Attachment 1

State/Territory Videos Project – Point of Contact Feedback Form

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-XXXX. Public reporting burden for this collection of information is estimated to average 20 minutes 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 8-1099, Rockville, Maryland, 20857.

State/Territory Videos Project - Point of Contact Feedback Form

INFORMED CONSENT STATEMENT

Congratulations on your participation in the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA/CSAP) State/Territory Videos project! You may recall that, as a participant in this project, you agreed to provide feedback on the experience of your State/Territory with producing the underage drinking prevention video. The information collected on this feedback form will be used by SAMHSA/CSAP to ascertain whether the videos are assisting States/Territories in communicating effectively about their underage drinking prevention initiatives, goals, and objectives; document the dissemination efforts of the video; and enhance the technical assistance that is provided by the video production team in producing the videos.

This feedback form will take approximately 20 minutes to complete. It is important to obtain information from all participants in the State/Territory Videos project to maintain quality of service. The information you provide will not be associated with your name or your State/Territory in any reports to SAMHSA/CSAP. The findings reported to SAMHSA/CSAP will be in group form. Information provided on this feedback form (e.g., respondent identifiers and dissemination information) may be shared with the production team to improve service delivery and to update the dissemination plans identified in the outline for your State's/Territory's video. If you have any questions or concerns about completing this feedback form, please email XXX or call (XXX) XXX-XXXX.

By continuing, you are consenting to provide feedback 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**.

[Programmer \rightarrow Auto capture feedback form completion date.]

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Please answer each question by marking <u>one</u> 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.

| 1. | Plea | lease describe at least two of the objectives for your State's/Territory's video on underage drinking prevention. | | | | | | | |
|---|--|---|-------|--|-------|-------------------------|--|--|--|
| | Objective 1: | | | | | | | | |
| | | | | | | | | | |
| 2. | | | | | | | | | |
| | | O Parents/Adults O Policymakers O Community partners | | | | | | | |
| | 0 | Youth | 0 | Community stakeholders | 0 | Other (Please specify) | | | |
| | 0 | General audience | 0 | Local coalitions | | | | | |
| The | e nex | t questions are about t | the c | lissemination efforts of the Sto | ate/T | erritory video product. | | | |
| 3. | Has | as the video been disseminated? | | | | | | | |
| | | Yes O No | | | | | | | |
| | | | | | | | | | |
| | - | | | o q3 = Yes, program to ask \rightarrow | - | | | | |
| | Please indicate how the video was disseminated from the categories listed below and provide dissemination numbers (e.g., # of views/downloads, viewers or copies distributed) for each category utilized. (Mark all that apply.) | | | | | | | | |
| 0 Website (agency) - # of views (or downloads) | | | | | | _ | | | |
| | 0 | Website (partner) - # | of v | iews (or downloads) | | _ | | | |
| O YouTube - # of views O Other social media (Please specify) # of views (or downloads) | | | | | | | | | |
| | | | | | | ews (or downloads) | | | |
| | O Distributed to partner community organizations/coalitions - # copies distributed O Mailed DVDs (excluding those mentioned above) - # copies distributed O TV (including cable & local public access) - # times broadcast, viewership # | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 0 | Town hall meeting/p | ublic | forum presentations - # of vie | ewer | s/session attendees | | | |
| | 0 | Conference presenta | tions | s - # of viewers/session attend | ees _ | | | | |
| | 0 | Other (Please specify |) | | | | | | |



| Which of the following is among the dissemination plans for the video? (Mark all that apply.) | | | | |
|---|---|---|---|--|
| 0 | Website (agency) | 0 | Mail DVDs | |
| 0 | Website (partner) | 0 | TV (including cable & local public access) | |
| 0 | YouTube | 0 | Town hall meeting/public form presentations | |
| 0 | Other social media (Please specify) | 0 | Conference presentations | |
| 0 | Distribute to community organizations/coalitions | 0 | Other (Please specify) | |

- 0 Yes 0 No [Programmer \rightarrow Auto skip to q7; however if q3 = No, auto skip to q9]
- 5. What challenges and/or limitations have you encountered?
- 6. How were the challenges and/or limitations resolved?

[Programmer \rightarrow if q3 = No and q4 = Yes, auto skip to q9]

- 7. Have you received any feedback on the reaction of audiences who have been exposed to the video?
 O Yes
 O No [programmer → Auto skip to q9]
- 8. What is the nature of the feedback and who provided the feedback?
- 9. Have there been any unintended outcomes from either making or disseminating the video?
 - **O** Yes **O** No [Programmer \rightarrow Auto skip to q11]
- 10. Please describe the unintended outcomes.



The next questions are about your perceptions of the State/Territory video product.

- 11. In your opinion, what effect does the video have on the capacity of your State/Territory to communicate about its underage drinking prevention activities?
- 12. In your opinion, what effect does the video have on the capacity of your State/Territory to help raise awareness about the underage drinking prevention <u>successes</u> among the targeted audiences in your State/Territory?
- 13. In your opinion, what effect does the video have on the capacity of your State/Territory to help raise awareness about the underage drinking prevention <u>challenges</u> among the targeted audiences in your State/Territory?

The next questions are about the technical assistance your State/Territory received in producing the video product.

14. How useful did you find the following preplanning materials and activities:

| Please mark your response by placing an X in the box. | Very useful | Somewhat useful | Not useful |
|--|----------------|--------------------|---------------|
| Informative emails | • | • | • |
| Frequently Asked Questions (FAQs) | • | • | • |
| Conference calls | • | • | • |
| Produce an Effective Underage Drinking Prevention Video: A Guide | • | • | • |
| to the Video Production Process | | | |
| Quarterly e-newsletter | • | • | • |

15. Did you encounter any challenges and/or limitations in developing the video?

O Yes **O** No [Programmer \rightarrow Auto skip to q19]

- 16. What challenges and/or limitations did you encounter?
- 17. How were the challenges and/or limitations in developing the video resolved?

18. If technical assistance (TA) was provided by the video production team, what effect did it have on the challenges and/or limitations encountered?

Back Next Cancel

19. How helpful would you rate the TA provided by the video production team during the following activities:

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| | Please mark your response by placing an X in the box. | Very helpful | Somewhat helpful | Not helpful | | | |
|-----|--|--------------------------------|---------------------|------------------------|--|--|--|
| | Pre-Production phase | • | • | • | | | |
| | Field Production (on-site shooting) phase | • | • | • | | | |
| | Post-Production phase | ● | • | • | | | |
| 20. | Overall, how satisfied are you with the TA your State/Territory received O Very satisfied O Somewhat satisfied O Somewhat | - | - | team]? dissatisfied | | | |
| 21. | To what extent has the TA you received [from the video production tea capacity to provide effective (underage drinking) prevention services? O A great deal O Somewhat O Not very much O | am] improved | your State's/Te | | | | |
| 22. | To what extent have the TA recommendations your State/Territory recommendations your State/Territory recomposition team] been fully implemented?OFullyOPartiallyONo | ceived most re ot yet begun | cently [from th | ie video | | | |
| 23. | What would you recommend to improve the video development proce video? | ess used to cre | ate your State | 's/Territory's | | | |
| 24. | What advice would you give to other States/Territories that are interes drinking prevention? | sted in produc | ing a video on | underage | | | |
| 25. | 25. Is there anything else that you would like to tell me about the video production support or video product your State/Territory? | | | | | | |
| | Back Done | Cancel | | | | | |

[Programmer → code Exit screen after DONE to say: Thank you again for sharing this important information about your State's/Territory's experience with producing the underage drinking prevention video. You will be contacted in about 6 months to update the dissemination efforts of your State's/Territory's video.]

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