

Attachment 3

Video Viewers Feedback Form

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INFORMED CONSENT STATEMENT

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) sponsors a video series that highlights underage drinking prevention initiatives conducted throughout the United States and its Territories. The purpose of this form is to obtain feedback about your views of underage drinking as a public health issue prior to and after watching one of the State/Territory videos. This form will take about 5 minutes to complete. Please complete one form for each video that you watched. Although your feedback is important to us, your participation is completely voluntary and you can choose to answer some or all of the questions. Please **do not include your name or contact information** anywhere on this form. Information collected on the feedback forms will be combined in study reports to SAMHSA/CSAP. If you have any questions and/or concerns about completing this form, please email XXX or call (XXX) XXX-XXXX.

By continuing, you are consenting to complete this feedback form. **If you are under the age of 18:** By continuing, you are stating that you have received permission from a parent/guardian to complete this feedback form. Thank you for taking the time to provide this feedback.

Continue

Cancel

Please select your best response(s) for each question.

1. Which State/Territory video did you watch? _____

2. Please select your best response by placing an X in the box.

	Very Concerned	Somewhat Concerned	Not Concerned
a. Prior to watching this video, how would you describe your level of concern with underage drinking as a public health issue?	●	●	●
b. As a result of watching this video, how would you describe your level of concern with underage drinking as a public health issue?	●	●	●

3. As a result of watching this video, do you plan to seek information about underage drinking?

Yes No

4. As a result of watching the video, how, if at all, do you plan to become involved in underage drinking prevention efforts? **(Mark all that apply.)**

- I do not think that I will become involved in underage drinking prevention efforts.
- Talk with my child/family/friends about the dangers of underage drinking.
- Alter/change personal practices related to serving alcohol and alcohol consumption.
- Join a coalition or organization working to prevent and reduce underage drinking.
- Contact policy and lawmakers to advocate for changes and/or recommend enhanced enforcement of existing laws and policies.

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 5 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.

Other (Please specify) _____

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5. To whom, if anyone, would you recommend this video? **(Mark all that apply.)**

- I would not recommend the video
- Parents/Relatives
- Caregivers
- Educators
- Law Enforcement
- Government Officials
- Health Care Professionals
- Friends
- Coworkers
- Youth
- Academic/Community/Social Organizations
- Youth Leaders (e.g., coaches, scouting leaders)
- Media Professionals
- Other (Please specify)

6. Please let us know why you would or would not recommend the video.

Demographic Information: Please select your best response(s) for each question.

What is your gender?

- Male
- Female

How old are you? **(Select the most appropriate category.)**

- under 12 years old
- 12 to 14 years old
- 15 to 17 years old
- 18 to 20 years old
- 21 to 24 years old
- 25 to 44 years old
- 45 to 64 years old
- 65 years old or older

What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

What is your race? **(Mark one or more race.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Back

Done

Cancel

[Programmer → Code Exit screen after DONE to say: **Thank you for providing feedback on underage drinking prevention video that you watched!**]

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Done

Cancel