Appendix A

Survey Screener

Form 1321

**Survey Screener**

**Hello, I'm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ distributing surveys for the U.S. Department of Transportation. Several Driver Licensing Offices are participating in a study about community-oriented enforcement. We are looking for drivers 18 years and over to complete a 10 minute survey. Participation is voluntary and anonymous.**

**Thank you. First, are you 18 years old or older?**

1. Yes (continue)
2. No (Thank you for your time. We need volunteers 18 and over.)

**Are you a licensed driver?**

1. Yes
2. No (Thank you for your time. We need volunteers who are licensed drivers.)

**IF QUALIFIED TO PARTICIPATE** – **Would you like to participate?** [Survey administrator response options] [If respondent would like to participate] **Ok, thank you. I now have a brief survey for you to complete while you wait for service. Would you mind completing the survey and dropping it in the box over there** [indicate where to drop surveys] **before you leave?** [If respondent decides against participation] **Ok, thank you so much for your time, have a good day.**

**IF NOT QUALIFIED TO PARTICIPATE** – **Thank you so much for your time, have a good day.**

[Note to survey administrator: If respondent asks for more information about the data collection, provide the following]

* **Participation in voluntary.**
* **Participation is anonymous, and we will not collect any personal information that would allow anyone to identify you.**
* **Please note that 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 currently valid OMB control number.**
* **The OMB control number for this collection is XXXX-XXXX.**

***Please select one of the following disposition codes***

** I – Ineligable**

** R – Refusal**

** O – Other**

**Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**