

**California State Incentive Grant
Statewide Evaluation Plan**

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California State Incentive Grant Statewide Evaluation Plan

The California State Incentive Grant (SIG) is a three year project intended to use environmental prevention strategies in selected counties to reduce binge drinking among 12-25 year olds. Through a competitive process, 13 counties were selected to participate in the three year effort to plan and implement environmentally-focused, evidence-based programs.

The structure of these efforts includes both local evaluation of each county program and a statewide evaluation of the overall SIG project. In addition, the California SIG is required to provide information to the Center for Substance Abuse Prevention (CSAP) as part of the national evaluation of all SIG projects. In the fall of 2005 the State Department of Alcohol and Drug Programs (ADP) contracted with San Diego State University (SDSU) to complete the statewide evaluation.

The purpose of this plan is to outline the statewide evaluation design for the California SIG project developed by SDSU. The goals of this effort include:

- Provide feedback to ADP regarding the planning process and the use of environmental prevention efforts to reduce binge drinking among youth and young adults.
- Provide CSAP with required data and additional information regarding environmental prevention strategies within the context of model programs and CSAP core indicators.
- Assist local evaluators in providing useful feedback to prevention efforts and in measuring changes associated with these efforts.

The SIG project is currently beginning its second year. The first year of the project involved needs assessment and the development of prevention plans and evaluation plans in each of the 13 counties. Due to changes in the evaluation contractor, the statewide evaluation work did not begin during the project planning year. For this reason, full coordination of local evaluations and collection of prospective data concerning the planning process was not possible. As a result, information concerning the planning process and needs assessment will be collected retrospectively. In addition, local and statewide evaluations will be coordinated through a peer sharing approach which focuses on sharing the best practices of local evaluations to create consistent approaches, where possible, across counties.

Evaluation Perspective

The structure of the California SIG evaluation represents a two-tiered evaluation design which includes both local and statewide evaluations (Chaskin, 2003). As in other multi-site efforts the statewide initiative provided a general framework including focus on 12-25 year olds, emphasis on environmental strategies, and use of evidence-based interventions to impact binge drinking and related community problems. Within this framework local planning and evaluation groups were responsible for designing specific interventions to meet local needs and to develop evaluation strategies to assess these efforts. The local evaluations involve considerable variation in the structure of the evaluations, the specific outcomes addressed, and the measurements used as indicators of those outcomes.

At the statewide level, an additional evaluation structure was developed. The statewide evaluation is based on a cross-site evaluation model (Straw and Herrell, 2002). Given the variations in program design and evaluation plans, the cross-site evaluation is best described as a collaborative cross-site model. The statewide evaluation is largely dependent on the data collected by the local evaluations. As such, it is critical that the statewide evaluators work in close collaboration with local evaluators. This involves first grouping prevention activities across the 13 counties. Based on these commonalities the SDSU evaluation team will attempt to highlight data collection and analysis approaches proposed by selected counties that can be incorporated by other counties. In this way a consistent set of measurement approaches that will allow for cross-site comparison of similar interventions will be developed. The value of this approach is to improve statistical power by increasing sample sizes as well as to allow for naturally occurring comparisons across county programs.

In addition to developing common measurement tools at the local level, the statewide evaluation will augment locally collected information with statewide data collection efforts. The statewide data collection will focus on two areas that are relevant to all 13 local programs, coalitions and impacts.

A key organizing strategy across SIG counties is the use of community coalitions to design and oversee program implementation. In each of the SIG counties a coalition has been developed. These coalitions are expected to be actively involved in the development and implementation of local prevention efforts. Given their preeminence, an assessment of the structure and function of the coalitions across sites is important to understanding these community efforts.

A second area of project consensus is impacts. Regardless of the program model or specific interventions, the intent of this effort is to reduce binge drinking within selected populations. In addition, other related community problems are reported in local plans such as an increase in age of first use or changes in community norms. These impacts represent important measures of change and are incorporated in the CSAP core measures. The statewide data collection effort will measure binge drinking and other CSAP core measures across the 13 SIG counties and 12 non-SIG comparison counties (Table 3).

As noted above, the general design of the statewide evaluation represents a two-tiered, cross-site evaluation. Within this context, the local evaluation includes a close working relationship between the program and the evaluator. In this way, immediate feedback loops between program and evaluation can be developed. Local evaluators are also better positioned to collect data regarding immediate and moderating outcomes of local efforts and to provide qualitative information concerning implementation. The statewide evaluation is intended to supplement these local evaluations by working in collaboration with local evaluators to improve measurement tools and techniques and to augment this information with additional measurement of community impacts.

A significant hurdle to this effort is the late start of the statewide evaluation project. At this time, each SIG county project should have completed the planning process, built capacity and developed a prevention plan. Based on these activities, the counties were scheduled to begin

implementing their prevention plans on October 1, 2005. Each county has completed its evaluation plan and should be starting data collection based on that plan. Given the late start date of the statewide evaluation there may be limited time to modify data collection plans at the county level. Unless these modifications can be made quickly counties may miss the opportunity to collect data prior to implementation of interventions.

Evaluation of the SIG efforts requires comparison to document changes. These changes can be documented in two ways: 1) before and after comparisons within counties, and, 2) comparisons between SIG counties and comparison counties. From a methodological perspective the preferred design would involve SIG counties with non-SIG county comparisons. However, such a design would be beyond the resources of this project. In most areas the design involves the use of before and after measures to document program implementation and effects. The use of this pre-experimental design is problematic in attributing change to the interventions. When possible, pre-post comparisons are enhanced with the use of logical sequencing to describe the change process. The evaluation design includes both pre-post comparisons and non-SIG county comparisons, as appropriate.

To supplement the quantitative information collected through this project, qualitative data will be used to further understand the interventions and their effects. Qualitative information will be obtained through regular contact with local SIG project directors, coalition members, and evaluators.

The statewide evaluation represents a collaborative effort between the counties and SDSU. As such, the statewide evaluation group is not in a position to mandate the actions of the local evaluations. Therefore, the statewide evaluation team will work with the local evaluators to determine what is realistic for the local evaluation, how the statewide evaluation team can assist local evaluators in collecting agreed upon information, and to supplement this information through data collected independent of the local evaluation.

The statewide evaluation strategy includes four general areas of concern. These represent the attempt to answer four basic questions:

1. Planning Process. What was the planning process used to develop the local prevention projects and what efforts were implemented?
2. SIG Community Partnerships. How were the local coalitions used to design and implement the prevention projects?
3. Assessment of Interventions. How were the specific interventions implemented in each project?
4. Impact Evaluation. What is the impact of the efforts?

The remainder of this plan outlines the general strategy for answering each of these questions. Each question represents a project task to be accomplished within the scope of the cross-site and local evaluations. The information used to answer these questions will come from a variety of sources including: available indicators, data collected from local evaluations, and proposed primary data collection efforts. Available data sources are currently under review to determine specific items to be used. Following the recently completed review of the prevention plans and evaluation plans from each county, SDSU began conducting telephone calls with each county to

answer questions concerning local data sources. Primary data collection tools have been developed. Further refinement of these tools will be completed through feedback from local evaluators and the Governor's Prevention Advisory Council's SIG Evaluation Workgroup. An overview of data elements and responsibilities is presented in Appendix A.

Task 1 – Planning Process

The first area under investigation is a retrospective review of the planning process used to develop each prevention plan. The prevention model used by the SIG counties emphasizes the use of a structured planning process that includes needs assessment, mobilizing communities and building capacity, and developing a comprehensive strategic plan. As such, it is important to review the steps taken and the resulting needs assessment and prevention plan.

The questions to be answered include:

- How was the SIG community coalition created?
- What was the role of the coalition?
- How were needs assessments used to focus the planning process?
- How were model programs and interventions determined?
- What actions were taken to increase prevention efforts?
- What resources would have been helpful in improving this process?
- How might future attempts in prevention planning be improved?

Since the planning process is complete, a retrospective analysis through interviews with project directors, SIG coalition members, evaluators, and other participants in planning will be used to answer questions regarding the planning process. After reviewing quarterly reports for the first project year, semi-structured telephone interviews will be held with the project director for each SIG county. These interviews will be used to expand on the descriptions provided in the reports. The intent will be to document the activities involved in planning. During the interview, contact information for coalition members and others involved in the planning process will be obtained. These individuals will be identified as the project planning group. Members of the project planning group will be chosen to participate in telephone interviews regarding the planning process.

Interviews with program directors will be continued quarterly throughout the project. These interviews will be used to collect anecdotal information concerning program implementation and to track prevention efforts throughout the project.

Task 2 – SIG Community Partnerships

A key component of all 13 SIG projects is the use of a coalition and/or core leadership group to direct project activities. The use of these coalitions is a significant component of both the Reduce High Risk Drinking (RHRD) and Communities Mobilizing for Change in Alcohol (CMCA) model programs which represent the primary organizing models for the SIG projects. For this reason assessment of the coalitions represents an important factor in determining program fidelity.

The use of coalitions to organize community-based prevention services has a long history. However, the structure and function of coalitions varies. Within the CMCA model, for example, the coalition represents a major source of program development. As described in program literature, the coalition is structured with a core leadership group and a larger coalition intended to represent key community sectors. In this case the core leadership group uses the larger coalition to provide feedback and to mobilize resources based on the core group's efforts. In the RHRD model the key organizing structure focuses on the link between a community organizer and a researcher. In this case the coalition is used to mobilize resources and act as an advisory group for the project.

Key questions include:

- Did the project develop a core leadership group?
- Does the project have a full time prevention community organizer?
- Does the leadership group meet on a regular basis?
- What community sectors are represented in the leadership group (i.e., alcohol industry, general business, civic and religious, education and health, public officials, media, youth and parents, law enforcement, general)?
- What community sectors are active in the leadership group?
- Does the leadership group develop contacts with other sectors as necessary?
- What other sectors are represented in the larger coalition?
- Are members of the coalition satisfied with the process?
- Do members of the coalition actively support environmental prevention strategies?
- How does the leadership group and/or coalition function (i.e., advise and consent, oversight, provide resources, direct actions, etc.)?
- Does the organizing structure include feedback from research?

To understand the structure and workings of the coalitions, quarterly telephone interviews will be conducted with project directors and semi-annual surveys with coalition members in each SIG county. SDSU initially considered quarterly coalition interviews, but after reviewing program plans, quarterly interviews in some cases would be as frequent as their coalition meetings. Interviews will be based on the CMCA instrument (Appendix B, Task 2) developed for their model program. Modifications to the instrument are being made to respond to local issues and to delete items not found to be useful in previous work.

Surveys of coalition members will be conducted through a web-based survey system (DatStat). As part of the initial interviews with project directors, each director will be asked to provide email and telephone contact information for all current and past coalition participants.

Thus, project directors will determine SIG membership; this should include (1) members of advisory groups that existed prior to the SIG project that took SIG on as a coalition project, or, (2) new coalitions developed specifically for SIG. Each project director will be asked to provide a letter to each member explaining the project and the intent of the statewide evaluation team to contact them. Each coalition member will be contacted initially by email. For those unavailable by email a telephone contact will be made. The contact will explain the study and provide a web link to be followed to complete the survey. For those without email access or uncomfortable with the technology, paper or telephone surveys will be completed. Initial contact attempts will be made for all past and current coalition members. As coalition participants change, new members will be interviewed and those who stop participating will be contacted for a final interview.

In addition to the surveys and interviews, information concerning the coalitions will be obtained from the local evaluations. Programs using the CMCA model for example, are urged to use project contact forms to document coalition organizing activities and community outreach. These or similar documents have been proposed in several evaluation plans. Contacts with local evaluators, to occur during January and February, 2006, will be used to determine the collection of this information and to attempt to standardize information collection and reporting.

Task 3 – Assessment of Interventions

The process through which binge drinking and related community problems are reduced within the SIG project is largely through the implementation of specific interventions intended to change environments in which drinking occurs. These interventions range from media advocacy, to training servers, to law enforcement. Although there is diversity in the specific interventions applied, there are four general categories of interventions that are useful in organizing the assessment. Most of the interventions can be categorized as community mobilizing, education, policy change, or enforcement. In most cases local SIG projects include most or all of these components.

Each county has submitted a local evaluation plan, with evaluation of interventions primarily the responsibility of the local evaluator. SDSU recently reviewed these plans and conducted calls with each county. During these contacts, to conclude in February, 2006, SDSU has obtained additional detail concerning county data collection efforts. SDSU will uniformly organize these efforts within the categories of measurement of fidelity, process, immediate outcome, intermediate environmental outcome, and impacts (see Appendix B, Task 3). This will facilitate analysis of similarities and differences across counties in their assessment of each type of intervention. A common set of indicators to be used to evaluate interventions will be developed based on these discussions. Data collection plans for each county will be modified to incorporate cross-site items. Upon completion of this review, SDSU will prepare a letter to each county outlining the agreed-upon data collection efforts.

Consistent with the review of the evaluation plans, five areas in relation to each intervention will be measured. These areas are:

- **Fidelity** – The extent to which the intervention was implemented as designed. Fidelity will be measured against published practices where available and/or against local county work plans if no published practices are available.
- **Process** – Measurement of the effort undertaken such as number of contacts, number of people trained, or number of enforcement details.
- **Immediate outcome** – These represent the immediate results of the intervention. Most often this involves knowledge or attitude change.
- **Intermediate environmental outcome** – These represent the actual changes that occur in specific environments as a result of the intervention.
- **Impact** – These are the changes in alcohol use and problems, such as binge drinking, which are expected as a result of the interventions. While impacts cannot necessarily be tied to a specific intervention, the combined effects of all interventions should be reduction in binge drinking and related community problems within the target populations and communities.

Given the overlap in county-level interventions and initial plan reviews, SDSU anticipates that several local programs are developing useful measurement tools and procedures for assessment of their interventions. SDSU will work with the local evaluators to develop measurement tools or reporting forms that can be shared among counties in an attempt to develop consistent information across sites. For example, many of the SIG projects include server training as an intervention. In evaluating server training, measurement of each component should be included. Fidelity can be tracked by documenting number of sessions, experience and training of trainers, and content of training sessions. Process would be documented through attendance sheets and characteristics of trainees. Immediate outcomes would include measures of knowledge or attitude change among participants. Intermediate outcomes would involve changes in serving practices. Impacts would include decrease in alcohol availability. Review of local evaluation plans shows that many of the counties plan to collect this information, although actual data collection tools were not included in the plans. After collaborative consultation with local evaluators, SDSU will make these tools available to other sites.

In addition to documenting the implementation and outcomes of specific interventions, this information is important to gain further knowledge through cross-site comparisons. These comparisons will be developed throughout the project as variations in program design and implementation become apparent. Preexisting variations such as localized versus county-wide projects, regional variations, and small versus large county comparisons will be developed to expand on understanding of the factors associated with positive outcomes. In addition, naturally occurring variations may allow for comparisons such as enforcement with media versus enforcement without media.

Although statewide measurement of impact is proposed below in Task 4, many local evaluations also include collection of impact data. For the most part this data comes from already available data sources. In a few cases local evaluation efforts included primary data collection efforts to collect impact information. Impact information proposed by local evaluators is largely based on current ongoing data collection efforts. The two primary sources referenced in the local

evaluations is the California Healthy Kids Survey (CHKS), a school-based survey conducted in most of the participating counties, and data being collected on colleges in California through the Safer University Project. Table 1 outlines the use of these data sources across participating counties. Overall, 6 of the 13 programs with a focus on college age populations have access to data collected through the Safer University Project. In addition, all 10 schools reporting a focus on 12-17 year olds have access to data from the CHKS. Other data collection efforts will be developed to provide comparable information for those projects without access to this information.

Table 1. Population Focus and Available Datasets

	18-25 Year-old	Safer University Project (Saltz)	12-17 Year-olds	CHKS
Alameda	Yes	Yes	No	N/A
Humboldt	Yes	No	Yes	Yes
Marin	Yes	No	Yes	Yes
Mendocino	Yes	No	Yes	Yes
Mono	Yes	No	Yes	Yes
Orange	Yes	Yes	No	N/A
Sacramento	Yes	Yes	Yes	Yes
San Diego	Yes	Yes	Yes	Yes
Santa Barbara	Yes	Yes	No	N/A
Santa Cruz	Yes	Yes	Yes	Yes
Sonoma	Yes	No	Yes	Yes
Stanislaus	Yes	No	Yes	Yes
Ventura	Yes	No	Yes	Yes

Additional social indicators of impact will be collected and reported. These will include arrest information, hospital emergency room information, information on motor vehicle crashes, and information on Department of Alcoholic Beverage Control license actions. While these measurements represent useful additions they are likely not sensitive to small or moderate changes in behavior. Many of these indicators are reported by local evaluators. As part of the review of the local evaluation, SDSU will work with local evaluators to determine if some of this information is better collected statewide through SDSU evaluation rather than independently in each local community.

Task 4 – Impact Evaluation

Background

Given the SIG program’s goals of reducing binge drinking and related community problems, an important evaluation task will be to assess the impact of the SIG interventions on these outcomes

on a *statewide level*. A primary question must be addressed: What relation is there between SIG program involvement and changes in binge drinking and related community problems? It should be noted that this evaluation question does not go as far as asking if the SIG program caused a reduction in binge drinking and related community problems. Neither the local evaluations nor the statewide evaluation will yield data that allow causal attributions to be made concerning SIG activities. Such designs require random assignment to conditions (experimental and control) and temporal ordering of interventions and outcomes. The first condition was structurally precluded by the mechanism used by ADP to award the SIG funds to counties. That is, grants were not randomly assigned to intervention and control counties. The second condition would require each local evaluator to document extant non-SIG prevention activities in an environment (county) similar to the SIG interventions that occurred just prior to and during the SIG interventions. Each local evaluator would need to conduct a baseline observation of the dependent measures (i.e., binge drinking, alcohol-related problems) prior to any SIG interventions. As noted above, the statewide evaluation is dependent on the local evaluators to provide data concerning extant non-SIG prevention activities (see process evaluation earlier in this document). Unfortunately, the project began too late to ensure baseline data could be collected prior to intervention. As such, temporal ordering by design cannot be established.

As noted in the review of the SIG evaluation and intervention plans, there is great variability among SIG county grantees in the quality of evaluation designs. In most cases it is not yet possible to determine whether baseline measures at the local level have been or will be collected (the conference calls with the SIG county grantee evaluators will shed light on this and, where possible, rectify design omissions). Even if each SIG county were able to collect baseline impact data, the lack of a pre-established common measure would preclude using such data in aggregate (across counties) to assess the overall impact of the SIG program.

The SIG projects are focused on intervention approaches intended to reach populations between the ages of 12-25 years old. Within this age range participating counties selected specific age-focused programs. In reviewing prevention and evaluation plans there are two distinct age groups that represent the focus of these projects, 12-17 year olds and 18-25 year olds. The distinction between these two populations is important both to the interventions selected and the evaluations.

The 12-17 year olds represent a youth population living primarily in family units. As underage drinkers, the efforts focused on this group is largely intended to reduce access to alcohol through server training, enforcement, and media campaigns intended to reduce acceptance of underage drinking by adults. For the 18-25 year old cohort the focus is more on independent young adults, often in college. Many of these interventions include a focus on social host practices and retail service to under-age populations.

There are also important distinctions between these age groups in relation to impact evaluation. Although reduction in binge drinking is the primary impact for both age groups, related community problems differ with age. For youth (12-17), indicators of change such as age of first use, school attachment, parental disapproval, and perceived risk of use are important leading indicators to changes in rates of binge drinking. For young adults (18-25), measures more directly related to

quantity and frequency of consumption are more important. Thus, measurement of impact varies between youth and young adults.

An additional distinction between youth and young adults involves appropriate informed consent. Interviews of youth under age 18 require consent from a parent or guardian. As a result, a statewide survey of those under 18 is not possible. This does not present a problem for those aged 18 and over. Because of these issues SDSU has chosen to separate the impact assessment based on the two age groups involved.

Task 4a – Impact Assessment 12-17 year olds

Of the 13 SIG projects, 10 involve one or more components intended to reach youth between the ages of 12-17 (Table 1). These components range from school-specific education programs to training and enforcement of liquor laws, to media efforts intended to reduce adult acceptance of youth alcohol use. These combined efforts are most frequently reported as impacting availability of alcohol to youth, resulting in a decrease in binge drinking and related community problems.

While independent assessment of changes in binge drinking and related community problems would be preferred, the budget precludes the development of surveys in this case. Review of available data indicates that all SIG counties focusing on youth also participate in the CHKS, which is a comprehensive and customizable youth self-report data collection system. CHKS provides essential and reliable health risk assessment and resilience information to schools, districts, and communities. Targeted at grades 5-12, the CHKS enables schools and communities to collect and analyze valuable data regarding local youth health risks, assets, and behaviors. Information concerning alcohol use is included both in the core survey and an alcohol and other drug module (Table 2). The SDSU evaluation team is currently reviewing the data elements and timing of survey administration to determine how this information can be utilized. The evaluation team is working with local evaluators who have already obtained some of this data and with WestEd, the agency responsible for archiving the data, to develop access to this information.

The SDSU evaluation team anticipates developing two groups within the SIG county projects based on the timing of CHKS. One group will include SIG projects for which data is only available for 2004 and 2006. The CHKS data for these projects will be used to measure interim changes as the follow-up period will include only one year of intervention time. The focus will be on measurement of interim changes such as attitudes toward use and perceived risk, which might represent leading indicators to changes in binge drinking. For those SIG projects with CHKS information for 2007, a separate analysis will be conducted based on two years of intervention. In this analysis we will focus more on the final outcome of binge drinking and the extent to which prior changes from the interim group might be predictive of later changes in binge drinking. In each case comparison data will be obtained for schools in demographically and geographically similar areas.

Table 2. CHKS Items and CSAP Core Indicators by Domain

CSAP Domain	CHKS: Core Survey (Module A)	CHKS: Supplement Survey (Module C)
Alcohol, Tobacco and Other Drugs	<ul style="list-style-type: none"> - During your life, how many times have you used or tried one full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor)? - During your life, how many times have you been very drunk or sick after drinking alcohol? - During the past 30 days, on how many days did you use at least one drink of alcohol? - How do you like to drink alcohol? - During the past 30 days, on how many days did you have five or more drinks of alcohol in a row, that is, within a couple of hours? - If you use alcohol, have you had any of the following experiences? (Addictive behaviors) 	<ul style="list-style-type: none"> - During the past six months, about how many times did you use alcohol without a doctor's orders?
Individual/Peer	<ul style="list-style-type: none"> - How harmful do you think it is to use the alcohol frequently (daily or almost daily)? - How much would your friends disapprove of you for using alcohol? - Has using alcohol ever caused you to have any problems? 	
School	<ul style="list-style-type: none"> - During your life, how many times have you been drunk on alcohol on school property? - During the past 30 days, on how many days on school property did you have at least one drink of alcohol? - How difficult is it for students in your grade to get any alcohol if they really want it? 	<ul style="list-style-type: none"> - During the past 12 months, did you receive any information or education about using alcohol or other drugs in any of your school classes?
Community	<ul style="list-style-type: none"> - In your life, how many times have you ridden in a car driven by someone who had been drinking alcohol? 	

Task 4b – Impact Assessment 18-25 year olds

While three SIG projects excluded youth under 18 from their population of interest, all projects reported a focus on young adults aged 18-25. In most cases this focus was consistent with interventions intended to reach college students either through university-based programs or programs focused on geographic areas known to include student residences. In a few cases

community interventions were not specifically focused on college students but rather toward retail outlets serving young populations.

After reviewing available data sources, the SDSU evaluation team determined that no consistent sources of data for young adults are currently available across the SIG counties. In a few cases, county programs focused exclusively on college students have access to data currently being collected as part of a National Institute on Alcohol Abuse and Alcoholism project. This information is also available for non-SIG comparison universities and will be a valuable addition to this evaluation. However, this data is available for only a few sites. Additional local data for these populations varies in terms of information to be collected and the quality of the methods to be used. While providing useful information, existing sources do not provide information that can be compared across sites with any confidence. In addition, these data sources are not available in non-SIG communities.

For these reasons the SDSU evaluation team proposes a telephone survey in SIG and non-SIG communities to determine changes in key outcomes, including binge drinking and related community problems.

Design

Given these *a priori* methodological limitations, the best design option is to conduct a modified quasi-experimental non-equivalent control group design (Campbell and Stanley, 1963) to assess the impact of the program on the primary drinking outcomes of interest.

The referenced non-equivalent control group design as presented by Campbell and Stanley is as follows:

O ₁	X	O ₂
O		O

O₁= Baseline measurement of the dependent variable(s)
O₂= Posttest measurement of the dependent variable(s)
X= Intervention

This strong quasi-experimental design is often employed when randomization to conditions is not possible. The design was further modified due to the inability to establish a true baseline measure across all the SIG counties. Thus, we are left with the following design:

O ₁	X	O ₂
O		O

O₁= Baseline or concurrent measurement of the dependent variable(s)
O₂= Posttest measurement of the dependent variable(s)
X= Intervention

True baseline measures will be collected where possible. SDSU will document the timing of the baseline/concurrent measures for each SIG county. It is likely that this will result in a cohort of baseline SIG counties and a cohort of “concurrent” SIG counties. Should this occur, separate analyses for each cohort will be conducted when assessing impacts (the true baseline cohort being a stronger design).

To strengthen this design, a “case/control” approach will be adopted in which SIG counties have been grouped and then matched with non-SIG counties or communities that will serve as comparison groups. The initial approach was to conduct a true case/control design in which each SIG county would be matched with a comparable comparison county. Examination of county characteristics and the actual distribution of the SIG counties made this approach untenable. For instance, Orange and San Diego would be ideal controls for each other, but both are SIG county grantees. Similarly, urban and rural designations were not feasible due to large counties (Orange and San Diego for instance) with both urban and rural areas.

A second option is to group the SIG counties by intervention type. As noted in SDSU’s review of the SIG evaluation and intervention plans, the interventions selected across the various SIG counties are, for the most part, very similar. This lack of variation precluded grouping the SIG county grantees based on interventions.

The final option, the one SDSU is proposing, is to simply group the SIG counties by region and use adjacent non-SIG counties as comparison counties. This grouping is presented below in Table 3. The extant alcohol indicators will be assessed, and regions will be modified or restricted to specific regions within the comparison regions if necessary.

Table 3. Regional Comparisons for SIG and Non-SIG Counties

Region	SIG Counties	Comparison Counties
<u>North</u>	Marin Alameda Humboldt Sonoma Santa Cruz Mendocino n=400	Napa Contra Costa Lake Trinity n=400
<u>Central/Inland</u>	Sacramento Stanislaus Mono n=400	Merced Inyo San Joaquin Yolo n=400
<u>South</u>	Orange San Diego Ventura Santa Barbara n=400	Los Angeles San Bernardino Riverside San Luis Obispo n=400

Four hundred people from both the case and control columns will be randomly selected in each region.

Procedure

Sample

For both the baseline/concurrent and posttest impact measures SDSU will employ random digit dial telephone surveys of 400 randomly selected 18-25 year old residents for each of the three regions in each of the respective case and comparison cells. This will result in a final sample of 2400 randomly selected respondents (1200 per condition) in each measurement period. This sample will allow an estimate of population parameters (the population being the regional strata) within a +/- 3% margin of error, giving adequate statistical power to detect program impacts well within the stated goal of reducing binge drinking by 50 percent.

It is important to understand that this approach will not allow an estimate of county-level parameters or program impacts; it is a system-wide evaluation approach.

SDSU will obtain the sampling frame by purchasing electronic telephone directories for each of the counties in the above table. The sampling frame will be restricted to households with a landline. Although the random digit dial technology for cell phones is in an early stage of development, the SDSU evaluation team is examining the possibility of including randomly selected cell numbers in the final sample.

SDSU will use a random digit dial algorithm (weighting to be computed using SUDDAN) that will weight the numbers on the eligible sampling frame relative to the total number of telephone numbers within the strata. SDSU will attempt to call each randomly selected telephone number up to four times. Numbers that remain unanswered (including answering machines and voice mail) will be randomly replaced. Refusals will also be randomly replaced. In addition to confirmed refusals (those where an eligible respondent declines to participate), SDSU will track participation rates (eligible respondents that agree to an interview), and tacit refusal rates (hang ups prior to confirming eligibility). SDSU will report each of these rates as indicators of our overall response rate.

Telephone Interviews

To collect data, SDSU will train 6-10 research assistants to conduct telephone interviews. Drs. Clapp, Segars and Lange will conduct the training. Our Field Survey Coordinator and Project Research Associate will supervise the interviews.

Interviews will be conducted using computer assisted data entry software (DatStat, Illume). Dr. Lange and the Field Survey Coordinator will coordinate programming the interview schedule, including any required skip patterns. The computer units used by the interviewers will feature voiceover IP technology and integrated telephony. The telephone survey technology is reliable and efficient.

Table 4. CSAP Core Indicators by Domain

Domain	Items	Source (s)
Binge Drinking	Q14- Q14b	Harvard CAS
Other Alcohol Consumption -Quantity/Frequency/Variability -Age of First Drink -Drinking Environment	Q13-Q13d Q15 Q16-Q19	Gruenwald and Nephew (1994) Core Survey Clapp et al., 2003
Alcohol Problems -Acute Problems -Dependence Indicators	Q20-Q21 Q22	Core Survey MAST
Community Norms	Q1-Q4	Clapp et al., 2003
Perceptions of Risk	Q9-Q11	Clapp et al., 2003
Availability	Q7-Q8	Clapp et al., 2003
Demographics	Q23-Q26	Core Survey

Note: The above items capture the most important evaluation issues—binge drinking and environmental outcomes. Other CSAP Core Indicators are not amenable to measurement via the telephone survey. Two issues preclude the use of some indicators: 1) several of the indicators (school attachment for instance) are most appropriate for children and teens who are excluded from the survey; 2) they would require numerous additional items resulting in an interview over 10 minutes, which would likely reduce response rates.

Measures and Interview Schedule

As noted earlier, SDSU will finalize the measures once our overall approach is approved by CSAP. The basis for specific measures is the CSAP Core Indicators (Table 4). Following discussions with CSAP representatives (August, 2006), SDSU and ADP have gained preliminary approval for a request to limit the use of the Government Performance and Review Act (GPRA) tool used by most SIG projects. Instead, SDSU will attempt to measure appropriate core indicators within a grouped pre-post design rather than the repeated measures design used within GPRA. After reviewing the core indicators and the prevention plans, appropriate measures were developed. Upon preliminary approval SDSU will finalize items representing these indicators. The SDSU evaluation team has years of experience with telephone surveys that assess alcohol-related behaviors, resulting in the development of reliable and valid measures that we have used in the past. Appendix B contains the survey methods and instruments that will be used to evaluate the California SIG.

Next Steps

The proposal represents an outline of the tasks involved in the California SIG statewide evaluation project. Upon acceptance of the general strategies, SDSU will finalize data collection instruments for appropriate tasks. In some cases these tools will require human subjects review prior to implementation. These instruments are being submitted to SDSU’s human subjects committee in tandem with submission to ADP. Any modifications to items or methods after submission of the final plan will be submitted to ADP and the SIG Evaluation Workgroup for approval.

Task 4, which involves the collaborative development of data collection tools by SDSU and local evaluators, is currently underway. Preliminary review of local evaluation plans has been completed and telephone interviews with each county's project director and evaluator are in progress. These calls will be used to verify program interventions, discuss current evaluation procedures and tools, and discuss the structure of local evaluations in relation to the statewide evaluation. Based on preliminary discussions with many of the directors and evaluators there is general agreement that both SDSU and local evaluators are willing to work together to provide consistent measurement across sites, and develop measures that provide useful feedback to programs and do not overburden local evaluations. By April 1, 2006, SDSU will provide a letter to each SIG county outlining the details of each county's participation in the SIG statewide evaluation plan.

Appendix A

Summary of SIG Year 2 Evaluation Data Collection Procedures

Summary of the SIG Year 2 Evaluation Data Collection Procedures

Process Evaluation Component	Methods/Instruments	Data Source	Who Collects Data	Data Collection Period	Reporting of Information
Task 1 – Planning Process					
	Semi-structured telephone interview	Project directors, evaluators, selected coalition members, other key participants	SDSU	1/06 – 4/06	Year end process report 2/07
	Review of project documents	Year 1 quarterly reports, needs assessments, prevention plans	SDSU	12/05 – 4/06	Year end process report 2/07
Task 2 – SIG Community Coalition					
	Quarterly semi-structured telephone survey	Project directors	SDSU	1/06 start & ongoing	Year end process report 1/08
	Semi-annual web-based survey	Coalition members	SDSU	3/06 start & ongoing	Year end process report 1/08
Task 3 – Assessment of Interventions					
	Semi-structured interviews	Project directors and evaluators	SDSU	12/05 – 1/06	Report to counties of best practices through the SIG technical assistance contractor
	Follow-up telephone contacts	Project directors and evaluators	SDSU	1/06 – 3/06	Letter on local data collection and reporting for each county 4/06
	Collection of prescribed statewide data as defined in SDSU letter to each county	Local evaluators	Local evaluators	4/06 start & ongoing	Baseline data reported in year end outcome report 2/07 Baseline and follow-up reported in year end outcome report 1/08
Task 4 – Impact Assessment					
	Random digit dial telephone survey focused on use and binge drinking	18-25 year olds in selected counties and communities	SDSU	Baseline 4/06 – 6/06 Follow-up 6/07 – 8/07	Baseline data reported in year end outcome report 2/07 Baseline and follow-up reported in year end outcome report 1/08

Process Evaluation Component	Methods/Instruments	Data Source	Who Collects Data	Data Collection Period	Reporting of Information
	CHKS	Middle and High School students	WestEd	Varies by county	Baseline data reported in year end outcome report 2/07 Baseline and follow-up reported in year end outcome report 1/08
	Review of available datasets	Behavioral Risk Factor Surveillance Survey, and Statewide Integrated Traffic Records System	SDSU	Ongoing	Baseline data reported in year end outcome report 2/07 Baseline and follow-up reported in year end outcome report 1/08

Appendix B

Data Collection Methods and Tools

Task 1 – Planning Process

Telephone Survey of Project Directors Regarding Community Coalition

Purpose: To describe the planning process used to develop the local SIG prevention project.

Methods: SDSU project staff will contact each local SIG project director. Semi-structured telephone interviews will be completed with each director. As part of the interviews each director will be asked to provide the names and contact information for those individuals most involved in the project planning. SDSU project staff will contact up to five individuals from each local project coalition and the local evaluator. These individuals will be asked to participate in a telephone interview concerning the project planning process.

**Telephone Survey of Project Directors
Regarding Community Coalition**

As part of understanding the process through which each county developed and implemented your SIG project, we are interested in some background regarding your planning group or coalition.

First some background on you as the Project Coordinator

What is your position title for this project?

What is your job title?

What organization do you work for?

Were you involved in writing the proposal for your county's SIG grant?

When did you first begin working on this project?

Are you assigned full-time to coordinating the SIG project?

What is the staffing for the project?

Next, some background on how the group was formed.

What is the name or title of your planning group/coalition?

Did this group exist prior to the SIG grant?

- No, it was developed specifically for the SIG project
- Yes, but it was inactive prior to the grant
- Yes, but it was expanded or changed for this grant
- Yes, as a subgroup of an existing group
- Yes, an existing group was used for this project

How was the group developed?

- I asked specific people to become involved
- Specific agencies were asked to provide representatives
- Interested individuals volunteered
- Current members solicited/recommended members
- Kept existing members

When was the first meeting of this group for this project?

How frequently is the group scheduled to meet?

Are there minutes available for the meetings?

Is there an official subcommittee structure to the group?

If yes, what are the subcommittees and what do you see as their purpose?

Did unofficial subcommittees develop?

During the first year of this project what did you see as the role of the group? (Likert)

- Consent and support
- Provide organizational resources or expertise
- Expertise in environmental prevention
- Access to information
- Analysis of information
- Recommendations for program actions
- Preparation of reports and proposals

How effective would you say the group was in completing required tasks?

How well would you say members worked together?

Overall, how would you rate the value of your coalition/working group over the first year of the project?

What will the role of the coalition be during the implementation phase of the project?

- Consent and support
- Expertise in environmental prevention
- Access to information
- Analysis of information
- Recommendations for program actions
- Preparation of reports and proposals

Finally, we need a list of members of the coalition/planning group.

Task 2 – Coalition Assessment

Coalition Member Survey

Purpose: Describe the structure and functions of the various local coalitions across the project timeline.

Methods: During interviews with project directors, names and contact information will be obtained for all past and present members of the local project coalitions. This will include both core leadership participants, such as executive committee members, and members of any larger coalition group. Each project director will be asked to send a letter to coalition participants introducing the project and informing them of the upcoming contact. Each coalition member will be contacted by email if possible. The email will further explain the purpose of the contact and will provide a link to a web address. The link will take coalition members to the survey. Upon completion of the survey the participant will be directed to send an email through the web site to acknowledge survey completion. The email will not be linked to the survey. After two weeks, a reminder message will be sent to all coalition members who have not responded. After an additional week, follow-up telephone calls will be made to non-respondents. For those without Internet access or uncomfortable with the technology, paper or telephone interviews will be completed.

This procedure will be repeated semi-annually throughout the project. A total of four surveys will be completed. Respondents for each reporting period will be based on active members from the previous survey with the addition of any new active members.

Note: References to “CMCA” will be modified in the final version.

Coalition Member Survey

County _____
 Date _____
 Coalition _____

1. How long have you been a coalition team member? Please check one answer.

- 0-3 months
- 4-8 months
- 9-12 months
- 13-24 months
- 25-36 months

2. What reasons initially influenced your decision to join the coalition? Please circle a number below for each item to indicate the extent to which each reason contributed to your decision.

	1	2	3	4	5	6	7
Didn't influence decision	→			Greatly influenced decision			
a. Desire to contribute to the community	1	2	3	4	5	6	7
b. Concern about youth	1	2	3	4	5	6	7
c. Desire to meet new people	1	2	3	4	5	6	7
d. Desire to learn new skills	1	2	3	4	5	6	7
e. My work or position in the community involves dealing with alcohol-related issues	1	2	3	4	5	6	7
f. Belief that this project had the potential to be effective	1	2	3	4	5	6	7
g. Someone I know has been affected by alcohol related problems (myself or others)	1	2	3	4	5	6	7
h. Belief that alcohol is a problem in this community	1	2	3	4	5	6	7

3. How many of the other strategy team members (excluding the organizer) did you know before your involvement with the coalition? Please check one answer below.

- None
- One to three
- Four to six
- Six to eight
- Nine or more

4. Each strategy team member has his or her own network of groups and individuals in the community that he or she is connected to through jobs, membership in groups, friendships, family, neighbors, or other contacts. Which sectors did you have links with before joining the coalition? Please circle a number for each item below.

	Not at all linked			—————▶ To a great extent			
a. Parent groups (PTA, PTO, PCN, etc.)	1	2	3	4	5	6	7
b. Youth organizations	1	2	3	4	5	6	7
c. Alcohol merchants	1	2	3	4	5	6	7
d. Law enforcement	1	2	3	4	5	6	7
e. Public/government officials (other than law enforcement)	1	2	3	4	5	6	7
f. Religious	1	2	3	4	5	6	7
g. Health/medicine	1	2	3	4	5	6	7
h. Education	1	2	3	4	5	6	7
i. Media	1	2	3	4	5	6	7
j. Fraternal groups (such as the Knights of Columbus, Sons of Norway, Masons, etc.)	1	2	3	4	5	6	7
k. Civic or service groups (such as Jaycees, Junior League)	1	2	3	4	5	6	7
l. Business/industry	1	2	3	4	5	6	7
m. Military	1	2	3	4	5	6	7
n. Alcohol prevention groups	1	2	3	4	5	6	7

5. Did you feel that you were informed about coalition activities and plans? Please circle one number below.

Not at all 1 2 3 4 5 6 7 **A great deal**

6. For each item below, please indicate the number of times you have engaged in that activity within the coalition.

	Never	Once	Twice	3-5 Times	6-10 Times	11+ Times
a. Talked informally to another community member about CMCA or youth access to alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Participated in a formal interview (one-on-one or two-on-one) about CMCA or youth access to alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Participated in a presentation about CMCA to another group member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tried to recruit a new member for the CMCA strategy team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Facilitated a strategy team meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Took minutes at a strategy team meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. For each item below, please indicate the number of times you have engaged in that activity as public work (work that was seen or done publicly) in connection with the coalition.

	Never	Once	Twice	3-5 Times	6-10 Times	11+ Times
a. Wrote a letter to the editor about youth access to alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wrote a CMCA column for the local newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Worked on media projects for TV or radio (recorded PSAs, made videos, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Was interviewed about CMCA or youth access to alcohol for TV, radio, or the newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Participated in an event sponsored by CMCA or that CMCA took part in (other than a strategy team meeting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Attended a meeting of a city council, school board, state legislature or other government body because an alcohol issue was being discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Testified/spoke at a meeting of a government body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Contacted a public official (by phone, letter, fax, in person) to express your views on youth and alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. To what extent do you agree with the following statements about your strategy team? Please circle one number for each item.

	To no extent To a great extent						
a. This team has confidence in itself	1	2	3	4	5	6	7
b. This team feels it can solve any problem it encounters	1	2	3	4	5	6	7
c. This team believes it can be very productive	1	2	3	4	5	6	7
d. This team can get a lot done when it works hard	1	2	3	4	5	6	7
e. No task is too tough for this team	1	2	3	4	5	6	7
f. This team expects to have a lot of influence around here	1	2	3	4	5	6	7

9. In general, how effective do you think your strategy team has been at changing or enacting policy? Policy includes not just passing laws, but also getting an organization to change the way it responds to underage drinking. Please circle one number for each item.

Not at all effective	1	2	3	4	5	6	7	Very effective
----------------------	---	---	---	---	---	---	---	----------------

10. How important were each of the following to the efforts of the strategy team? Please mark one response for each item.

	Not at all Important		Very Important			Did Not See
a. Data on alcohol purchase attempts in your community.	1	2	3	4	5	6
b. Data on student and young adult alcohol use in your community.	1	2	3	4	5	6
c. Data on policies and practices of alcohol merchants in your community.	1	2	3	4	5	6
d. General background information on youth and alcohol.	1	2	3	4	5	6
e. Model ordinances on youth and alcohol.	1	2	3	4	5	6
f. General background information on Citizen Politics.	1	2	3	4	5	6

11. Did any of the roles listed below exist while you were a strategy team member? Please check all that apply.

- Facilitator or Chair
- Co-facilitator or Co-chair
- Treasurer
- Secretary
- Subcommittee chairperson(s)

12. Did your strategy team have any of the written documents listed below while you were a strategy team member? Please check all that apply.

- Statement of purpose/mission statement
- Operating procedures (what activities to be done, by whom, how)
- Rules for behavior
- A formal membership list
- An organizational chart
- Record keeping mechanisms (tally sheets, meeting minutes)

13. Who usually introduced project ideas to the strategy team? Please circle one number below.

Organizer always Introduced ideas		Organizer half the time, strategy team half the time			Strategy team members always introduced ideas	
1	2	3	4	5	6	7

14. What do you think were the most important goals of the strategy team? Please circle one number for each item below.

	Not at all important				Very Important		
a. Educating youth so they will not want to try alcohol/drink.	1	2	3	4	5	6	7
b. Providing alternative activities for youth	1	2	3	4	5	6	7
c. Changing local policies and practices to reduce youth access to alcohol	1	2	3	4	5	6	7
d. Increasing the civic capacity (citizen participation, empowerment, etc.) of the community	1	2	3	4	5	6	7
e. Other _____	1	2	3	4	5	6	7

15. The following are issues which may or may not have been obstacles for your strategy team. If the issue was an obstacle, please rate the extent to which it was an obstacle. If it was not an obstacle, circle the number in the "not an obstacle" column.

	Issue was an obstacle						
	Not an obstacle at all						Very major obstacle
a. The community did not want any new restrictions around alcohol.	1	2	3	4	5	6	7
b. The community did not consider underage drinking to be a problem.	1	2	3	4	5	6	7
c. The community viewed CMCA as a prohibitionist group that wanted to stop adults from drinking too.	1	2	3	4	5	6	7
d. The community felt the youth who were drinking should be held responsible instead of creating new policies that would affect adults as well as youth.	1	2	3	4	5	6	7
e. The community viewed CMCA as an outside group or as a University-controlled project.	1	2	3	4	5	6	7
f. Limited resources (amount of time strategy team members could contribute; funding)	1	2	3	4	5	6	7
g. Personal conflicts between community decision-makers.	1	2	3	4	5	6	7
h. Personal conflicts within the strategy team	1	2	3	4	5	6	7

i. Low attendance at strategy team meetings	1	2	3	4	5	6	7
j. A high level of turnover among strategy team members.	1	2	3	4	5	6	7
k. Turnover of the CMCA organizers	1	2	3	4	5	6	7
l. Differing perspectives among the strategy team members about CMCA's goals.	1	2	3	4	5	6	7
m. Limited effectiveness of the organizer in working with the strategy team.	1	2	3	4	5	6	7

16. As support for the local CMCA effort is ending, how likely do you think it is that your strategy team will continue its work? Please circle one number below.

Very Unlikely 1 2 3 4 5 6 7 **Very Likely**

17. If the strategy team continues, will it merge with another group?

- Yes _____ (Name of group)
- No
- Don't know

18. If your strategy team will continue, do you think you personally will continue to participate? Please circle one number below.

Very Unlikely 1 2 3 4 5 6 7 **Very Likely**

19. What is your gender?

- Male
- Female

20. Are you currently employed?

- No
- Yes

a. What is your job title? _____

b. Who is your employer? _____

c. What are some of your main job duties? _____

21. How long have you lived in this community?

_____ Years.

22. What is your age?

_____ Years

23. Have there ever been any alcohol-related problems among:

a. Family members (parents, spouse, siblings, aunts, uncles, cousins, children, etc.

Yes No

b. Friends

Task 3 – Local Evaluation

Local SIG Intervention Evaluation Summary Matrix

Purpose: To assess the implementation and outcomes of specific prevention interventions across the 13 SIG counties.

Methods: This task represents a collaborative effort between the 13 local SIG evaluators and the SDSU statewide evaluation team. Initially, this collaboration involved the development of conceptual agreement as to the appropriate structure for assessment of local efforts. This structure was based on the use of a single group pre/post design or time series design to assess change. In addition, the design was further expanded to the use of a series of logical sequences of outcomes to link efforts to outcomes. Thus, the agreed-upon structure for local evaluation assessment includes measurement of five components for each intervention within the local project. These are:

- Fidelity
- Process
- Immediate Outcome
- Intermediate Environmental Outcome
- Impact

Initial telephone contacts with each project director and evaluator are currently underway. These contacts are being used to verify project interventions and to discuss the proposed structure. The result of these contacts is verbal agreement to review the local evaluation plan within the context of the proposed structure. Upon completion of the initial contacts, local evaluators will be asked to work with the evaluation team to complete an evaluation matrix for each intervention (see next page). This matrix will specify the five intervention components and the measurements used to assess each. The SDSU evaluation team will work with each evaluator to create and implement these measurement tasks. Upon completion of the matrices, SDSU will send a letter to each local project director outlining the specific data that counties must provide to the SDSU evaluation team on a quarterly basis.

Local SIG Intervention Evaluation Summary Matrix

County: _____

Item	Fidelity	Process	Immediate Outcome	Intermediate Environmental Outcome	Impact
Intervention:					
Research questions					
Methods					
Data collection tools					
Intervention					
Research questions					
Methods					
Data collection tools					
Intervention					
Research questions					
Methods					
Data collection tools					

Task 4 – Impact Assessment

Telephone Interview Schedule (Land Lines)

Telephone Interview Schedule (Cell Phones)

Purpose: To assess the impacts of interventions on 18-25 year olds in SIG counties and comparison non-SIG counties.

Methods: SDSU will conduct a random digit-dial survey of 18-25 year olds in all SIG counties and non-SIG counties chosen on the basis of geographic and demographic similarity. Using trained interviewers, telephone numbers from both land lines and cell phones will be selected. Selected numbers will be contacted. Each respondent will be screened for age and geographic relevance. Those meeting the screening criteria will be asked to participate. Those with land line telephones will be interviewed using the complete survey instrument which should take approximately 5-10 minutes. Those contacted through cell phones will be interviewed using a shortened interview which should take approximately five minutes.

Interviews will be conducted over two time periods. The first interview wave will be conducted between April and June 2006. The second interview wave will be conducted between June and August of 2007.

**California State Incentive Grant Evaluation
Telephone Interview Schedule
(Land Lines)**

INT1. Hello, my name is _____, and I'm calling from the Prevention Research Collaborative at San Diego State University. We are conducting a research study about some issues that concern young adults in _____ county. Is there anyone in your household currently between the ages of 18 to 25 years old?

(IF NO, THANK YOU and GOOD BYE)

(IF YES)

Is that you? (IF YES Continue)

(IF NO)

Can I speak to that person?

(IF RESPONDENT IS NOT AVAILABLE, ASK FOR FIRST NAME AND A CALL BACK TIME—Record)

AGE. What is your age? **[IF REF:] Are you at least 18 years of age or older?
[MUST CONFIRM AT LEAST 18 YEARS OLD BEFORE CONTINUING]**

_____ YEARS OLD

98-REF/UNDER 18 YEARS OLD -----> **THANK AND TALLY NQR-AGE**

99-REF EXACT AGE BUT AT LEAST 18 YEARS OLD

The majority of the questions are about the frequency and nature of alcohol use among young adults in _____ county. This study is part of the California State Incentive Grant Program sponsored by *The California Department of Alcohol and Drug Programs*, and the results will be used to help design and evaluate alcohol prevention programs for young adults. Do you have one minute now to hear a little more about this study? **[IF NO, SCHEDULE IF WILLING . (ASK FOR NAME), OR THANK AND TALLY QUAL REF; "C" TO CONTINUE]**

IC1. Your participation is voluntary and you may terminate the interview or refuse to answer a question at any point. Some of the questions will ask about alcohol in general, and some are about your use of alcohol, if any. A 24-hour crisis number will be provided at the end of the interview in case you or someone you know needs information or assistance. Your participation involves this interview, which will take {**about 5 to 10 minutes**},

IC2. Let me assure you that only summarized information, not individual responses, will be reported. This telephone number only, with no identifying information, was randomly selected from public telephone records, so the interview is completely anonymous. Our goal is to speak with a cross-section of the young adult population, and that's why your participation is important to the design of the study, whether or not you drink. These issues are important to everyone, and we appreciate your cooperation and honest responses. To ensure that my work is done honestly and correctly, this call may be monitored by my supervisor.

(My supervisor randomly listens to interviews to make sure we're reading the questions exactly as written and not influencing answers in any way.) Have you participated in this same research study in the past? **[IF YES, THANK AND TALLY NQR-PREV; IF NO:]**

Are you willing to participate in this study now? **[IF NO, THANK AND TALLY QUAL REF]**

Is this a good time for you to interview?

[IF NO, COMPLETE FUF WITH <SEX>, <AGE>; TRY TO OBTAIN <RID> BELOW BEFORE SCHEDULING TO CONTINUE]

Community Norms, Perceptions of Enforcement, Availability

These first few questions concern alcohol use in your community and your opinions about what is acceptable behavior related to alcohol use and sales.

Q1. For the purposes of this study, when we refer to an "alcoholic drink," we mean a 12-ounce can, bottle or glass of beer, a five-ounce glass of wine, or a one-ounce shot of hard liquor, such as vodka, whisky or gin. Using this definition, how many drinks, on average, do you think most young adults in your county have when they are "partying"?

[ONLY READ IF NEEDED:] (For instance, a six-pack of beer consists of six drinks, a typical bottle of wine equals five drinks, a quart of liquor equals 32 drinks, and a pint equals 16 drinks. For a mixed drink, count the number of shots in it, so a "double" would count as two drinks.)

(The definition of "partying" is whatever that means to you.)

_____ DRINKS

Q2. Overall, what percentage of young adults in _____ county do you think consumed five or more drinks in a row on at least one occasion in the last two weeks? Again, just give your best estimate.

_____%
999-DK/REF

Q3. Of the following statements about drinking alcoholic beverages, which do you feel best represents the most common attitude among students in general here...*

- 1 - drinking is never a good thing to do,
- 2 - drinking is all right but a person should not get drunk,
- 3 - getting drunk occasionally is okay as long as it doesn't interfere with academics or other responsibilities,
- 4 - getting drunk occasionally is okay even if it does interfere with academics or responsibilities, or
- 5 - getting drunk frequently is okay if that's what the individual wants to do?

9 - DK/REF

Q4. Which of the following statements best describes what your local government does about underage drinking? Would you say _____county...*

- 1 - discourages or tries to prevent all underage student drinking,
- 2 - tolerates drinking but tries to keep people under 21 from becoming drunk and disorderly,
- 3 - encourages responsible drinking,
- 4 - does little or nothing to discourage alcohol use or abuse,

5 - or are you not sure?

Q5. Can you or your underage friends usually get alcohol... *{INSERT ITEM}* without showing an ID?

	<u>Yes</u>	<u>No</u>	<u>DK/REF</u>
a. at a local bar or club	1	0	9
b. at a local liquor or grocery store	1	0	9

Q6. Have you ever tried to purchase any type of alcoholic beverage from a store? **[IF YES, CLARIFY:]** Was that within the past 6 months, or more than 6 months ago?

- 1 - NEVER TRIED TO PURCHASE-----> **GO TO Q8**
- 2 - WITHIN PAST 6 MONTHS
- 3 - MORE THAN 6 MONTHS AGO
- 9 - DK/REF -----> **GO TO Q8**

Q7. Were you asked to show an ID? (if more than one time: "Were you usually asked to show an ID?")

- 1 - YES
- 2 - NO
- 9 - DK/REF

Q8. How easy or difficult would it be for someone under 21 to obtain a fake ID to purchase alcohol in your community? Would you say...

- 1 - very easy,
- 2 - somewhat easy,
- 3 - somewhat difficult, or
- 4 - very difficult?
- 9 - DK/REF

Q9. How likely do you think it is that someone under 21 years of age would be ticketed/arrested for drinking alcohol in a public place (in your community)? Please use a scale from 1 to 5, where 1 is very unlikely, and 5 is very likely. (if different likelihoods for on- vs. off-campus, average them together)

_____ RATING 1-5 **[CONFIRM DIRECTION OF SCALE!]**
9-DK/REF

Q10. How likely do you think it is that someone under 21 years of age would be ticketed/arrested for drinking alcohol in a private place (your house a friend's house, etc.)? Please use a scale from 1 to 5, where 1 is very unlikely, and 5 is very likely. (if different likelihoods for on- vs. off-campus, average them together)

_____ RATING 1-5 **[CONFIRM DIRECTION OF SCALE!]**
9-DK/REF

Q11. How likely do you think it is that someone living in your community under 25 years of age would be ticketed/arrested for driving while intoxicated? Please use a scale from 1 to 5, where 1 is very unlikely, and 5 is very likely. (if different likelihoods for on- vs. off-campus, average them together)

_____ RATING 1-5 **[CONFIRM DIRECTION OF SCALE!]**

Drinking Behaviors

These next few questions ask about your own drinking. Please remember that your answers are anonymous and you can decline to answer any question you are not comfortable answering.

Q12. Have you had at least one drink containing alcohol in the past 12 months?

- 1 - YES
- 2 - NO -----> **[CATI SETS Q13=0] GO TO Q15**
- 9 - DK/REF

Q13. Thinking specifically now about the past four weeks, or 28 days, on how many days, if any, did you have at least one drink of beer, wine or liquor? (Again, by "drink" we mean a 12-ounce can, bottle or glass of beer, a five-ounce glass of wine, or a one-ounce shot of hard liquor.)

- _____ DAYS HAD ONE OR MORE DRINKS, BETWEEN 0-28
- 0-NONE -----> **GO TO Q15**
 - 98-DK -----> **GO TO Q15**
 - 99-REF -----> **GO TO Q15**

Q13a. **[IF ANY:]** On how many of those **{Q13}** days (when you had a drink) did you have more than one drink?

- _____ DAYS HAD MORE THAN ONE DRINK, S/BE < Q13
- 0-NONE -----> **GO TO Q15**
 - 98-DK -----> **GO TO Q15**
 - 99-REF -----> **GO TO Q15**

Q13b. On how many of those **{Q13a}** days (when you had more than one drink) did you have three or more drinks?

- _____ DAYS HAD 3 OR MORE DRINKS, S/BE < Q13a
- 0-NONE -----> **GO TO Q15**
 - 98-DK -----> **GO TO Q15**
 - 99-REF -----> **GO TO Q15**

Q13c. On how many of those **{Q13b}** days (when you had three or more drinks) did you have six or more drinks?

- _____ DAYS HAD 6 OR MORE DRINKS, S/BE < Q13b
- 0-NONE -----> **GO TO Q14**
 - 98-DK -----> **GO TO Q14**
 - 99-REF -----> **GO TO Q14**

Q13d. What was the most number of drinks that you had on any one day in the past four weeks? **[IF "CAN'T REMEMBER", ASK FOR BEST ESTIMATE]**

- _____ MOST DRINKS IN ONE DAY, S/BE 6 DRINKS OR MORE
- 98-DK
 - 99-REF

Q14. Thinking now just about the past two weeks, on how many occasions, if any, did you consume five drinks or more?

_____ OCCASIONS HAD 5 DRINKS OR MORE IN PAST 2 WEEKS
0-NONE
98-DK
99-REF

Q14b. Thinking now just about the past two weeks, on how many occasions, if any, did you consume four drinks or more?

_____ OCCASIONS HAD 5 DRINKS OR MORE IN PAST 2 WEEKS
0-NONE
98-DK
99-REF

Q15. At what age did you have your first drink of alcohol (more than a few sips)

_____ Age

Never Drank 00 (SKIP to Q)

98-DK
99-REF

Q16. Thinking back to the last time you had an drink containing alcohol, which best describes the type of place where you were on that occasion? Were you... **[DESCRIPTION OF PHYSICAL LOCATION, DOES NOT INCLUDE GEOGRAPHIC LOCATION]**

- 1 - in your home, -----> **GO TO Q27**
- 2 - in someone else's home,
- 3 - in a bar or night club(s),
- 4 - at a restaurant(s),
- 5 - or some other type of place? [SPECIFY:] _____
- 9 - DK/REF

Q17. About how long were you at this occasion?

[RECORD TO THE NEAREST 1/4 HOUR: 15 min.=" .25", 30 min.=" .5", 45 min.=" .75" (i.e., 3 hours and 15 min="3.25")]

_____._____ HOURS
99.99-DK/REF

Q18. How many total drinks did you drink at this occasion, if any?

_____ NUMBER OF DRINKS
0-NONE -----> **GO TO Q**
99-DK/REF -----> **GO TO Q**

Q19. **[ASK ONLY IF UNDER 21:]** I'm going to read a list of six possible ways to obtain alcohol. When I finish, please tell me which best describes how you got alcohol on this occasion. Was it...

- 1 - provided for you at no charge,

- 2 - purchased on your own without being carded,
- 3 - purchased on your own using a fake ID,
- 4 - purchased for you by someone 21 or older,
- 5 - purchased for you by someone underage without being carded, or
- 6 - purchased for you by someone underage using a fake ID?
- 7 - OTHER, SPECIFY: _____
- 99 - DK/REF

Q20. Were any of the following true of this occasion?

On this occasion... [READ LIST AND RECORD NUMBER FOR EACH]

	<u>Yes</u>	<u>No</u>	<u>DK/REF</u>
a. Was food available along with alcohol?	1	0	9
b. Was all alcohol served by a paid bartender?	1	0	9
c. Were many people intoxicated?	1	0	9
d. Were illegal drugs available?	1	0	9
e. Did you ride in a car where the driver had been drinking too much?	1	0	9
f. Did you get into a physical fight?	1	0	9
g. Did you witness a physical fight?	1	0	9
h. Did you get physically injured?	1	0	9
i. Did you smoke marijuana?	1	0	9
j. Did you use other drugs?	1	0	9
	<u>Yes</u>	<u>No</u>	<u>DK/REF</u>
k. Did you drive after drinking?	1	0	9
l. Did you feel drunk?	1	0	9
m. Did you get nauseous or vomit?	1	0	9
n. Did you have a hangover the next day?	1	0	9
o. Did you see anyone else get sick due to their drinking?	0	9	
p. Was alcohol provided at no cost for all guests?	1	0	9
q. Was it a large party with many people you didn't know?	1	0	9
r. Was the event BYOB (bring your own beverage)?	1	0	9
s. Did people play any "drinking games"?	1	0	9

- s. Did you play any “drinking games”?
- 1 0 9
- t. Were the people you were with all of your own gender?
- 1 0 9

Q21. We’re interested in whether or not any of the following things have happened to you as a result of your alcohol use during the past 12 months. [IF **NO ALCOHOL USE IN PAST 12 MONTHS** VOLUNTEERED, ENTER '8' AND GO TO Q]

As a result of your alcohol use, have you *{INSERT ITEM}* during the past 12 months?

- a. Had a hangover? 1-YES 2-NO 9-DK/REF
- b. Been in trouble with the police or other authorities? 1-YES 2-NO 9-DK/REF
- c. Gotten nauseous or vomited? 1-YES 2-NO 9-DK/REF
- d. Driven a vehicle while under the influence of alcohol? 1-YES 2-NO 9-DK/REF
- e. Been a passenger in a vehicle while the driver was under the influence of alcohol? 1-YES 2-NO 9-DK/REF
- f. Been in an alcohol involved car crash 1-YES 2-NO 9-DK/REF

Q22. We’re interested in whether or not any of the following things have ever happened to you in relationship to your use of alcohol.

- a. Have you ever felt you should cut down on the amount of your drinking? 1-YES 2-NO 9-DK/REF
- b. Have people annoyed you by criticizing your drinking? 1-YES 2-NO 9-DK/REF
- c. Have you ever felt bad or guilty about your drinking? 1-YES 2-NO 9-DK/REF
- d. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? 1-YES 2-NO 9-DK/REF

Q23. Which of the following best describes your ethnic or racial background...

- 1 - White, not of Hispanic origin,
- 2 - Black, not of Hispanic origin,
- 3 - Hispanic or Latino,
- 4 - Asian or Pacific Islander,
- 5 - Native American, or
- 6 - another ethnic group? [SPECIFY:] _____
- 9 - DK/REF

Q24. And what is your weight, just to the nearest five pounds?
[IF ASKED WHY THIS IS NEEDED:] Body weight is a standard measure used for research involving analysis of alcohol consumption.

_____ POUNDS
 999-DK/REF

Q25. GENDER: 1-MALE 2-FEMALE

Q. 26. What is your age?

_____ YEARS
 99-DK/REF

Q27. Are you currently enrolled in college?

0 No 1 Yes

Q28. What is your marital status? Are you...

- 1 - single, never been married,
- 2 - married,
- 3 - separated,
- 4 - divorced, or
- 5 - widowed?
- 6 - OTHER, SPECIFY: _____
- 9 - DK/REF

[IF NOT CATI:] I'd like to confirm that I reached you at...
[INSERT TELEPHONE NUMBER FROM SAMPLE AND VERIFY THAT IT IS CORRECT]

The 24-hour hotline number I mentioned earlier, the **Crisis Intervention Hotline**, covers suicide, rape, domestic violence, and alcohol and drug abuse, among other issues. The telephone number for the **Crisis Intervention Hotline** is **(Insert for County)**

In case my supervisor should need to verify this interview, may I please have just your first name or initials? Your name and telephone number will be separated from your responses to these questions and then destroyed after the data has been processed.

Those are all the questions I have.
[THANK RESPONDENT AND RECORD ALL INFORMATION BELOW]

TELEPHONE NUMBER: _____ REC#: _____

RESPONDENT NAME: _____ DATE: _____

TIME ENDED: _____ --> LENGTH OF INTERVIEW (LEN): _____

INTERVIEWER NAME: _____ TIN: _____

**California State Incentive Grant Evaluation
Telephone Interview Schedule
(Cell Phones)**

INT1. Hello, my name is _____, and I'm calling from the Prevention Research Collaborative at San Diego State University. We are conducting a research study about some issues that concern young adults in _____ county. The survey will only take a few minutes of your time. Is there anyone in your household currently between the ages of 18 and 25 years old?

(IF NO, THANK YOU and GOOD BYE)

(IF YES)

Is that you? (IF YES Continue)

(IF NO)

Can I speak to that person?

(IF RESPONDENT IS NOT AVAILABLE, ASK FOR FIRST NAME AND A CALL BACK TIME—Record)

AGE. What is your age? **[IF REF:]** Are you at least 18 years of age or older?
[MUST CONFIRM AT LEAST 18 YEARS OLD BEFORE CONTINUING]

_____ YEARS OLD

98-REF/UNDER 18 YEARS OLD -----> **THANK AND TALLY NQR-AGE**

99-REF EXACT AGE BUT AT LEAST 18 YEARS OLD

The majority of the questions are about the frequency and nature of alcohol use among young adults in _____ county. This study is part of the California State Incentive Grant Program sponsored by *The California Department of Alcohol and Drug Programs*, and the results will be used to help design and evaluate alcohol prevention programs for young adults. Do you have one minute now to hear a little more about this study? **[IF NO, SCHEDULE IF WILLING . (ASK FOR NAME), OR THANK AND TALLY QUAL REF; "C" TO CONTINUE]**

IC1. Your participation is voluntary and you may terminate the interview or refuse to answer a question at any point. Some of the questions will ask about alcohol in general, and some are about your use of alcohol, if any. A 24-hour crisis number will be provided at the end of the interview in case you or someone you know needs information or assistance. Your participation involves this interview, which will take {**about 5 to 10 minutes**},

IC2. Let me assure you that only summarized information, not individual responses, will be reported. This phone number only, with no identifying information, was randomly selected from public telephone records, so the interview is completely anonymous. Our goal is to speak with a cross-section of the young adult population, and that's why your participation is important to the design of the study, whether or not you drink. These issues are important to everyone, and we appreciate your cooperation and honest responses. To ensure that my work is done honestly and correctly, this call may be monitored by my supervisor.

(My supervisor randomly listens to interviews to make sure we're reading the questions exactly as written and not influencing answers in any way.) Have you participated in this same research study in the past? **[IF YES, THANK AND TALLY NQR-PREV; IF NO:]**

Are you willing to participate in this study now? **[IF NO, THANK AND TALLY QUAL REF]**

Is this a good time for you to interview?

[IF NO, COMPLETE FUF WITH <SEX>, <AGE>; TRY TO OBTAIN <RID> BELOW BEFORE SCHEDULING TO CONTINUE]

Community Norms , Perceptions of Enforcement, Availability

These first few questions concern alcohol use in your community and your opinions about what is acceptable behavior related to alcohol use and sales.

Q1. For the purposes of this study, when we refer to an "alcoholic drink," we mean a 12-ounce can, bottle or glass of beer, a five-ounce glass of wine, or a one-ounce shot of hard liquor, such as vodka, whisky or gin. Using this definition, how many drinks, on average, do you think most young adults in your county have when they are "partying"?

[ONLY READ IF NEEDED:] (For instance, a six-pack of beer consists of six drinks, a typical bottle of wine equals five drinks, a quart of liquor equals 32 drinks, and a pint equals 16 drinks. For a mixed drink, count the number of shots in it, so a "double" would count as two drinks.)

(The definition of "partying" is whatever that means to you.)

_____ DRINKS

Q2. Overall, what percentage of young adults in _____ county do you think consumed five or more drinks in a row on at least one occasion in the last two weeks? Again, just give your best estimate.

_____%
999-DK/REF

Drinking Behaviors

These next few questions ask about your own drinking. Please remember that your answers are anonymous and you can decline to answer any question you are not comfortable answering.

Q12. Have you had at least one drink containing alcohol in the past 12 months?

1 - YES

2 - NO -----> **[CATI SETS Q13=0] GO TO Q15**

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Q13. Thinking specifically now about the past four weeks, or 28 days, on how many days, if any, did you have at least one drink of beer, wine or liquor? (Again, by "drink" we mean a 12-ounce can, bottle or glass of beer, a five-ounce glass of wine, or a one-ounce shot of hard liquor.)

_____ DAYS HAD ONE OR MORE DRINKS, BETWEEN 0-28

0-NONE -----> **GO TO Q15**

98-DK -----> **GO TO Q15**

99-REF -----> **GO TO Q15**

Q13a. **[IF ANY:]** On how many of those **{Q13}** days (when you had a drink) did you have more than one drink?

_____ DAYS HAD MORE THAN ONE DRINK, S/BE < Q13

0-NONE -----> **GO TO Q15**

98-DK -----> **GO TO Q15**

99-REF -----> **GO TO Q15**

Q13b. On how many of those **{Q13a}** days (when you had more than one drink) did you have three or more drinks?

_____ DAYS HAD 3 OR MORE DRINKS, S/BE < Q13a

0-NONE -----> **GO TO Q15**

98-DK -----> **GO TO Q15**

99-REF -----> **GO TO Q15**

Q13c. On how many of those **{Q13b}** days (when you had three or more drinks) did you have six or more drinks?

_____ DAYS HAD 6 OR MORE DRINKS, S/BE < Q13b

0-NONE -----> **GO TO Q14**

98-DK -----> **GO TO Q14**

99-REF -----> **GO TO Q14**

Q13d. What was the most number of drinks that you had on any one day in the past four weeks? **[IF "CAN'T REMEMBER", ASK FOR BEST ESTIMATE]**

_____ MOST DRINKS IN ONE DAY, S/BE 6 DRINKS OR MORE

98-DK

99-REF

Q14. Thinking now just about the past two weeks, on how many occasions, if any, did you consume five drinks or more?

_____ OCCASIONS HAD 5 DRINKS OR MORE IN PAST 2 WEEKS

0-NONE

98-DK

99-REF

Q14b. Thinking now just about the past two weeks, on how many occasions, if any, did you consume four drinks or more?

_____ OCCASIONS HAD 5 DRINKS OR MORE IN PAST 2 WEEKS

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98-DK
99-REF

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Q24. And what is your weight, just to the nearest five pounds?

[IF ASKED WHY THIS IS NEEDED:] Body weight is a standard measure used for research involving analysis of alcohol consumption.

_____ POUNDS
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Q25. GENDER: 1-MALE 2-FEMALE

Q. 26. What is your age?

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[THANK RESPONDENT AND RECORD ALL INFORMATION BELOW]

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RESPONDENT NAME: _____ DATE: _____

TIME ENDED: _____ --> LENGTH OF INTERVIEW (LEN): _____

INTERVIEWER NAME: _____ TIN: _____