

{Substance Abuse and Mental Health Services Administration (SAMHSA) Logo}

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 XXXX-XXXX, and it expires XX/XX/XXXX. Public reporting burden for this collection of information is estimated to average 60 minutes per respondent, including the time for reviewing instructions. Send comments regarding this burden to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57B, Rockville, MD 20857.

Authorization and Release

The undersigned hereby authorizes the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) to use the information, feedback, and opinions I provided through a telephone interview to assess the usefulness of the “Talk. They Hear You.”[®] campaign in facilitating conversations with children about underage drinking.

Procedures: If you participate in this study, you will be contacted by telephone to answer follow-up questions regarding your participation in the underage drinking survey. **We will also be recording the telephone call** to clarify the information written down by the facilitator, should there be any questions in summarizing the results. If you volunteer to participate in this telephone interview, you will be asked some questions about your experience discussing underage drinking, including whether conversations were facilitated by exposure to the “Talk. They Hear You.” campaign materials. No personal information will be included in the notes; we are using only first names during the telephone call.

Your participation is completely voluntary. You may withdraw from this study at any time without penalty.

Benefits and Risks: Your participation may benefit you and other parents and caregivers concerned about the impact of early alcohol use and efforts to prevent occurrences of underage drinking. No risks greater than those experienced in ordinary conversation are anticipated. Only first names will be used by the facilitator for the purpose of contacting individuals, and will no longer be associated with the information provided following the interview.

Consent:

By signing below, you are indicating that you fully understand the above information and agree to participate in this individual telephone interview.

Participant’s signature: _____

Attachment 4: Parent/Caregiver Interviews Consent Form

Printed name: _____

Date: _____

If you have any questions or concerns about this study, please contact the “Talk. They Hear You.” campaign team at underage.drinking@samhsa.gov.