

OMB CONTROL NUMBER: XXXX-XXXX  
OMB EXPIRATION DATE: XX/XX/XXXX

#### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0703-XXXX, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

## 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.