

HIGH VISIBILITY BAR ENTRY PATRON QUESTIONNAIRE**Paperwork Reduction Act Burden Statement**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-xxxx. Public reporting for this collection of information is estimated to total approximately (10) minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, (NHTSA, 1200 New Jersey Ave, SE, Washington, D.C. 20590.

INTRODUCTION:

Hello, I'm _____ of **[FILL IN COMPANY NAME]**. We are surveying people on behalf of the U.S. Department of Transportation. You have not done anything wrong and this is not a sales survey. We are offering \$10 to participate in a TWO-PART survey. We are conducting a study of the driving behaviors and alcohol use of residents of **[JURISDICTION]**. We would like to ask you some questions and take a sample of your breath to be analyzed later for alcohol. The interview is voluntary, even if you agree to take part in the survey you may stop participating at any time. The information you provide us will be used for research purposes only. We will not collect any personal information that would allow anyone to identify you. The interview and breath sample for the first part of the survey takes about 5 minutes to complete.

[Interviewer Note: If necessary, read]: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. **The Office of Management and Budget (OMB) control number for this study is xxxx-xxxx.**

May I begin?

- Refused to complete the survey **[END]**
- Consented to complete the survey **[CONTINUE]**

1. How often do you drive a motor vehicle? Almost every day, a few days a week, a few days a month, or a few days a year?

- Almost every day
- Few days a week
- Few days a month
- Few days a year
- Never
- Other (Specify _____)
- Don't know
- Refused

Activate PAS for reading

2. Are you driving tonight?

- No
- Yes
- Don't know
- Refused

3. In the past year, how often did you have a drink containing alcohol?

- Never **[Skip to Question 10]**
- Less than monthly **[Go to Question 4]**
- Monthly **[Go to Question 4]**
- Weekly **[Go to Question 4]**
- Daily/almost daily **[Go to Question 4]**
- Don't know **[Go to Question 4]**
- Refused **[Go to Question 4]**

Assess estimated level of intoxication

- No signs of alcohol or drug use [Level 1]
- Signs of use but no intoxication [Level 2]
- Signs of use and intoxication [Level 3]

If level 3– ***Implement IDP***

For Level 3 subjects: Continue asking questions while observing subject and determine: (1) if subject has the ability to give consent, and (2) if the interview should be stopped and the IDP activated.

4. Do you plan to drink alcohol at this bar tonight?

- No
- Yes
- Don't know
- Refused

5. How many drinks do you plan on having tonight?

6. In the past 30 days, how many drinks containing alcohol did you have on a typical day when you were drinking?

- 1-2
- 3-4
- 5-6
- 7-9
- 10 or more
- Didn't drink alcohol in past 30 days **[Skip to Question 8]**
- Refused

7. In the past 30 days, how often did you have 5 (4 for a woman) or more drinks in a two-hour period?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily/almost daily
- Refused

Record PAS reading

- 00
- 1 green
- 2 green
- 1 yellow
- 2 yellow
- 3 yellow
- 4 yellow (Implement IDP)

- 1 red (Implement IDP)
- 2 red (Implement IDP)
- 3 red (Implement IDP)
- Not used

8. Suppose you drove a motor vehicle after drinking alcohol and the amount of alcohol in your body was more than what the law allows for drivers. How likely is it that the police would stop you? Would the police be.....?

- Very likely to stop you
- Somewhat likely to stop you
- Not likely to stop you
- Don't know
- Refused

9. How likely is it that [Perceived Enforcement Risk in Community]?

- Very likely
- Somewhat likely
- Not very likely
- Don't know
- Refused

10. Yes or No--in the past 30 days, have you seen or heard of any effort by police in your community to reduce driving under the influence or drunk driving?

- Yes **[Go to Question 11]**
- No **[Skip to Question 12]**
- Don't know **[Skip to Question 12]**
- Refused **[Skip to Question 12]**

11. In your opinion, how often is this police effort happening?

[READ LIST – ONE REPNSE]

- Regularly (happening on a continuing basis – daily, weekly, etc.)
- Occasionally (happening a few times a year)
- One-time only
- Don't know
- Refused

12. In the past 30 days, have you seen or heard any messages that mention drunk driving enforcement? This could be public service announcements on TV, messages on the radio or your phone, signs on the road, news stories, communication via the internet including computer games, or something else.

- Yes **[Go to Question 13]**
- No **[Skip to Question 14]**
- Don't Know **[Skip to Question 14]**
- Refused **[Skip to Question 14]**

13. Where did you see or hear about the drunk driving enforcement? [DO NOT READ--MULTIPLE RESPONSES ACCEPTED]

| | |
|---|---|
| <input type="checkbox"/> TV | Was it a... <input type="checkbox"/> Commercial/Advertisement <input type="checkbox"/> Public Service Announcement <input type="checkbox"/> News story/Program <input type="checkbox"/> Something else (Specify _____) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused |
| <input type="checkbox"/> Radio | Was it a... <input type="checkbox"/> Commercial/Advertisement <input type="checkbox"/> Public Service Announcement <input type="checkbox"/> News story/Program <input type="checkbox"/> Something else (Specify _____) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused |
| <input type="checkbox"/> Newspaper | Was it a... <input type="checkbox"/> News story <input type="checkbox"/> Advertisement <input type="checkbox"/> Letter to the editor <input type="checkbox"/> Something else (Specify _____) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused |
| <input type="checkbox"/> Internet/online/computer game/email (not from friend)/ mobile phone | Was it a... <input type="checkbox"/> News story <input type="checkbox"/> Internet ad <input type="checkbox"/> Internet game <input type="checkbox"/> Social networking message (like Facebook or Twitter) <input type="checkbox"/> Internet video (from something like YouTube) <input type="checkbox"/> Something else (Specify _____) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused |
| <input type="checkbox"/> Brochure or other handout <input type="checkbox"/> Billboard/signs <input type="checkbox"/> Community presentation <input type="checkbox"/> Personal observation/on the road <input type="checkbox"/> Friend/Relative <input type="checkbox"/> I'm a police officer/judge <input type="checkbox"/> Other (specify _____) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused | |

DEMOGRAPHICS

Now I need some information about you.

14. What is your age?

- Age _____
 Refused

15. Do you consider yourself to be Hispanic or Latino?

- Yes
 No
 Not sure
 Refused

16. Which of the following racial categories describes you? You may select more than one. **[READ LIST--MULTIPLE RECORD]**

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 [DO NOT READ] Other (Specify _____)
 Refused

17. What is your Zip Code?

- Zip Code _____
 Don't know
 Refused

BREATH SAMPLE:

"Now I'd like to get a sample of your breath. Our device does not display any readings and there is no risk to you." **[Show PBT to subject]** *"This will take just a few seconds."*

"I will indicate on my survey that you said": YES NO

[Take breath sample with PBT]

RECORD PBT NUMBER _____ **RECORD PBT TEST NUMBER:** _____

That completes the first portion of the survey. On your way out of the bar tonight, please look for one of our surveyors in blue. **[Place ID band on participant.]** This bracelet has an ID code which will link your survey to the second survey in this study (completed upon exiting the establishment). This second survey and breath sample should take no longer than 3 minutes. We will give you your \$10 incentive once this second portion has been completed.

Thanks for taking the time to participate in this research study.

RECORD: Group #: _____ Individual #: _____ Of # _____

NOTE: SELECT GENDER BY OBSERVATION - Male or Female?

- Male
 Female

HIGH VISIBILITY BAR EXIT PATRON QUESTIONNAIRE

INTRODUCTION:

Welcome back, I'm _____. As we told you earlier in the evening we are surveying people on behalf of the U.S. Department of Transportation. This is the second part of the survey where you may collect the \$10 we offered as you first came in to complete the survey. Remember, the interview is voluntary, even if you agree to take part in the survey you may stop participating at any time. The information you provide us will be used for research purposes only. We will not collect any personal information that would allow anyone to identify you. The interview takes about 3 minutes to complete.

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RECORD: Group #: _____ Individual #: _____ Of #: _____

May I begin?

- Refused to complete the survey **[END]**
- Consented to complete the survey **[CONTINUE]**
- Refused

Activate PAS for reading

18. Are you driving tonight?

- No
- Yes
- Don't know
- Refused

Assess estimated level of intoxication

- No signs of alcohol or drug use [Level 1]
- Signs of use but no intoxication [Level 2]
- Signs of use and intoxication [Level 3]

If level 3– Implement IDP

For Level 3 subjects: Continue asking questions while observing subject and determine: (1) if subject has the ability to give consent, and (2) if the interview should be stopped and the IDP activated.

Record PAS reading

- 00
- 1 green
- 2 green
- 1 yellow
- 2 yellow
- 3 yellow
- 4 yellow **[Implement IDP]**
- 1 red **[Implement IDP]**
- 2 red **[Implement IDP]**
- 3 red **[Implement IDP]**
- Not used

19. How often do you drink in bars or restaurants?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily/almost daily
- Refused

20. How many drinks did you have tonight? _____

21. Suppose you drove a motor vehicle after drinking alcohol and the amount of alcohol in your body was more than what the law allows for drivers. How likely is it that the police would stop you? Would the police be.....?

- Very likely to stop you
- Somewhat likely to stop you
- Not likely to stop you
- Don't know
- Refused

BREATH SAMPLE:

“Now I'd like to get a sample of your breath. Our device does not display any readings and there is no risk to you.” [Show PBT to subject] “This will take just a few seconds.”

“I will indicate on my survey that you said”: YES NO

[Take breath sample with PBT]

RECORD PBT NUMBER _____ **RECORD PBT TEST NUMBER:** _____

“It is important for you to know that our breathalyzer cannot provide information at this time about your drinking. You should not conclude from our brief interview that it is safe for you to drive if you have been drinking. Any amount of alcohol or drugs increases chances of being in a traffic crash and causing accidental injury or death to yourself and others. So does driving in a state of extreme exhaustion. If you are unable to drive home safely, we encourage you to use public transportation or we will provide you with FREE transportation home. Please do not hesitate to ask for assistance in getting home safely tonight.”

That completes the survey. **[Surveyor gives the \$10 money order incentive.]**

Thanks for taking the time to participate in this research study.