

Attachment 2

Participant Form (English version)

**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 0930-0288. Public reporting burden for this collection of information is estimated to average # minutes per client per year, 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland 20857.

## Communities Talk: Town Hall Meetings to Prevent Underage Drinking Participant Form

The purpose of this form is to obtain feedback on the Communities Talk: Town Hall Meetings<sup>1</sup> to Prevent Underage Drinking event that was held in your community and to determine the intended or potential actions of community members following the event. This form will take about # minutes to complete. Your participation is completely voluntary. You can answer some or all of the questions. However, your answers are very important to us. Please do not write your name or other identifying information (e.g., birthday) anywhere on this form. Thank you!

Please answer each question by marking **one** of the answer choices. Some questions allow you to mark more than one answer. If you don't find an answer that fits exactly, choose the one that comes closest.

1. Date of Communities Talk event: \_\_\_\_\_

2. Location of Communities Talk event:

City: \_\_\_\_\_ State/Territory: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

3. Please indicate how important it is to address the following underage drinking issues in your community:

	Very important	Moderately important	Not important
Underage drinking and driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powdered alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Binge or harmful drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risky behaviors associated with alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lax parental attitudes toward underage drinking (e.g., parents who allow alcohol and parties in their homes; parents who see underage drinking as a harmless rite of passage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lax enforcement of laws and local zoning ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy youth access to alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of appealing alcohol-free activities for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol advertising to which youth are exposed (in publications; on television, radio, and the Internet; and in outdoor and transit ads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol sponsorship of community events that appeal to youth (e.g., sporting events, cultural events, and music events)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any other important underage drinking issues in your community not listed on the previous page.

1. \_\_\_\_\_

2. \_\_\_\_\_

<sup>1</sup> Not all events are called Communities Talk: Town Hall Meetings (e.g., some events are called Community Forums); however, we will refer to them as Communities Talk for consistency in the data collection process.

4. To what degree do you think the event addressed the most important underage drinking issue(s) facing your community?
- A great deal       Somewhat       Not very much       Not at all
5. Did you learn anything new about underage drinking and its associated problems that you didn't know before attending the Communities Talk event?
- Yes       No
6. Did you learn of specific ways in which you, as an individual, can help prevent underage drinking?
- Yes       No
7. Do you plan to share any material(s) or lessons learned from the event with others?
- Yes       No
8. With whom do you plan to share the material(s) or lessons learned? (Mark all that apply.)
- |  |   |
|--|---|
| <input type="checkbox"/> My child/children   | <input type="checkbox"/> Friends                                |
| <input type="checkbox"/> Other youth   | <input type="checkbox"/> My place of employment or coworkers    |
| <input type="checkbox"/> Spouse or other relatives   | <input type="checkbox"/> Social organizations to which I belong |
| <input type="checkbox"/> Other parents of teens  | <input type="checkbox"/> Clergy                                 |
| <input type="checkbox"/> Teachers or other education staff   | <input type="checkbox"/> Community leaders                      |
| <input type="checkbox"/> Law enforcement   | <input type="checkbox"/> Educational institutions               |
| <input type="checkbox"/> Legislators or policymakers   | <input type="checkbox"/> The media                              |
| <input type="checkbox"/> Doctors or other health care professionals  | <input type="checkbox"/> Other (please specify): _____          |
| <input type="checkbox"/> Youth leaders (e.g., coaches, parks and recreation personnel, and scouting leaders) |   |
9. How often are you involved in underage drinking prevention in your community?
- Always       Very often       Sometimes       Rarely       Never
10. After this event, do you think that you will become more involved in underage drinking prevention in your community?
- Yes       No

11. For each statement below, please answer *how likely you are to*:

	Very likely	Somewhat likely	Not likely
Talk with others about underage drinking prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend that others attend future underage drinking prevention events or meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Join, or increase involvement in, your local underage drinking prevention coalition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in follow-up meetings or discussion groups on underage drinking prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in an underage drinking prevention action group (e.g., committee, task force, or advisory board).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact your local legislators or policymakers to advocate for changes to, or recommend enforcement of, existing laws and policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support community organizations in their efforts to pass laws and policies to prevent underage drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please rate your agreement with the following statements:

13. What is your sex?		15. Are you of Hispanic or Latino ethnicity?				
		Strongly agree	Agree	Disagree	Strongly disagree	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
The Communities Talk event has increased my ability to share information and skills that prevent underage drinking.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How old are you?		16. What is your race? (Select one or more.)				
<input type="checkbox"/> 12 to 17 years old		<input type="checkbox"/> White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 18 to 20 years old		<input type="checkbox"/> Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 21 to 24 years old		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 25 to 39 years old		<input type="checkbox"/> Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 40 to 54 years old		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 55 years old or older						

17. Is there anything else you would like to tell us about this Communities Talk event?

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Thank you for sharing this important information about the Communities Talk event that was held in your community!

**Please return this form to the event sponsor.**