TLP YOUNG ADULT 15-MONTH

TRACKING SURVEY

**STARS [insert logo]**

**Young Adult 9-Month Tracking Survey**

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# Programming Notes

* Display “back” “next” “or " buttons and on each screen.
* Display a reminder not to use the forward and back buttons in the internet browser but to use the survey forward and back buttons.
* Display a progress bar on each screen.
* Time out after 7 minutes of inactivity. Display a one- minute timeout warning enabling user to extent time out period another 7 minutes.
* Unless otherwise specified (by “select all that apply”), only one answer is permitted per item.
* Participants may skip any item.
* For each question, if a response/answer is not provided, after respondent clicks “continue,” the following pop-up warning should appear confirming that they want to skip. It should read: “Oops - we didn’t get an answer to one or more of the last questions. Are you sure you want to move forward?” and provide two options: “Yes - next question” and “No - go back to last question.”
* Code a legitimate (planned) skip as -101
* Item-specific programming notes appear in **Blue Font** throughout the survey.
* Notations regarding the construct being measured and/or its source are shown in **Red Font**. These must NOT be displayed on the programmed survey.
* Section headings (in black font) may be displayed if desired

# Welcome Screen

**WELCOME TO THE STARS 15-MONTH CONTACT UPDATE!**

[insert study logo]

**You are part of an important study called STARS (Successful Transitions to Adulthood Research Study).** **You signed up for it at [insert TLP name].**

**What’s the study about?**

The study is learning about how communities can help young adults like you develop the skills they need to build strong futures,

**What will happen?**

When you joined STARS, you were asked to take part in several surveys and contact updates over 12 months. **Now, we’re asking you to complete a contact update. You will get a [$xx] electronic** **gift card to[xxxx] for completing it.**

The questions in this survey take about 5 to 10 minutes to answer. You will be asked to check and update your contact information. You may skip questions or stop answering questions at any time.

**What happens to my answers?**

Only the people who are doing the [insert informal study name] study can see your answers. Your name will not be attached to your answers. Your answers will be combined and reported with the answers of over 1,200 other young adults.

**Who should I contact if I have any questions about the study?**

If you have any questions about STARS, you can call the people who are doing the study at (XXX) XXX-XXXX. This is a free call.

***Continue***

# Tracking Screen

**To help us make sure we are giving you the right survey, please enter your name and date of birth below.**

**Name. :** First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth:**  \_\_/\_\_/\_\_\_\_ [MM/DD/YYYY format, provide dropdown]

**Where were you born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City State Country

***Continue***

[Use name and DOB or birthplace to confirm respondent’s identity, check for match in sample file, and confirm ID match with prior wave(s) of data.]

*The Paperwork Reduction Act 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 collection is xxxx-xxxx, and it expires xx/xx/xxxx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address]; Attn: OMB-PRA (xxxx-xxxx).*

# Contact Information

First, we want to make sure we know where to send your electronic gift card after you complete this survey and future surveys.

Gift1a. After you finish and submit your survey, we will email or text you an electronic gift card to Amazon.com. How would you like us to send you the gift card?

(Select only one answer)

Email it to me [ ] 01

Text it to my cell phone [ ] 02

I do not have an email address or cell phone you can text to [ ] 00

[If Gift1a = 0, present Gift1b. Else skip to Contact1]

**Gift1b. Instead of emailing or texting you your electronic gift card, we can send the information by mail. We will ask for the address to send it to a little later in the survey.**

[Display Contact1 and Contact2 on the same screen]

**Contact1. Is your contact information shown below correct?**

Yes [ ] 01

No [ ] 00

[Insert current contact info from sample file.]

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

City State Zip Code

Cell Phone Number Other Phone Number

Email

Twitter Handle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook Screen Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow us on Twitter:** [insert study Twitter handle]

[If Contact1=0, allow to correct contact info Change Information **:** Continue ]

Contact Info Check: If missing any piece of contact information across Contact1 and Contact2, present a pop-up that reads: We do not seem to have a <contact info item> for you. Would you like to go back and provide that information so we can be sure to reach you for future surveys and to provide you with your electronic gift card from completing this survey? Go Back Continue ]

[Check that email in standard form, containing @ and .com, .net, .biz, .edu, etc. If not, present error message that reads: “The email address you entered is not in standard form. Please re-enter you email address.”]

[If Gift1 = 0, ask Gift3.]

[If Gift1 = 1 or 2, ask Gift2]

**Gift2. Earlier you told us to send your electronic gift card to you by [if Gift1 = 1 insert “email” if Gift1 = 2 insert “text”]. Please confirm where to send your electronic gift card**

|  |  |  |
| --- | --- | --- |
|  | **Yes**  (01) | **No**  (00) |
| [if Gift1 = 1 present:   1. **Is this the address we should email it to?** [Insert email address from above.] |  |  |
| [if Gift1 = 2 present:   1. **Is this the number we should text it to?** [Insert cell # from above.] |  |  |

[If Gift2a or gift 2b = 0, ask Gift2c, else skip to Contact 3]

**Gift2c. If not, please tell us how to send you your electronic gift card:**

(Select only one answer)

|  |  |  |
| --- | --- | --- |
|  |  | **Enter the** **[email address/ cell phone number] we should use here:** |
| 🞏 | Email it to me: |  |
| 🞏 | Text it to my cell phone: |  |

[If Gift1 = 0, ask Gift3, else skip to Contact 3]

**Gift3. Earlier you told us that you do not have an email address or a cell phone where we can text your electronic gift card. We can mail it to you instead.**

[If has address in Contact1 or Contact 2, present Gift3a]

**Gift3a. Is the address below where we should send it?**

[Insert contact info from above.]

Street Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code

Yes [ ] 01

No [ ] 00

[If Gift3a =0, allow to correct contact info Change Information **:** Continue

[If NO address in Contact1 or Contact2, present Gift3b]

**Gift3b. Please tell us where to mail your electronic gift card:**

|  |  |
| --- | --- |
|  |  |
| Street Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Zip Code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

[Ensure that address is complete and in valid format]

[If cell phone provided in Contact1 or Contact2, ask Contact3 and Contact4, else skip to Contact5]

**Contact3. Is it OK for us to text your cell phone about [insert informal study name]?**

(Please keep in mind that your cell phone carrier may charge a fee to receive or send text messages, depending on your plan.)

Yes [ ] 01

No [ ] 00

**Contact4. Is it OK for us to leave a message on your cell phone about [insert informal study name]?**

Yes [ ] 01

No [ ] 00

[If other phone provided in Contact1 or Contact2, ask Contact5, else skip to Contact6]

**Contact5. Is it OK for us to leave a message on your other phone about [insert informal study name]?**

Yes [ ] 01

No [ ] 00

[If Twitter handle provided in Contact1 or Contact2, ask Contac6a-6b, else skip to Contact7]

**Contact6a. Is it OK for us to contact you about [insert informal study name] on Twitter? We would only contact you on Twitter with a private message and never Tweet at you publicly.**

Yes [ ] 01

No [ ] 00

**Contact6b. If you would like us to contact you on Twitter, you will need to follow us. Now’s a**

**great time to do that! Our Twitter Handle is:** [insert study Twitter handle]

[If Facebook screen name provided in Contact1 or Contact2, ask Contact6, else skip to Contact7a]

**Contact7. Is it OK for us to contact you about [insert informal study name]on Facebook? We would only contact you on Facebook with a private message and never post anything to your wall.**

Yes [ ] 01

No [ ] 00

**To be sure we can reach you about future surveys, we ask you to provide contact information for people who will always know where you are and how to reach you. We will NOT discuss or share any of your personal information or survey answers with anyone you list as a contact. Your personal information and answers are strictly confidential.**

**Contact8. Below is the information you gave us for trusted friend, family member, or other person who will always know where you are and how to reach you in the future in case we have difficulty. Is the contact information we have correct?**

Yes [ ] 01

No [ ] 00

[Insert current contact info from sample file.]

First name of parent/legal guardian

Last name of parent/legal guardian

Email address of parent/legal guardian

Home address of parent/legal guardian

Cell phone number of parent/legal guardian

Home phone number of parent/legal guardian

[If Contact8=0, allow to correct contact info Change Information **:** Continue ]

**Contact9. Below is the information you gave us for another trusted friend, family member, or other person who will always know where you are and how to reach you in the future in case we have difficulty. Is the contact information we have correct?**

Yes [ ] 01

No [ ] 00

[Insert current contact info from sample file.]

First name of family member

Last name of family member

Relationship to you

Email address of family member

Home address of family member

Cell phone number of family member

Home phone number of family member

[If Contact9=0, allow to correct contact info Change Information **:** Continue ]

# Closing Screen

**Closing1.**

**Thank you for taking this survey and being part of STARS!**

**After you submit your survey, we will [insert mode selected: email/text] your electronic gift card to:**

[insert gift card contact]

**Closing1a. If this information is wrong, click here:** CHANGE INFORMATION

**Closing 1b. If this information is correct, click here to submit your survey:** SUBMIT

(Once you submit your survey, you cannot go back and change your answers.)

**Closing1c. You will receive your electronic gift card within [xx] days.**

**If you have any questions about STARS, you can call the people who are doing the research at (XXX) XXX-XXXX. This is a free call.**

**Thanks again!**

**You are a very important part of STARS!**