likely
- 4
- 3

2
1 Not at all likely
7 DK

C. Talk to your child's/children's friends' parents about underage drinking?

5 Very likely
4
3
2
1 Not at all likely
7 DK

D. Search the Internet for more information about underage drinking?

5 Very likely
4
3
2
1 Not at all likely
7 DK

F. Learn more about where your child/children is/are?

5 Very likely
4
3
2
1 Not at all likely
7 DK

G. Learn more about who your child's/children's friends are?

5 Very likely
4
3
2
1 Not at all likely
7 DK

H. Learn more about who your child/children is/are with?

5 Very likely
4

- 3
- 2
- 1 Not at all likely

- 7 DK

I. Monitor your child's/children's online activity?

- 5 Very likely
- 4
- 3
- 2
- 1 Not at all likely

- 7 DK

New Screen

Q13. Since attending the <CODE EVENT TYPE BASE ON SC>, have you visited the Web site www.underagedrinking.samhsa.gov ?

- 1 Yes (IF CODE 1 continue)
- 2 No (SKIP TO Q14)

New Screen

Q13a. How many times have you visited the Web site?

- 1 Once
- 2 Twice
- 3 Three times
- 4 Four times
- 5 Five times or more
- 6 Not at all

New Screen

Q14. How likely are you to visit the www.underagedrinking.samhsa.gov Web site for more information?

- 5 Very likely
- 4
- 3
- 2
- 1 Not at all likely

- 7 DK

New Screen

(PROGRAMMER NOTE: Right above the "Submit Survey" button, display:)

Please submit your survey to Gallup by clicking the "Submit Survey" button below. Once you close your browser, you will no longer be able to view the survey or change your responses.

<Submit Survey>

New Screen

Thank you for participating in The Gallup Underage Drinking Prevention Survey.

You may now close your browser or go to another Web site.