

OMB CONTROL NUMBER: XXXX-XXXX

OMB EXPIRATION DATE: XX/XX/XXXX

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Landing page

Thank you for your interest in this study. This screening asks questions that will only be used to determine if you are eligible for study participation. If you are eligible, someone from the research team will contact you about study participation.

Please indicate if you would like to proceed with the screening process:

I do not agree

I agree

demographics

What is your age (in years)?

Understanding that gender identity can be complex, which ONE category best describes your GENDER IDENTITY now?

If OTHER, please specify

Female

Male

Other

Are you currently an active duty sailor?

Yes

No

audit c

How often did you have a drink containing alcohol in the past year?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

- None, I do not drink
- 1 or 2 drinks
- 3 or 4 drinks
- 5 or 6 drinks
- 7 or 9 drinks
- 10 or more drinks

How often did you have six or more drinks on one occasion in the past year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

contact form-low male

Thank you for taking the time to answer these questions. According to your responses you **may be eligible** to participate in the study.

To assist in scheduling, please provide the contact information below.

What is your first and last name?

What is your rank?

Email:

Cell phone number:

What is your current country of residence?

What is your time zone?

Can we text you?

Yes

No

contact form-high male

Thank you for taking the time to answer these questions. According to your responses you **may be eligible** to participate in the study.

To assist in scheduling, please provide the contact information below.

What is your first and last name?

What is your rank?

Email:

Cell phone number:

What is your current country of residence?

What is your time zone?

Can we text you?

Yes

No

contact form-high female

Thank you for taking the time to answer these questions. According to your responses you **may be eligible** to participate in the study.

To assist in scheduling, please provide the contact information below.

What is your first and last name?

What is your rank?

Email:

Cell phone number:

What is your current country of residence?

What is your time zone?

Can we text you?

- Yes
- No

contact form-low female

Thank you for taking the time to answer these questions. According to your responses you **may be eligible** to participate in the study.

To assist in scheduling, please provide the contact information below.

What is your first and last name?

What is your rank?

Email:

Cell phone number:

What is your current country of residence?

What is your time zone?

Can we text you?

- Yes
- No

Ineligible

Thank you for taking the time to answer these questions. According to your responses, you are **not eligible** to participate in this study.