Attachment 1

Organizer Survey

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 0930-0288. Public reporting burden for this collection of information is estimated to average .500 hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and 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 7-1044, Rockville, Maryland 20857.

Town Hall Meetings on Underage Drinking Prevention: Organizer Survey

INFORMED CONSENT STATEMENT

Congratulations on your participation in the Town Hall Meetings¹ (THMs) on Underage Drinking Prevention initiative! You may recall that, as a participant in the THMs initiative, your organization agreed to complete a survey regarding the THM event that was held in your community. The information collected will be used by the Substance Abuse and Mental Health Services Administration (SAMHSA) to document the implementation efforts of this nationwide initiative and to enhance future THM events. The survey will take about 30 minutes to complete.

It is important to obtain information from a large number of organizations to maintain quality of service. Taking the survey will cause little or no risk to you and/or your organization. The potential risks include the breach of confidentiality of nonsensitive information and the emotional discomfort associated with completing any survey. The information you provide will be kept private to the extent of the law and will not be associated with your or your organization's name in any reports to SAMHSA. The findings reported to SAMHSA will be in group form. If you have any questions or concerns about participating in this survey, please email eval@stopalcoholabuse.net or call the THM information line at (240) 747–4980.

By continuing, you are consenting to participate in this survey on behalf of your organization.

Continue Cancel

NOTE: As you complete each page of the survey and click **NEXT**, data entered will be automatically saved. This feature allows you to return to the survey to make changes or finish completing it. You will be allowed to return to the survey until you click **DONE**.

¹ Not all events are called Town Hall Meetings (e.g., Community Forums); however, we will refer to them as Town Hall Meetings (THMs) for consistency in the data collection process.

Please answer each question by marking one of the answer choices. Some questions allow you to mark more than one answer. If you don't find an answer that fits exactly, choose the one that comes closest. Date of Town Hall Meeting (THM) event: MM/DD/YYYY Please Select Location of THM event: State/Territory City ALΑK AS ΑZ (Continue through WY + territory codes) 3. How would you characterize the location where the THM event was held? O Rural O Reservation O Urban O Other (please specify) O Suburban 4. How long did the THM event last? # hours # minutes 5. Did you collaborate with other organizations to coordinate the THM event? O Yes O No Were youth involved in organizing and/or planning the THM event? O Yes O No Was the topic of the THM event solely on underage drinking? O Yes O No (Skip to question 9) (Continue to question 8) 8. If no, what other topics were discussed? How was the THM event promoted in the community? (Mark all that apply.) **O** Brochures O Posters O Calendar posting (community or other) O Press release O Direct mailings O Public service announcement O Radio O Email O E-newsletter/listserv O Social networking sites (Facebook, Twitter, MySpace, and so on) O Flyers O Telephone calls

Next Cancel

O Local television

O Newsletters

O Marquees/signs/billboards

O Web site

O Word of mouth

O Other (please specify)

10.	Wh	at was the total number	of THM eve	ent at	tendees? (Estimates are okay.)			
	# of	f physical attendees:		# of	virtual attendees:			
11.	11. In what language(s) was(were) the THM event conducted? (Mark all that apply.)							
	0							
	0	Spanish						
	0	Other (please specify)						
12.	Wh	ich of the following was	among the	discu	ssion topics at the THM event? (Mark all that apply.)			
	0	Changes in policy/legislation						
	0	O Campus/community collaboration						
	0	O School-based strategies						
	0	Alcohol sales to minors						
	0	Alcohol advertising to which youth are exposed						
	0	Parental involvement						
	0	Alcohol access in the home						
	0	Parental hosting of part	ies where a	alcoh	ol is served to youth			
	0	Communication campaigns and strategies						
	0	Alcohol-related injury, death, or health care concerns						
	0	Costs to society/local community of underage drinking						
	0	Other (please specify)						
13.	Wh	ich of the following best	represents	key s	speakers at the THM event? (Mark all that apply.)			
	0	Alcohol beverage retail	ers	0	Medical professionals			
	0	Business leaders		0	Parents			
	0	Community leaders		0	Prevention specialists			
	0	Education professionals	5	0	Public health officials			
	0	Human service staff		0	State elected officials			
	0	Law enforcement offici	als	0	State Governor's spouse			
	0	Legal professionals		0	Youth			
	0	Local elected officials		0	Other (please specify)			
14.	Did	you use any material(s)	from <u>www.</u>	stopa	alcoholabuse.gov for the THM event?			
	0	Yes	O No					
	(Co	ntinue to question 15)	(Skip to qu	estio	n 16)			
			Back		Next Cancel			

15.	If yes, what material(s) did you use?									
16.	What are some of the major actions planned as a result of this THM event? (Mark all that apply.)									
	O									
	O	- 0								
	0	O Creating underage drinking prevention action groups (e.g., committees, task forces, and advisory boards).								
	0	O Starting a youth-led coalition on underage drinking prevention.								
	0	Developing strategic plans to reduce and prevent underage drinking.								
	0	O Collaborating with other agencies or programs to reduce and prevent underage drinking.								
	0	Planning additional THM events on underage drinking prevention.								
	0	Planning other future events on underage drinking prevention.								
	0	Holding follow-up meetings or discussion groups on underage drinking prevention.								
	0	Applying for additional funding to sustain underage drinking prevention efforts.								
	0	Other (please specify).								
17 Overall, how satisfied are you with this THM event?										
	0	Very satisfied O Somewhat satisfied O Somewhat dissatisfied O Very dissatisfied								
18. Did you participate in a THM-related Webinar?										
	0	Yes O No								
	(Cc	ntinue to question 19) (Skip to question 20)								
19.	If y	es, which Webinar did you participate in?								
20.	Did	you view online training at <u>www.stopalcoholabuse.gov</u> ?								
	0	Yes O No								
		ntinue to question 21) (Skip to question 25)								
21.	If y	f yes, which online training did you view?								
		Back Next Cancel								

22. (Overall, how satisfied are you with the training you received?								
	0	Very satisfied	0	Somewhat satisfied	0	Somev	vhat dissatisfied	0	Very dissatisfied
	To what extent has the training you have received improved your capacity to provide effective (underage drinking) prevention services?								
	0	A great deal							
	0	Somewhat							
	0	Not very much							
	0	Not at all							
	0	Not applicable							
		vhat extent have lemented?	the t	raining recommendat	ions	you rece	eived most recen	ıtly b	een fully
	0	Fully		O Partially		0	Not yet begun		
25. [Did	you receive techr	nical	assistance (TA) in plan	ıning	this THI	M event?		
	0	Yes		O No					
	(Co	ontinue to questic	on 26	(Skip to questio	n 30))			
26. I		Called the THM	TA h <u>topa</u>	equest for TA? (Mark a notline [(240) 747–498 lcoholabuse.net. y).		at apply	.)		
27. (Ove	rall, how satisfied Very satisfied		you with the TA you r Somewhat satisfied			vhat dissatisfied	0	Very dissatisfied
28. 1	Го v	vhat extent has th	ne TA	A you have received im	ıprov	ed your	capacity to prov	⁄ide (effective (underage
(drin	king) prevention	servi	ces?					
	0	A great deal							
	0	Somewhat							
	0	Not very much							
	0	Not at all							
	O	Not applicable							
29. 1	Го v	vhat extent have	the ⁻	ΓA recommendations y	ou r	eceived	most recently be	en f	ully implemented?
	0	Fully		O Partially		0	Not yet begun		
				Back No	ext	Ca	ncel		

30.	Please share with us any other important features or reactions to the THM event.					
31.	Did your organization collec	t data about this THN	∕l event	?		
	O Yes	O No				
	(Continue to question 32)	(Proceed to the end	d and cli	ck done)		
32.	If yes, would you be willing	o share those data v	vith SAN	инsa?		
	O Yes	O No				
If ye	es, please submit the data al	ong with a data code	book to	the following address:		
		Macro AD—Rená A. Agee	[or]	eval@stopalcoholabuse.net		
		•				
11785 Beltsville Drive, Suite 300 Calverton, MD 20705						
	Carverton	, 1410 20703				
-	ou have any questions about l <u>@stopalcoholabuse.net</u> or c	•	his THM	1 event, please email		
		Pack Do	no	Cancal		

<Exit screen after DONE will say: Thank you again for sharing this important information about the Town Hall Meeting on Underage Drinking that was held in your community!>