

# +Change Sailors - Interview Screen

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Start of Block: Privacy Act Statement

**OMB CONTROL NUMBER: 0703-0080**

**OMB EXPIRATION DATE: 08/31/2022**

## **AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0703-0080, is estimated to average 105 minutes per response (5, 90, and 10 minutes for pre-survey, interview/focus group, and post-survey, respectively), 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.

**Privacy Act Statement** This statement serves to inform you of the purpose for collecting personal information required by this system and how it will be used.

**AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended.

**PURPOSE:** To collect information from Navy service members in order to create a sexual assault prevention and alcohol reduction intervention specific to Sailors ages 18-24

**ROUTINE USES:** Use and disclosure of your records outside of DoD may also occur in accordance with the DoD Blanket Route Uses published at [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html) and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

**DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of enrollment.

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End of Block: Privacy Act Statement

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Start of Block: 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 (4)

I agree (5)

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*Skip To: End of Survey If Thank you for your interest in this study. This screening asks questions that will only be used t... = I do not agree*

End of Block: Landing page

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Start of Block: Demographics

What is your age (in years)?

(1)

▼ 18 (1) ... Other (8)

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

- Man (1)
  - Woman (2)
  - Prefer not to answer (3)
- 

Are you currently an active duty sailor?

- Yes (1)
- No (2)

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End of Block: Demographics

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Start of Block: AUDIT-C



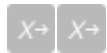
How often did you have a drink containing alcohol in the past year?

- Never (0)
  - Monthly or less (1)
  - 2 to 4 times a month (2)
  - 2 to 3 times a week (3)
  - 4 or more times a week (4)
- 



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 (0)
  - 1 or 2 drinks (0)
  - 3 or 4 drinks (1)
  - 5 or 6 drinks (2)
  - 7 or 9 drinks (3)
  - 10 or more drinks (4)
- 



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

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

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**End of Block: AUDIT-C**

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**Start of Block: 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.

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What is your first and last name?

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What is your rank?

(1)

▼ E1 (1) ... O10 (25)



Email:

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Cell phone number:

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What is your current country of residence?

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What is your time zone?

(4)

▼ A (Alpha Time Zone) - Military (UTC +1) (1) ... Z (Zulu Time Zone) - Military (UTC+0) (239)

Can we text you?

Yes (1)

No (2)

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End of Block: contact form-low male

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Start of Block: 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.

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What is your first and last name?

\_\_\_\_\_

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What is your rank?

(1)

▼ E1 (1) ... O10 (25)

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Email:

\_\_\_\_\_

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Cell phone number:

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What is your current country of residence?

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What is your time zone?

(4)

▼ A (Alpha Time Zone) - Military (UTC +1) (1) ... Z (Zulu Time Zone) - Military (UTC+0) (239)

Can we text you?

Yes (1)

No (2)

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End of Block: contact form-high male

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Start of Block: 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?

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What is your rank?

(1)

▼ E1 (1) ... O10 (25)



Email:

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Cell phone number:

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What is your current country of residence?

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What is your time zone?

(4)

▼ A (Alpha Time Zone) - Military (UTC +1) (1) ... Z (Zulu Time Zone) - Military (UTC+0) (239)



Can we text you?

Yes (1)

No (2)

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End of Block: contact form-high female

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Start of Block: 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.

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What is your first and last name?

\_\_\_\_\_

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What is your rank?

(1)

▼ E1 (1) ... O10 (25)

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\*

Email:

\_\_\_\_\_

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Cell phone number:

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What is your current country of residence?

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What is your time zone?

(4)

▼ A (Alpha Time Zone) - Military (UTC +1) (1) ... Z (Zulu Time Zone) - Military (UTC+0) (239)

Can we text you?

Yes (1)

No (2)

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End of Block: contact form-low female

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Start of Block: Ineligible

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

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End of Block: Ineligible

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