



Draft

Party Observation

Primary Interviewer

1. Observer

--	--

- ☐ Primary
☐ Seconday

2. Party #

--	--

Sweep Number

--	--

Date

--	--

/

--	--

/

--	--

3. Time Entered Party

		:		
--	--	---	--	--

18. Time Exited Party

		:		
--	--	---	--	--

4a. How many people were present when you entered this party?

--	--	--

- ☐ Counted
☐ Estimated

--	--

Male Count

--	--

Female Count

4b. How many people were present before you exited the party?

--	--	--

- ☐ Counted
☐ Estimated

--	--

Male Count

--	--

Female Count

5. Was it hard to walk through the party with out bumping into people?

- ☐ Yes
☐ No

6. Was the party a themed party? (toga etc.)

- ☐ Yes ~ If yes, specify below
☐ No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. Was there rowdy behavior (pushing, throwing things etc.)?

- ☐ Yes
☐ No

8. Was music so loud it was hard to hear?

- ☐ Yes
☐ No

9. Was food available?

- ☐ Yes
☐ No

10. Were illicit drugs available?

- ☐ Yes
☐ No

11. Were people intoxicated?

- ☐ Yes
☐ No

12. Was beer present in cans or bottles?

- ☐ Yes
☐ No

13. Were there kegs present?

- ☐ Yes ~ If yes, how many?
☐ No

--	--

14. Was hard alcohol present?

- ☐ Yes
☐ No

15. Were drinking games being played?

- ☐ Yes
☐ No

16. Was there any evidence of any problems at the party?

- ☐ Yes ~ If yes, specify below
☐ No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

18. Party Location

- ☐ Residence Hall
☐ Fraternity or Sorority house
☐ Apartment
☐ House
☐ Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Location

Party Observation Map

Observer

Initials

--	--

Party #

--	--

Date _____

Month

--	--

Day

--	--

Year

--	--

This image shows a full page of blank graph paper. The grid consists of thin, light gray horizontal and vertical lines that intersect to form small squares across the entire surface. There are no margins, text, or other markings on the paper.[illegible]

Party Observation Map

(page 2)

Observer
Initials

--	--

Party #

--	--

Date _____

Month

--	--

Day

--	--

Year

--	--

[illegible]

Notes:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]



(If you live here, how long has this party been going on)

Hours: Minutes:

- ☐ I live here
- ☐ Drove myself
- ☐ Rode with someone else
- ☐ Walked
- ☐ Rode bike or skateboard
- ☐ Took public transportation
- ☐ Took a taxi
- ☐ Other (please specify below)

[illegible]

Shade in all that apply

- ☐ To socialize with friends
- ☐ To meet a potential sexual partner
- ☐ To have fun
- ☐ To get drunk
- ☐ To get in a fight
- ☐ On a date
- ☐ Other

[illegible]

Shade in all that apply

- ☐ Alone
- ☐ Roommate(s)
- ☐ Spouse
- ☐ Partner or significant other
- ☐ Friend(s)
- ☐ Other (please specify below)

[illegible]

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\$.00

- ☐ Not enough to get buzzed
- ☐ Slight buzz
- ☐ A little drunk
- ☐ Very drunk

☐ Yes

☐ No

☐ Yes

☐ No

--	--

Shade in all that apply

- ☐ This party
- ☐ My place
- ☐ Friend's place
- ☐ Family's place
- ☐ Study location (library, etc.)
- ☐ Bar or night club
- ☐ Restaurant
- ☐ Store
- ☐ Outdoor recreation area
- ☐ Transportation center (trolley station, etc.)
- ☐ Other (please specify below)

[illegible]

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**Continue on to
next page**

Where did you get the alcohol consumed at this party? [Q31]

Shade in all that apply

- ☐ Brought from home
☐ Purchased myself using my valid 21 years of age ID
☐ Purchased myself using a fake ID
☐ Purchased by a friend who is 21 years of age
☐ Purchased by a friend who used a fake ID
☐ Provided at party at no cost for all guests
☐ Provided at party with a single cover charge
☐ Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is there a keg or kegs at this party? [Q32]

- ☐ Yes
☐ No

Have you played drinking games tonight? [Q33]

- ☐ Yes
☐ No

What type of beverages have you had tonight? [Q34]

Shade in all that apply

- ☐ Beer
☐ Wine
☐ Shots
☐ Mixed Drinks

What time did you start drinking alcohol tonight/today? [Q35]

		:		
--	--	---	--	--

☐ a.m.
☐ p.m.

What time did you start drinking your most recent drink? (including one you may be drinking now) [Q36]

		:		
--	--	---	--	--

☐ a.m.
☐ p.m.

How do you feel now? [Q37]

- ☐ Not buzzed
☐ Slight buzz
☐ A little drunk
☐ Very drunk

Do you plan to continue drinking tonight? [Q21]

- ☐ Yes
☐ No

18. When you leave this party where will you go? (check all that apply) [Q21]

Shade in all that apply

- ☐ Plan to stay the night at this party / I live here
☐ My place
☐ Friend's place
☐ Family's place
☐ Study location (Library, etc.)
☐ Bar or night club
☐ Restaurant
☐ Store
☐ Outdoor recreation area
☐ Transportation Center (trolley station, etc.)
☐ Another party
☐ Mexico
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

19. How will you get there? (Please choose one) [Q22]

- ☐ Don't plan to leave
☐ Drive myself
☐ Ride with someone else
☐ Walk
☐ Ride bike or skateboard
☐ Take public transportation
☐ Take a taxi
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

20. Could you get illegal drugs tonight if you wanted them? [Q38]

- ☐ Yes
☐ No

21. In the past two weeks, on how many occasions, if any did you have 5 or more drinks in a row? [Q39]

--	--

22. Have you had any bad experiences tonight? [Q40]

- ☐ Yes
☐ No

If yes, specify below

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Thank you for participating in this study. If you have any questions regarding this study, please contact Dr. John Clapp at 619-594-6859. Please hand the survey and the pen back to the researcher.

Party Risk Assessment Survey

Event Address: _____ Date: _____ Assessor: _____

Location/Setting (Check all that apply): _____Indoors _____Front yard _____Back yard _____Driveway/Sidewalk
 _____Spilling onto street _____On a balcony seen from the street

Approximate Number of Attendees: _____ Hours of Attendance: _____

Part I. Practices to De-Focus Alcohol

	YES	NO	?	N/A
1. Is there a theme that is not specifically centered on alcohol (birthday, holiday, sporting event)? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Are there special theme-related decorations? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is there special theme-related food, music or costumes? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are there desirable activities other than drinking alcohol? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. If so, what are these activities?				
i. Dancing _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Live Music _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Non-drinking Games _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iv. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Are different areas clearly identified for different activities (dance area, socializing area, serving area)? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. What type of music was there?				
a. None _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. DJ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Live music _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Loud stereo, radio, or computer playlist _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part II. Practices to Control Access to Alcohol

	YES	NO	?	N/A
1. Is a valid ID showing age required for admission to the party? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is a valid ID showing age required for access to alcohol? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Is campus ID required for admission to party? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How selective is the access into the party?				
a. Open to all who care to enter _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Difficult for men to enter without women companions _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Must state acquaintance with a host _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Must be on guest list _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Private – must be well-acquainted with host and/or invited _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Is a procedure used to identify guests over 21 (wristband, hand stamp, etc.)? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. If so, is this procedure being monitored or enforced? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Is there an admission charge? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Is there a controllable perimeter of the location (gate, fence, single doorway, etc.)? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If so, is entrance through the perimeter being monitored? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are parking and outside public areas being patrolled / monitored? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Patrolled / monitored by a host of the party? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Patrolled / monitored by management or staff of the apartment or facility? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Patrolled / monitored by security guards? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III. Practices to Discourage/Encourage Intoxication

	YES	NO	?	N/A
1. Is food being served at this party? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Is the food being served of the salty or sweet snack variety (cookies, chocolate, chips, etc.)? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is the food of the finger-food variety (fruit/veggies, cold cuts, sandwich wedges, etc.)? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Is the food more substantial, hot food or whole meals (pizza, sandwiches, burgers, hotdogs)? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How much food is present? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. None _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. some, but not enough for everyone _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. just enough for everyone _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. more than enough for everyone _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Are there attractive non-alcoholic beverages offered in the same location(s) as the alcohol? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Which of the following best describes the proportion of alcoholic beverages to non-alcoholic? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. 90% alcohol / 10% non-alcoholic _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. 75% alcohol / 25% non-alcoholic _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. 50% alcohol / 50% non-alcoholic _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iv. 25% alcohol / 75% non-alcoholic _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. 10% alcohol / 90% non-alcoholic _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. What is the status of the alcohol supply? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Available for self-serve _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Available and being served _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Supply is very low or has run out _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. BYOB _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. What types of alcohol are present? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. None _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Beer from bottles or cans _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Beer from a keg _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Wine _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mixed drinks with hard alcohol _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Hard alcohol straight _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. What percentage of the attendees is drinking alcohol? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. 10% or less _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 25% _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 50% _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 75% _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. 90 % or more _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Are drinking games observed (quarters, beer pong, etc.)? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. What percentage of the attendees is participating in the drinking games? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. 10% or less _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. 25% _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. 50% _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iv. 75% _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. 90 % or more _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part IV. Practices to Control Consequences of Intoxication

	YES	NO	?	N/A
1. Are non-drinking monitors/hosts present and visible? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is alcohol service refused to obviously intoxicated guests? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do monitors control dangerous and disruptive guests' behavior? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Is there a defined end of the event (live music ends, party advertised to end at specified time, etc.)? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Is alcohol service stopped at least one hour before the event ends? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do monitors prevent guests from unsafely leaving if they are too intoxicated to care for themselves? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Did hosts remove possessions/furniture from party area to avoid theft and/or damage? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part V. Observations of Dangerous or Unhealthy Occurrences**YES NO ? N/A**

Mark 'Yes' only if you witnessed or can be certain that these conditions existed at the party.

Mark 'No' only if you can be reasonably certain that these conditions did not exist for the entire duration of the party.

Other wise, mark 'Unknown - ?'

1. Did obviously intoxicated persons continue to have access to or possess alcohol? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Did persons under the age of 21 consume alcohol? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Did you observe verbal aggression among attendees, such as threats, heated arguments? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Did you observe unwanted sexual advances or behavior? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Did you observe physical aggression among attendees, such as assault, battery, fighting? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Did intoxicated persons do any of the following behavior? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Moshing or crowd surfing? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Throw objects or use as potentially dangerous projectiles? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Climb on cliffs, rails, or other elevated areas? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Was anyone injured in any way? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Was anyone vomiting? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Were there any persons who were passed out being unmonitored or uncared for? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Were paramedics called to aid any unconscious persons for possible alcohol poisoning? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If not, why not? _____				
a. Was there discussion of possible arrest or law enforcement involvement? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were they transported by private vehicle to a hospital? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Was there any visible use of illegal drugs present at this party? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. If so, what is the percentage of attendees using these drugs? _____				
i. 10% or less _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. 25% _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. 50% _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iv. 75% _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. 90 % or more _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Were there any drugs visibly used other than marijuana? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Did law enforcement become involved in the party at any time? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Was law enforcement called by the host(s) to help with an out-of-control party? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did law enforcement shut down the party (thus forcing guests to leave)? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did guests choose to leave voluntarily? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part VI. Notes and Instructions for Narrative

Use this space to record any significant details that will be important to add to the typed Narrative Party Description that will serve as a supplement to this survey.

Essential items to be included in the typed narrative will be:

- Thorough description of the setting and layout of the party space and the flow of the attendees
- If able to determine, the demographic of attendees and hosts (juniors, seniors, out-of-towners, etc.)
- Any important factors that were not captured in the survey that may have affected demeanor of party
- Describe in detail any law enforcement intervention
- Describe how the group of attendees were affected by the 12AM noise ordinance (did the party end, or did it get smaller; did it seem to be more or less controlled)
- Include anything that seems significant that could not be recorded by the survey (positive or negative)

RISK ASSESSMENT

RESIDENCE/ORGANIZATION: _____

DATE: _____

Specific actions which *increase* alcohol liability risks for a residence, organization or individual are:

1. Serving alcoholic beverages to an obviously intoxicated person.
2. Serving alcoholic beverages to a person under 21 years of age.
3. Mishandling an intoxicated person.

The purpose of this assessment is to identify current practices which increase the likelihood that any of the above actions to occur. *Part I* will serve as a basis for a written social policy designed to reduce high-risk practices and increase the likelihood of consistently successful parties. *Part II* will suggest areas of need for specific procedures or training to help you implement your social policy.

PART I. IDENTIFY CURRENT PRACTICES

	ALWAYS	SOMETIMES	NEVER
A. Practices to control access to alcohol			
<i>Do you:</i>			
1. Require campus ID for admission to party	[]	[]	[]
2. Require age ID for access to alcohol	[]	[]	[]
3. Identify guests over 21 (e.g., wristbands)	[]	[]	[]
4. Prohibit self-service of alcohol	[]	[]	[]
B. Practices to discourage intoxication			
<i>Do you:</i>			
1. Limit the % of party's budget spent on alcohol	[]	[]	[]
2. Serve a variety of food in several locations	[]	[]	[]
3. Offer non-alcoholic beverages at same location as alcohol	[]	[]	[]
4. Standardize the strength of mixed alcoholic beverages	[]	[]	[]
C. Practices to control consequences of intoxication			
<i>Do you:</i>			
1. Assign monitors according to expected # of guests (at least 1 monitor per 50 guests)	[]	[]	[]
2. Specify locations & duties of monitors	[]	[]	[]
3. Stop serving alcohol to obviously intoxicated guests	[]	[]	[]
4. Stop dangerous or disruptive guest behavior	[]	[]	[]
5. Limit the number of drinks guests can obtain per visit to the bar. (e.g., 1 drink per guest per visit)	[]	[]	[]
6. Stop service of alcohol one hour before event ends	[]	[]	[]
7. Prevent intoxicated guests from leaving without safe transportation home	[]	[]	[]
8. Prevent intoxicated guests from driving any vehicle	[]	[]	[]

(Section headings A-C reflect general areas of potential risk which should be addressed in any effective written policy. If your response to several questions in the same category was "never" or "sometimes", then that area deserves special emphasis in your written policy.)

**PART II. IDENTIFY PRACTICES WHICH DETERMINE THE
LEVEL OF AWARENESS OF YOUR CURRENT POLICIES
(WRITTEN OR UNWRITTEN)**

	YES	NO
Does your residence/organization currently have a written social policy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you discuss your social policy and procedures at house/organization meetings at least once a quarter/semester?	<input type="checkbox"/>	<input type="checkbox"/>
Do all party planners follow written guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
Do servers follow a written job description?	<input type="checkbox"/>	<input type="checkbox"/>
Do monitors follow a written job description?	<input type="checkbox"/>	<input type="checkbox"/>
Do servers & monitors know approximately the number of drinks required for men and women of various weights to reach legal intoxication?	<input type="checkbox"/>	<input type="checkbox"/>
Can servers and monitors state signs of intoxication?	<input type="checkbox"/>	<input type="checkbox"/>

(To reduce liability risks, social policy and procedures must be consistent. Consistency depends on widespread awareness of what your expectations are and how to meet them. Any "no" answer suggests a need for one or more of the following: a new policy, new procedures, and/or regular training.)



11210

EXIT ONLY

Exit Only Survey

Interviewer
Initials

--	--

Date

Month

--	--

Day

--	--

Year

--	--

BAC Sensor #

--	--	--	--

BAC Sample #

--	--	--	--

Leave blank

--	--	--

Bar #

--	--

Observation #

--	--

Influenced

- ☐ Yes
☐ No

1. Time of survey

		:		
--	--	---	--	--

2. Gender of participant ☐ Male ☐ Female**3. How old are you?**

--	--

4. How much do you weigh?

--	--	--

5. To what ethnic group do you belong to?(choose one)

- ☐ White ☐ African American
☐ Latino/Hispanic ☐ American Indian
☐ Asian ☐ Pacific Islander
☐ Other (please specify)

--	--	--	--	--	--	--	--	--	--	--	--

6. Are you currently a...

- ☐ College Freshman Student
☐ College Sophomore Student
☐ College Junior Student
☐ College Senior Student
☐ Graduate Student
☐ Military
☐ Not a College Student

*~If Military or Not a College Student, please go to # 7***What University do you attend? (choose one)**

- ☐ SDSU ☐ Palomar
☐ UCSD ☐ City
☐ USD ☐ Point Loma
☐ Mesa ☐ Alliant
☐ Grossmont ☐ National
☐ Southwestern ☐ Other (Please specify bellow)

--	--	--	--	--	--	--	--	--	--	--

Are you in a fraternity or sorority?

- ☐ Yes
☐ No

Are you a member of an athletic team?

- ☐ Yes
☐ No

7. Do you live in a...

- ☐ Residence hall
☐ Fraternity or Sorority house
☐ Apartment
☐ House
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--	--

8. What is your current zip code?

(the place you live now)

--	--	--	--	--

9. How did you get here tonight? (choose one)

- ☐ Drove myself
☐ Rode with someone else
☐ Walked
☐ Rode bike or skateboard
☐ Took public transportation
☐ Took a taxi
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--

10. Who were you here with tonight?**Shade in all that apply**

- ☐ Alone
☐ Roommate(s)
☐ Spouse
☐ Partner or significant other
☐ Friend(s)
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--

Continue to next page



11210

20. When you leave this bar where will you go?

Shade in all that apply

- ☐ My place
☐ Friend's place
☐ Family's place
☐ Study location (Library, etc.)
☐ Bar or night club
☐ Restaurant
☐ Store
☐ Outdoor recreation area
☐ Transportation Center (trolley station, etc.)
☐ Another party
☐ Mexico
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--	--	--

21. How will you get there? (Please choose one)

- ☐ Drive my self
☐ Ride with someone else
☐ Walk
☐ Ride bike or skateboard
☐ Take public transportation
☐ Take a taxi
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--	--	--

22. What is the total amount of money you plan to spend on food tonight (Include what you may have already purchased)?

\$

--	--	--

 .00

23. Could you get illegal drugs tonight if you wanted them?

- ☐ Yes
☐ No

24. In the past two weeks, on how many occasions, if any did you have 5 or more drinks in a row?

--	--

25. Have you had any bad experiences tonight?

- ☐ Yes
☐ No

If yes, specify below

--	--	--	--	--	--	--	--	--	--	--	--	--

END



16388

PART 1 (ENTRANCE)

Entrance to Exit Survey

Interviewer
Initials

--	--

Date

Month

--	--

Day

--	--

Year

--	--

BAC Sensor #

--	--	--	--

BAC Sample #

--	--	--	--

Leave blank

--	--	--

ID Number

Group #

--	--

Individual #

--	--

in Group

--	--

Bar #

--	--

Observation #

--	--

UIOD

- ☐ Yes
☐ No

1. Time of survey

		:		
--	--	---	--	--

2. Gender of participant ☐ Male ☐ Female**3. How old are you?**

--	--

4. How much do you weigh?

--	--	--

5. Are you currently a...

- ☐ College Freshman Student
☐ College Sophomore Student
☐ College Junior Student
☐ College Senior Student
☐ Graduate Student
☐ Military
☐ Not a College Student

~If Military or Not a College Student, please go to question 6

What University do you attend?

- | | |
|------------------------------------|---|
| <input type="radio"/> SDSU | <input type="radio"/> Palomar |
| <input type="radio"/> UCSD | <input type="radio"/> City |
| <input type="radio"/> USD | <input type="radio"/> Point Loma |
| <input type="radio"/> Mesa | <input type="radio"/> Alliant |
| <input type="radio"/> Grossmont | <input type="radio"/> National |
| <input type="radio"/> Southwestern | <input type="radio"/> Other (Please specify bellow) |

--	--	--	--	--	--	--	--	--	--

Are you in a fraternity or sorority?

- ☐ Yes
☐ No

Are you a member of an athletic team?

- ☐ Yes
☐ No

6. What is your current zip code?

(the place you live now)

--	--	--	--	--

7. How much money do you plan to spend on food tonight?

\$.00
----	--	--	--	-----

8. How much do you intend to spend on alcohol tonight (including cover charges)?

\$.00
----	--	--	--	-----

9. Which of the following describes why you came here tonight?**Shade in all that apply**

- ☐ To socialize with friends
☐ To meet a potential sexual partner
☐ To have fun
☐ To get drunk
☐ To get in a fight
☐ On a date
☐ Other

--	--	--	--	--	--	--	--	--	--

10. Do you or did you intend to drink alcohol tonight?

- ☐ Yes
☐ No

~If NO, please go to question 11

How much did you intend to drink tonight?

- ☐ Not enough to get buzzed
☐ Slight buzz
☐ A little drunk
☐ Very drunk

11. Have you had any alcoholic drinks tonight?

- ☐ Yes
☐ No

~If NO, please go to question 12

When did you have your most recent alcoholic drink?

		:			<input type="radio"/> am <input type="radio"/> pm
--	--	---	--	--	--

How do you feel now?

- ☐ Not buzzed
☐ Slight buzz
☐ A little drunk
☐ Very drunk

12. Have we interviewed you before?

- ☐ Yes
☐ No

END



12765

PART 2 (EXIT)

Entrance to Exit Survey

Interviewer
Initials

--	--

Date
Month

--	--

Day

--	--

Year

--	--

BAC Sensor #

--	--	--	--

BAC Sample #

--	--	--	--

Leave blank

--	--	--

ID Number
Group #

--	--

Individual #

--	--

in Group

--	--

Bar #

--	--

Observation #

--	--

UIOD

- ☐ Yes
☐ No

1. Time of survey

--	--

--	--

Leave blank

--	--	--

2. To what ethnic group do you belong to?(choose one)

- ☐ White ☐ African American
☐ Latino/Hispanic ☐ American Indian
☐ Asian ☐ Pacific Islander
☐ Other (please specify)

--	--	--	--	--	--	--	--	--	--	--	--

3. Do you live in a... (choose one)

- ☐ Residence hall
☐ Fraternity or Sorority house
☐ Apartment
☐ House
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--	--

4. How did you get here tonight? (choose one)

- ☐ Drove myself
☐ Rode with someone else
☐ Walked
☐ Rode bike or skateboard
☐ Took public transportation
☐ Took a taxi
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--	--

5. Who were you here with tonight?

Shade in all that apply

- ☐ Alone
☐ Roommate(s)
☐ Spouse
☐ Partner or significant other
☐ Friend(s)
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--	--

6. Have you had anything to drink tonight?

- ☐ Yes
☐ No

~ If No, Please go to Question 14 [Next Page]

What time did you start drinking alcohol tonight/today?

--	--

--	--

- ☐ a.m.
☐ p.m.

What time did you finish your most recent drink?

--	--

--	--

- ☐ a.m.
☐ p.m.

Rate how you feel now

- ☐ Not buzzed
☐ Slight buzz
☐ A little drunk
☐ Very drunk

7. Did you have any alcohol at this bar tonight?

- ☐ Yes
☐ No

~ If No, Please go to Question 11 [Next Page]

8. How many drinks did you consume at this bar?

--	--

9. How much money did you spend on on yourself on alcohol at this bar tonight (including cover charges)?

 \$

--	--	--

 .00

How much money did you spend on on others on alcohol at this bar tonight (including cover charges)?

 \$

--	--	--

 .00

10. What type of beverages did you have at this bar?

Shade in all that apply

- ☐ Beer
☐ Wine
☐ Shots
☐ Mixed Drinks

 Continue to
next page



12765

11. Prior to coming to this bar, did you have any alcoholic drinks?

- ☐ Yes
☐ No

~ If NO, please go to question 12

How many drinks did you consume prior to coming to this bar?

--	--

What type of beverages did you have prior to coming to this bar?

Shade in all that apply

- ☐ Beer
☐ Wine
☐ Shots
☐ Mixed Drinks

Prior to coming to this bar, where did you drink alcohol tonight?

Shade in all that apply

- ☐ My place
☐ Friend's place
☐ Family's place
☐ Study location (library, etc.)
☐ Bar or night club
☐ Restaurant
☐ Store
☐ Outdoor recreation area
☐ Transportation center (trolley station, etc.)
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--

12. Have you played drinking games tonight?

- ☐ Yes
☐ No

13. Do you plan to continue drinking tonight?

- ☐ Yes
☐ No

14. When you leave this bar where will you go?

Shade in all that apply

- ☐ My place
☐ Friend's place
☐ Family's place
☐ Study location (Library, etc.)
☐ Bar or night club
☐ Restaurant
☐ Store
☐ Outdoor recreation area
☐ Transportation Center (trolley station, etc.)
☐ Another party
☐ Mexico
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--

15. How will you get there? (Please choose one)

- ☐ Drive my self
☐ Ride with someone else
☐ Walk
☐ Ride bike or skateboard
☐ Take public transportation
☐ Take a taxi
☐ Other (please specify below)

--	--	--	--	--	--	--	--	--	--	--

16. Could you get illegal drugs tonight if you wanted them?

- ☐ Yes
☐ No

17. In the past two weeks, on how many occasions, if any did you have 5 or more drinks in a row?

--	--

18. Have you had any bad experiences tonight?

- ☐ Yes
☐ No

If yes, specify below

--	--	--	--	--	--	--	--	--	--	--

END

**RESPONSIBLE HOSPITALITY COALITION
RISK ASSESSMENT
ON-PREMISE ESTABLISHMENTS OBSERVATION**

ESTABLISHMENT DATA

Establishment Name		Address	
Observer 1 Name	Age	Observer 2 Name	Age
Date	Arrival Time	Departure Time	Total hours

PARKING AREA

Please check	Did you observe?	Notes
<input type="checkbox"/> Yes <input type="checkbox"/> No	Underage people sitting in cars	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Empty alcohol containers outside cars and/or entrance	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Adults drinking alcohol in parking sidewalk area	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Security or staff observing or patrolling area	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parking area well lit, all areas clearly visible	
Other: _____		

ENTRANCE/SIGNAGE

<input type="checkbox"/> Yes <input type="checkbox"/> No	License posted and visible. <i>If yes, where posted:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnancy warning sign posted. <i>If yes, where posted:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	House policies posted. <i>If yes, where posted:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Seating limits posted. Maximum capacity _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Counter used to monitor numbers of customers entering and leaving
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cover charge collected \$ _____

IDENTIFICATION CHECK

ID CHECKED AT DOOR (Number of staff at door _____)		ID CHECKED AT TABLE/BAR	
	Method of checking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification carefully studied? <i>Describe:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification removed from wallet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Second identification requested? <i>Describe:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification carefully studied		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Second Identification requested		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Observed person being refused because of no proper Identification	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observed person being refused because of no proper ID?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Observed person being refused because of intoxication	Describe any situations about young looking customers and service of alcohol:	

INTOXICATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intoxicated person(s) observed. <i>If yes, how many?</i> _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intoxicated person(s) being refused service of alcohol. <i>If yes, how many?</i> _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intoxicated person(s) allowed to remain on premise
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intoxicated person(s) served alternative beverage or food
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Transportation arrangement made for Intoxicated person(s)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Management called and involved
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Law enforcement called

Describe any situations you observed:

DRUG USE

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bartender/patrons frequently visit restroom or parking lot
<input type="checkbox"/> Yes	<input type="checkbox"/> No	People exchanging packets
<input type="checkbox"/> Yes	<input type="checkbox"/> No	People appear hyper or thin

GAMBLING

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Money changing hands over darts, cards, TV Sports
------------------------------	-----------------------------	---

SMOKING

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bartender or staff smoking?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Patrons smoking?	---	Did staff intervene?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ashtrays?	---	No smoking signs	<input type="checkbox"/> Yes <input type="checkbox"/> No

SERVICE

Order taken by: <input type="checkbox"/> Server <input type="checkbox"/> Bartender <input type="checkbox"/> Went to bar for service		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food promoted. <i>If yes, Describe:</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alternative beverage promoted. <i>If yes, Describe:</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff observed consuming alcohol

BEVERAGE

	Beverage	Serving Size	Measured	Time Served	Cost
OBSERVER - 1					
OBSERVER - 2					

OTHER SIGNIFICANT OBSERVATIONS

Drink Sizes, promotions, group or individuals behavior, entertainment, etc....

ON-SALE OUTLET SURVEY

PLEASE PROVIDE SOME GENERAL INFORMATION ABOUT YOUR BUSINESS.

What is your position (the person filling out the questionnaire) in this business? Check all that apply.

- ☐ Owner ☐ Manager
☐ Bartender ☐ Other (please specify) _____

How many employees (including yourself, if appropriate,) do you have responsible for direct service of alcohol to the public?

_____ #

Of those employees responsible for direct service of alcohol to the public, please indicate the number of employees for each age range. The sum of the figures in this question should total the number of employees given in the item directly above.

_____ # Under 18 years old	_____ # 31 to 40 years old
_____ # 18 to 20 years old	_____ # 41 to 50 years old
_____ # 22 to 30 years old	_____ # older than 51

What would you estimate is your gross annual sales? Check one.

- ☐ Under \$100,000 ☐ \$500,000 to \$1,000,000
☐ \$100,000 to \$200,000 ☐ Over \$1,000,000
☐ \$200,000 to \$500,000

What percentage of your gross annual sales consists of alcohol beverage sales? Check one.

- ☐ 1% to 10% ☐ 51% to 90%
☐ 11% to 20% ☐ 91% to 100%
☐ 21% to 50%

What type of establishment best describes your business? Check one.

- ☐ Restaurant ☐ Hotel/Motel Lounge
☐ Night Club ☐ Bar
☐ Other (please specify) _____

What type of ownership best describes your business? Check one.

- ☐ Franchise ☐ Independent
☐ Chain

How many years has this business been at its present location? Check one.

- ☐ Less than 1 year ☐ 6 - 15 years
☐ 1 - 5 years ☐ Over 15 years

NEXT WE WOULD LIKE TO ASK SOME LEGAL AND LIABILITY QUESTIONS.

What would you say is the "legal climate" in California regarding liquor liability suits for businesses like yours? Check one.

- ☐ The legal climate is favorable toward businesses
☐ The legal climate is hostile toward businesses.
☐ The legal climate is neutral toward businesses.
☐ I don't know.

Do you now carry liquor liability (or dram shop) insurance for your business? Check one.

- ☐ Yes ☐ No. I can't get it.
☐ No. I don't need it. ☐ No, for other reasons.
☐ No. It's too expensive. (Please specify on back of this page)

What is (or would be) the dollar limit of your coverage; the amount that the insurance would cover if this business were successfully sued?
_____ \$

How much is (or would be) the annual premium for liquor liability coverage? _____ \$

**WE ARE ALSO INTERESTED IN THE
ALCOHOL SALES TRAINING PROVIDED
TO YOUR EMPLOYEES.**

In what ways have your employees been trained to avoid service to minors? Check yes or no for each case.

	YES	NO
As part of the orientation for new employees.	<input type="checkbox"/>	<input type="checkbox"/>
During "on the job" training.	<input type="checkbox"/>	<input type="checkbox"/>
In a one-time formal training.	<input type="checkbox"/>	<input type="checkbox"/>
In ongoing formal training for just that purpose.	<input type="checkbox"/>	<input type="checkbox"/>

If your employees have been through formal alcoholic beverage sales training, what was the name of the training?

Name _____

Under what circumstances do you require age identification? Check one.

- ☐ Asked of all customers
☐ Asked of customers who look younger than 21
☐ Asked of customers who look younger than 25 or 30

In your experience with this business, what has actually been done with a customer who is intoxicated? (Please check yes or no for each case.)

	YES	NO
The customer is asked to leave	<input type="checkbox"/>	<input type="checkbox"/>
The customer is refused further alcoholic drinks	<input type="checkbox"/>	<input type="checkbox"/>
The customer is provided transportation	<input type="checkbox"/>	<input type="checkbox"/>
The customer is asked to stay and is given non-alcoholic drinks until he or she sobers up	<input type="checkbox"/>	<input type="checkbox"/>
The police are called to deal with the customer	<input type="checkbox"/>	<input type="checkbox"/>
Other. If you checked <u>yes</u> , please specify on the back of this page.	<input type="checkbox"/>	<input type="checkbox"/>

Do you set any limit to how many drinks a customer may have?

- ☐ No. If no, skip to next question.
☐ Yes. If yes, what is the limit?

Total drinks _____ #

Drinks per hour _____ #

Other (specify) _____

In general, how often do you or one of your employees refuse to serve alcohol to an individual who cannot provide valid identification or who is underaged? Check one.

- ☐ Several times a day ☐ A few times a month
☐ Once or twice a day ☐ Once or twice a month
☐ Several times a week ☐ Very seldom or never
☐ Once or twice a week

**WE ARE ALSO INTERESTED IN THE
SERVICE POLICIES OF YOUR BUSINESS.**

Which of the following service and promotional practices do you use? (please check yes or no for each case.)

	Yes	No
Serve pitchers	<input type="checkbox"/>	<input type="checkbox"/>
Serve rounds	<input type="checkbox"/>	<input type="checkbox"/>
Serve doubles	<input type="checkbox"/>	<input type="checkbox"/>
Happy hour price reductions	<input type="checkbox"/>	<input type="checkbox"/>
Serve snacks	<input type="checkbox"/>	<input type="checkbox"/>
Video games	<input type="checkbox"/>	<input type="checkbox"/>
Provide entertainment	<input type="checkbox"/>	<input type="checkbox"/>

Has your business every been cited by the ABC for a violation? Check yes or no.

- ☐ No ☐ Yes. (If yes, please specify the violation on the back of the page.)

FINALLY WE ARE INTERESTED IN YOUR OPINIONS ABOUT THE FOLLOWING:

Below is a list of common explanation about the causes of alcohol and drug problems. From your point of view, please rank the following factors from most to least important as a cause for alcohol and for drug problems. Rank each column one at a time. (1 = most important; 7 = least important)

	Alcohol (1 to 7)	Drugs (1 to 7)
Biological disease	_____	_____
Individual mental or emotional problems	_____	_____
Problems with will power	_____	_____
Television, movies, and advertising	_____	_____
Family or parental problems	_____	_____
Peer pressure	_____	_____
How available it is	_____	_____

Please indicate how much you agree or disagree with the following statements. Check one for each statement.

	Agree Strongly	Agree Moderately	Disagree Moderately	Disagree Strongly
Individual abstention from alcohol consumption should be accepted in all situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any alcohol consumption in high-risk settings (for example, driving or boating) should be actively discouraged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy consumption should be actively discouraged in all situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate consumption in low-risk situations should be accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hospitalityinsigh^{ter}TM

RISK ASSESSMENT — OBSERVATION

ESTABLISHMENT				
Establishment Name				Address
Observer 1 Name		Age		Observer 2 Name
Date	Arrival Time			Departure Time
				Age
				Total

PARKING AREA			
Please check		Did you observe?	Notes:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Underage people sitting in cars	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Underage people sitting in cars drinking alcohol	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Empty alcohol containers outside cars and/or entrance	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adults drinking alcohol in parking sidewalk area	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Security or staff observing or patrolling area	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parking area well lit, all areas clearly visible	
Other			
Other			

ENTRANCE/SIGNAGE

<input type="checkbox"/> Yes	<input type="checkbox"/> No	License posted and visible. If yes, where posted:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnancy warning sign posted. If yes, where posted:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	House policies posted. If yes, where posted:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seating limits posted. Maximum capacity: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Counter used to monitor numbers of customers entering and leaving
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cover charge collected \$ _____

IDENTIFICATION CHECKED AT DOOR

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Identification checked at door	
If yes, number of staff at door : _____		Estimated staff age(s) _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Everyone's identification checked	
Method of checking			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sign posted. If yes, describe:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Identification removed from wallet	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area sufficiently illuminated. <input type="checkbox"/> Lamp <input type="checkbox"/> Flashlight <input type="checkbox"/> Other	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Identification carefully studied. Describe:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Second identification requested. Describe:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Questions asked. Describe:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Observed person being refused because of no proper identification	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Observed person being refused because of intoxication	
If a person was refused, what were signs of intoxication observed		<input type="checkbox"/> Stumbling <input type="checkbox"/> Fumbling <input type="checkbox"/> Misjudging <input type="checkbox"/> Slurred speech <input type="checkbox"/> Sloppy <input type="checkbox"/> Hostile <input type="checkbox"/> Raunchy	

SEATING/CLIENTELE

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the bar/lounge separate from the dining area/restaurant?			
If yes,		Estimate # of patrons in bar/lounge area # _____	% Male _____	% Female _____	% Over age 30 _____
Staffing in bar/lounge		_____ # bartenders _____ # Male _____ # Female _____	Estimated age(s) _____		
		_____ # servers _____ # Male _____ # Female _____	Estimated age(s) _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dining area/restaurant			
		Estimate # of patrons in dining area restaurant # _____	% Male _____	% Female _____	% Over age 30 _____
Staffing in dining area		_____ # hosts _____ # Male _____ # Female _____	Estimated age(s) _____		
		_____ # security _____ # Male _____ # Female _____	Estimated age(s) _____		
		_____ # bartenders _____ # Male _____ # Female _____	Estimated age(s) _____		
		_____ # servers _____ # Male _____ # Female _____	Estimated age(s) _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Manager on duty			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tables cleared, clean and uncluttered with glasses			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff wore uniforms identifying them as employees <input type="checkbox"/> Provided by business <input type="checkbox"/> Similar dress (i.e. black slacks, white shirt)			

AGE IDENTIFICATION CHECKED AT TABLE

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Identification checked at tables/bar	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Identification removed from wallet
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area sufficiently lighted. <input type="checkbox"/> Lamp <input type="checkbox"/> Flashlight <input type="checkbox"/> Other
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Identification carefully studied. Describe:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Second identification requested. Describe:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Questions asked. Describe:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Observed person being refused because of no proper identification
Describe any situations about young looking customers and service of alcohol:			

INTOXICATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intoxicated persons(s) observed. If yes, # _____	
Signs of intoxication observed		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stumbling Fumbling Raunchy
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intoxicated person(s) being refused service of alcohol. If yes, # _____	
If yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Person allowed to remain on premise
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Person served alternative beverage or food
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Transportation arrangement made
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Management called and involved
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Law enforcement called

Describe any situations about intoxication and service of alcohol:

SERVICE

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seated by staff	
Order taken by		<input type="checkbox"/> Server	<input type="checkbox"/> Bartender
Food promoted		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alternatives promoted		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Service prompt and attentive - greeted, order taken, beverage service within <input type="checkbox"/> 5 minutes <input type="checkbox"/> 10 minutes <input type="checkbox"/> 15 minutes	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff observed consuming alcohol	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

BEVERAGE

Observer 1					Observer 2				
Beverage	Serving Size	Measured	Time Served	Cost	Beverage	Serving Size	Measured	Time Served	Cost
1									
2									
3									
<input type="checkbox"/> Tab	<input type="checkbox"/> Cash								
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Server asked about refills. # times _____							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Server asked about rounds. # times _____							

CUSTOMER DRINKING SUMMARY

Observer 1						Observer 2					
	Beverage	Serving Size	# Served	Time Served	Impairment	Beverage	Serving Size	# Served	Time Served	Impairment	
1											
2											
3											
4											
5											

OTHER SIGNIFICANT OBSERVATIONS

Drink sizes, promotions, group or individual behavior, entertainment, etc.

Bar Observation

Observer _____

Date _____

Bar # _____ Observation # _____

What time did you enter the bar? _____

Q1. Was ID checked at the door?

Yes No

Q2. Was there a cover charge?

Yes No

Q2a. If yes, how much was the cover charge?

\$ _____

Q3. Was bar so crowded that you bumped into people?

Yes No

Q4. Was there music playing so loud it was hard to hear?

Yes No

Q4a. If yes, what type of music?

DJ

Juke box/Stereo System

Live

Q5. Were people dancing?

Yes No

Q6. Does the Bartender over pour drinks?

Yes No

Q7. Does the bartender free pour drinks?

Yes No

Q8. Were there servers at this bar?

Yes No

Q9. Does server/bartender ask to see ID?

Yes No

Q10. Does server/bartender offer non-alcoholic drinks?

Yes No

Q11. Does server/bartender offer drink specials?

Yes No

Q12. Does server/bartender offer food specials?

Yes No

Q13. What were the drink specials?

Q14. What were the high alcohol drink specials?

Q15. Was food available at this bar?

Yes No

Q16. What was the average price of appetizer on menu?

\$ _____

Q17. Does server/bartender allow you to order two long island ice teas each?

Yes No

Q18. Does server/bartender try to dissuade you from ordering two drinks?

Yes No

Q19. Where there temporary bars?

Yes No

Q20. How many temporary bars were there? _____

Q21. What were the temporary bars serving?

Time Intervals with a server

Q22. Time seated: _____

Q23. Time Server comes to table: _____

Q24. Time the two beers arrived: _____

Q25. Time appetizer arrives to table: _____

Q26. Time shots arrived: _____

Q27. Time server returns to table: _____

Q28. Time Long Island Ice Teas arrive: _____

Q29. What time did you exit the bar? _____

Time intervals with a bartender

Q37. Time approached bar for beer: _____

Q38. Time you receive one beer: _____

Q39. Time approached bar for shot: _____

Q40. Time you receive one shot: _____

Q41. Time approached bar for long islands: _____

Q42. Time you receive long island(s): _____

Q29. What time did you exit the bar? _____

Part 3

Please answer the following questions including as many details as possible.

If your ID was not checked at the door, was there a person tending the door? Was there a cover charge? If no, was there a cover charge that started at a later time?

What was the overall appearance of the bar when you entered? Approximately how many people were in the bar? What was the average age of the patrons?

What was the lowest price appetizer? What was the highest price appetizer? What was the price of the majority of the appetizers? *If there was no food, please include in summary.

When the server/bartender returned with your drinks, how did you dispose of them?

Beer:

Vodka:

Long Islands:

Did the server/bartender offer you more drinks, such as another beer in addition to the shots? When the shots arrived, did they seem to be a standard size?

How exactly did you order the four long islands? How did the server/bartender respond to this order? Did he/she try to dissuade you from ordering four drinks? If so, how did you try to persuade him/her to allow the order of four drinks?

When did you observe the bartenders and what did you observe?

How many permanent bars were there? What were they serving at each bar (both beer and hard alcohol)? How many temporary bars were there and what were they serving?

What was the overall appearance of the bar before you exited? Approximately how many people were in the bar? Was it hard to walk through the bar without bumping into people? What was the average age of the patrons? Was there music playing and if so, was it so loud that it was hard to hear? Were there people dancing? Did any of the patrons seem intoxicated (falling over, slurring, stumbling)?

RESPONSIBLE HOSPITALITY COALITION
RISK ASSESSMENT
OFF-PREMISE ESTABLISHMENTS OBSERVATION

ESTABLISHMENT DATA

Establishment Name		Address	
Owners Name		Telephone	Fax
		()	()
Date	Time of Observation	Observer Name	

PARKING AREA

Please check	Notes
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was there adequate lighting in the parking lot?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were there any youths/adults loitering in the parking lot?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were there underage people sitting in cars?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were there any adults drinking alcohol in parking area?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did clerk observe or patrol parking area?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was there litter in the parking area?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was graffiti observed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was a telephone located on premises?
Other:	

ENTRANCE/SIGNAGE

<input type="checkbox"/> Yes <input type="checkbox"/> No	Was license posted and visible. <i>If yes, where?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was tobacco ID sign posted. <i>If yes, where?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the sign posted "You must be 21 years old to purchase alcoholic beverages?" <i>If yes, where?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Could you adequately see through the windows?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were advertisements on windows at a minimum?

IDENTIFICATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was identification checked for anyone who looked under the age of 30?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you observe anyone being refused service because of no proper ID?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you observe adults buying alcohol for underage people?

INTOXICATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you observe alcohol being sold to an obviously intoxicated person?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were obviously intoxicated persons allowed to stay on premises?

PRODUCT PLACEMENT

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were cigarettes in a secure place where underage persons did not have access to them?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were alcoholic beverages in a secure place where underage persons did not have access to them?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were alcoholic beverage products being advertised to underage people?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was drug paraphernalia sold?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were video games present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was pornography sold?

WHAT WAS YOUR OVERALL ASSESSMENT OF THIS BUSINESS?

Please explain:

ON-SITE OUTLET SURVEY (OFF-SALE)

BACKGROUND INFORMATION

Surveyor Name _____ Date and Time _____

Outlet License Number _____ License Type _____

Business Name _____

Street _____

City _____ Zip _____

Business Hours:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Number of register clerks on duty _____ #

Number of patrons (check one)

- ☐ 0
- ☐ 1 to 5
- ☐ 6 to 15
- ☐ 16 +

Advertisement Signage (Check if yes)	Alcohol	Other Beverage	Tobacco	Other
Outside, Permanent				
Outside, Lighted (eg, neon)				
Outside, Temporary, Distributor				
Outside, Temporary, Licensee				
Inside, Permanent				
Inside, Temporary, Distributor				
Inside, Temporary Licensee				

Social Control Signage (check if yes)	Alcohol	Tobacco
Under 21 sales prohibition		
Health risks		
Outside loitering		
Other (specify)		

Miscellaneous (Check all that apply)

- ☐ Beer
- ☐ Malt Liquor
- ☐ Wine
- ☐ Wine Coolers
- ☐ Fortified Wines
- ☐ Distilled Spirits

- ☐ Cigarettes

- ☐ Cold Singles
- ☐ Short Dogs
- ☐ Counter Sales

- ☐ Cups
- ☐ Corkscrews
- ☐ Mixers

- ☐ Gasoline Sales
- ☐ Videogames
- ☐ Magazines

- ☐ Telephone Inside
- ☐ Telephone Outside
- ☐ Noise Walls
- ☐ Outside Lighting

- ☐ Cigarette Papers
- ☐ Alcohol Paraphenelia (specify) _____
- ☐ Cold Cups
- ☐ Drug Paraphenelia (specify) _____
- ☐ Pipes
- ☐ Roach Clips

- ☐ Alcohol Promotion Items
- ☐ Drug Promotion Items
- ☐ Tobacco Promotion Items

OFF-SALE OUTLET SURVEY

PLEASE PROVIDE SOME GENERAL INFORMATION ABOUT YOUR BUSINESS.

What is your position (the person filling out the questionnaire) in this business? Check all that apply.

- ☐ Owner ☐ Manager
☐ Other (please specify) _____

How many employees (including yourself, if appropriate,) do you have responsible for direct sales of alcohol to the public?

_____ #

Of those employees responsible for direct sales of alcohol to the public, please indicate the number of employees for each age range. The sum of the figures in this question should total the number of employees given in the item directly above.

- | | |
|----------------------------|----------------------------|
| _____ # Under 18 years old | _____ # 31 to 40 years old |
| _____ # 18 to 20 years old | _____ # 41 to 50 years old |
| _____ # 22 to 30 years old | _____ # older than 51 |

What would you estimate is your gross annual sales? Check one.

- | | |
|---|---|
| <input type="checkbox"/> Under \$100,000 | <input type="checkbox"/> \$500,000 to \$1,000,000 |
| <input type="checkbox"/> \$100,000 to \$200,000 | <input type="checkbox"/> Over \$1,000,000 |
| <input type="checkbox"/> \$200,000 to \$500,000 | |

What percentage of your gross annual sales consists of alcohol beverage sales? Check one.

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1% to 10% | <input type="checkbox"/> 51% to 90% |
| <input type="checkbox"/> 11% to 20% | <input type="checkbox"/> 91% to 100% |
| <input type="checkbox"/> 21% to 50% | |

What type of establishment best describes your business? Check one.

- | | |
|---|--|
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Gas Station mini-market |
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Convenience store (does not sell gas) |
| <input type="checkbox"/> Liquor store | |
| <input type="checkbox"/> Other (please specify) _____ | |

What type of ownership best describes your business? Check one.

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Franchise | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Chain | |

How many years has this business been at its present location? Check one.

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 6 - 15 years |
| <input type="checkbox"/> 1 - 5 years | <input type="checkbox"/> Over 15 years |

NEXT WE WOULD LIKE TO ASK SOME LEGAL AND LIABILITY QUESTIONS.

What would you say is the "legal climate" in California regarding liquor liability suits for businesses like yours? Check one.

- ☐ The legal climate is favorable toward businesses
☐ The legal climate is hostile toward businesses.
☐ The legal climate is neutral toward businesses.
☐ I don't know.

Do you now carry liquor liability (or dram shop) insurance for your business? Check one.

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No. I can't get it. |
| <input type="checkbox"/> No. I don't need it. | <input type="checkbox"/> No, for other reasons. |
| <input type="checkbox"/> No. It's too expensive. | (Please specify on back of this page) |

What is (or would be) the dollar limit of your coverage; the amount that the insurance would cover if this business were successfully sued?

_____ \$

How much is (or would be) the annual premium for liquor liability coverage? _____ \$

WE ARE ALSO INTERESTED IN THE ALCOHOL SALES TRAINING PROVIDED TO YOUR EMPLOYEES.

In what ways have your employees been trained to avoid sales to minors? Check yes or no for each case.

	YES	NO
As part of the orientation for new employees.	<input type="checkbox"/>	<input type="checkbox"/>
During "on the job" training.	<input type="checkbox"/>	<input type="checkbox"/>
In a one-time formal training.	<input type="checkbox"/>	<input type="checkbox"/>
In ongoing formal training for just that purpose.	<input type="checkbox"/>	<input type="checkbox"/>

If your employees have been through formal alcoholic beverage sales training, what was the name of the training?

Name _____

Under what circumstances do you require age identification? Check one.

- ☐ Asked of all customers
☐ Asked of customers who look younger than 25 or 30
☐ Asked of customers who look younger than 21

In general, how often do you or one of your employees refuse to sell alcohol to an individual who cannot provide a valid identification or who is underaged? Check one.

- ☐ Several times a day ☐ A few times a month
☐ Once or twice a day ☐ Once or twice a month
☐ Several times a week ☐ Very seldom or never
☐ Once or twice a week

WE ARE ALSO INTERESTED IN THE SALES POLICIES OF YOUR BUSINESS.

Which of the following sales and promotional practices do you use? (please check yes or no for each case.)

	Yes	No
Reduced prices on alcohol beverages	<input type="checkbox"/>	<input type="checkbox"/>
Video games	<input type="checkbox"/>	<input type="checkbox"/>
Deli-style or hot food	<input type="checkbox"/>	<input type="checkbox"/>
On-site alcohol beverage advertising	<input type="checkbox"/>	<input type="checkbox"/>

Has your business every been cited by the ABC for a violation? Check yes or no.

- ☐ No ☐ Yes. (If yes, please specify the violation on the back of the page.)

FINALLY WE ARE INTERESTED IN YOUR OPINIONS ABOUT THE FOLLOWING:

Below is a list of common explanation about the causes of alcohol and drug problems. From your point of view, please rank the following factors from most to least important as a cause for alcohol and for drug problems. Rank each column one at a time. (1 = most important; 7 = least important)

	Alcohol (1 to 7)	Drugs (1 to 7)
Biological disease	_____	_____
Individual mental or emotional problems	_____	_____
Problems with will power	_____	_____
Television, movies, and advertising	_____	_____
Family or parental problems	_____	_____
Peer pressure	_____	_____
How available it is	_____	_____

Please indicate how much you agree or disagree with the following statements. Check one for each statement.

	Agree Strongly	Agree Moderately	Disagree Moderately	Disagree Strongly
Individual abstention from alcohol consumption should be accepted in all situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any alcohol consumption in high-risk settings (for example, driving or boating) should be actively discouraged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy consumption should be actively discouraged in all situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate consumption in low-risk situations should be accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITY OF BERKELEY PUBLIC NUISANCE COMPLAINT FORM

CALL OR SEND THIS COMPLETED FORM TO:

(Berkeley Police Community Services Office, phone and address)

Name of Public Nuisance Site _____

Address of Site _____

Person(s) submitting Complaint _____

Organization _____

Address _____ Phone _____

Date of this complaint _____

Please check which type of setting is the source of the public nuisance:

___ private residence

___ multi-family residence

___ sidewalk or alley

___ street or parking lot

___ liquor store, market,
convenience store,
or other place that
sells alcohol to take out

___ retail outlet that does
not sell alcohol

___ bar or restaurant
that sells alcohol

___ restaurant or fast food
place that does not sell alcohol

___ park or playground

___ school or schoolyard

___ movie house or other
place of entertainment

___ gas station

A. PROBLEM ACTIVITIES CREATING A PUBLIC NUISANCE.

(Check the problem(s) that applies to the Public Nuisance site that you have identified above)

- ☐ assault
- ☐ battery
- ☐ curfew violations
- ☐ drinking in public
- ☐ drinking by minors (people under 21 years of age).
- ☐ excessive littering
- ☐ excessive noise (especially 11 pm to 7 am)
- ☐ gambling
- ☐ harassment of passersby
- ☐ illegal drug activity (sales, possession, use)
- ☐ illegal parking
- ☐ lewd conduct
- ☐ noxious smells or fumes
- ☐ prostitution
- ☐ public drunkenness
- ☐ public urination
- ☐ theft
- ☐ vandalism (graffiti, etc.).

Please describe briefly in your own words your observation of the problem(s), answering the following questions.

What is the problem?

How is the problem related to the address named above?

B. DURATION OF PROBLEM.

Length of time problem(s) has been present:

The problem has been going on for (Circle one):

Days Weeks Months A year or more

How often problem(s) occur (circle one):

Daily Weekly Monthly Few times a year or rarely

C. EFFECT OF PROBLEM ON NEIGHBORHOOD.

Check the following items to describe briefly the effect the public nuisance problem(s) is having on people in your neighborhood.

_____ Many neighbors are afraid to be outside.

(circle one) During the night Always

_____ Many neighbors are afraid or mistrustful of others.

_____ Families do not permit their children to be outdoors.

_____ Drunks and drug users are frequently visible in the area.

_____ Harrassment and violence have become routine.

_____ Visitors or shoppers avoid the area.

Please describe the effect of the problem(s) briefly in your own words. Who is affected by the problem? Who or what seems to be causing the problem?

D. DOCUMENTATION.

Documentation is extremely important for taking official action on the problem(s). Please attach any documentation you have for this problem, including:

Petition signed by several people.
Individual complaint letters.
Diary/journal.
Photographs or videos.

E. CITY'S RESPONSE TO THE PROBLEM(S).

Have you or your neighbors contacted any City official or office about this problem(s) before filing this form?

No, I have not contacted any City official or office about this problem(s). *(check "no contact")*.

_____ No contact.

Yes, I have contacted at least one City official about this problem(s). *(check all that apply)*.

_____ Berkeley Police, (date)_____

_____ City Manager Office, (date)_____

_____ Councilmember, (date)_____

(name of Councilmember_____)

_____ Other City official or office (date)_____

(name of official/office_____)

Isla Vista Property Manager Survey

DRAFT version #5 September 20, 2005

ADMINISTRATION

Person-to-person administration, face-to-face if possible with property manager, or with the owner if the owner manages the property him/herself.

1. Sampling frame: Number of interviews = 60, selected as follows.
Selection criteria: (1) Draw thirty cases each from the top 10 percent of residential addresses for police calls for service in IV. Draw another thirty cases at random all residential rental property addresses. (2) draw additional alternate addresses to minimize duplicating property management firms.
2. Introductory statement: Protocol for conducting interview:

Mr/Mrs (greet owner/manager by name), thank you for meeting with me this morning (afternoon). I'm _(name of interviewer)_, with_(the Safer Isla Vista Project – funded by a California state initiative grant)_. I'd like to follow up our recent letters and phone calls to ask about policies and practices you currently follow to manage your residential rental units. The information you provide will help IV property managers develop better lease policies and operate their units more safely. You have been selected at random from IV residential rental property managers, and your participation in this questionnaire is voluntary. There are no right or wrong answers; please answer as accurately as possible based on your own experiences managing IV properties. All information you provide is confidential and will be shared with no one other than researchers at ISSC/UCB.

QUESTIONNAIRE

Name _____(interview subject)

Organization _____

Name _____(interviewer)

Property street address _____

Date of Interview _____

QUESTIONS DESCRIBING THE PROPERTY MANAGER

1. How many years has your firm been managing residential rental units here in IV? _____(years)
2. How many years have you personally been managing residential units? _____(years)
3. What is the name of this property and how many rental units are located at this address?
[Note: We have provided the address from our sample.]

_____ (name of property)

_____ (number of rental units)

4. Are you, or is your firm, also the owner of this property?

Yes / No

If Yes: How long have you owned this property? _____ Years

If No: How many years have you managed this property? _____ Years

5. Are you a member of:

_____ IV Property Owners Association? (*check for correct name*)

_____ Other property management association or professional association?

Yes / No

_____ Civic group such as Chamber of Commerce or community association?

Yes / No

6. How many residential rental properties (do you own and manage) (does your company manage) here in IV? [Ask for a list of properties, if not already sent to you.]

_____ Number of Properties here in IV

_____ What is the approximate total number of units you manage at these properties?

7. About what percentage of your current renters (by your best estimates) are:

_____ College students from UCSB or SBCC?

_____ Freshman or sophomores?

8. What percentage of tenants at this location turn over each year (according to your best estimate)?

_____ (percentage)

END OF FIRST SECTION

QUESTIONS DESCRIBING MANAGEMENT PRACTICES AND POLICIES

Now I'd like to ask you a few questions about specific property management practices and policies you follow at the (name or address of the property subject to this interview). [Try to get a copy of a standard lease, if not already sent to you.]

9. Would you please describe for me what things you do to orient renters to your policies? PROBES: Which kinds of things seem to work best for you? How important is each of these things in orienting renters?

Comments: _____

Now, please look at this card [hand card]. Which of these specific practices do you (your firm) follow to orient renters to rental policies for this property? A "renter" is a lease-signer who occupies a unit at this property. (*check all that apply*).

- ___ Meet personally with renter from each unit at the time lease is signed
- ___ Meet personally with renter from each unit sometime within the first few months
- ___ Meet with renter as I need to
- ___ Provide renter with a written manual of rental property policies (*ask for a copy*)
- ___ Provide renter with key contact information (health, safety, fire agencies)
- ___ Respond to renter questions/concerns within (number) ___ Hours or (number) ___ Days
- ___ Are there other specific orientation practices that you've now thought of?
(*please describe* _____)

10. What policies do you have for on-site supervision? PROBE: What works best? How important is each of these things? [FW – Can you make the lines below non-bold/thinner? And delete the heavy line below that moves around?]

Now, hich of these specific practices do you (your firm) follow for on-site supervision of the property? (hand card, *check all that apply*)

- ___ Visit the site daily, weekly, monthly, quarterly, less often (*circle one*) ___ Hire someone as site manager who lives on the site
- ___ Hire someone (person or firm) as site manager who lives off the site
- ___ Provide on-site supervision on call and as needed, not at regular intervals

- ☐ Provide extra supervision on weekends (sometimes, usually, all the time) (*circle one*)
- ☐ Provide security for large parties (sometimes, usually, all the time) (*circle one*)
- ☐ Require renters to provide security for large parties (sometimes, usually, all the time) (*circle*)
- ☐ Other specific on-site supervision practices?
(please describe _____)

11. What policies do you have for upkeep and repair of the property? PROBE: What works best? How important is each of these things?

Now, which of these specific practices do you (your firm) follow for upkeep and repair of the property? (*Check all that apply*)

- ☐ Promptly repair/replace items critical for renter health and safety (e.g., handrails).
- ☐ Promptly repair/replace broken furnishings, damaged equipment.
- ☐ Renters are (fully, partly) responsible for repairs/replacement of broken furnishings, damaged equipment (*circle one*).
- ☐ Provide house cleaning services to rental unit as part of lease
- ☐ Renters are responsible for providing house cleaning for their rental unit.
- ☐ Other upkeep and repair policies?
(please describe _____)

12. What policies do you have regarding parties and social occasions? PROBE: What works best? How important is each of these things?

Now, which of these specific practices do you (your firm) follow regarding parties and social occasions (Hand card)?

Y/N Does your lease agreement contain a party or social events clause?
the following items? (*Ask for copy*)

(IF YES) Does the policy include the following items? (*Check all that apply*)

- ☐ Limits numbers of people who may attend an event hosted by a renter at the property?
- ☐ Limits times for the event (by day of week, hour of day, etc.)?
- ☐ Limits the noise or disturbance level of the event?
- ☐ Permits the event in common space and in outdoor areas?
- ☐ Permits the event only in the renter's unit?
- ☐ Requires advance notice of the event to management?
- ☐ Requires that the management have direct access to the designated host?

____ Other policies on party and social occasions?
(Please describe _____)

13. What policies do you have regarding the use of alcohol? PROBE: What works best? How important is each of these things?

Now, which of these specific practices do you (your firm) follow regarding the use of alcohol (Hand card)?

Y/N Does your lease agreement contain an alcohol clause?

(If YES, ask for copy)

(If YES) Does the policy contain the following items?

- ____ Explicit language about not furnishing to minors or permitting minors to drink on the property.
____ Limits on size of containers (e.g., no kegs).
____ Limits on the amount of alcohol allowed in the unit (e.g., volume of alcohol per occupant)
____ Limits on drinking in common areas of the property.
____ Limits on drinking in open yards or balconies on view to the public.
____ Other policies on alcohol? _____
(Please describe _____)

14. Thinking back about all the properties that you have managed over the last five years, about how many times have you had to enforce your eviction policy?

____ Number of times you served notice but did not end up evicting?
____ Number of times a tenant was evicted?

____ What are the reasons tenants are evicted? (from the most frequent to least frequent)
Other than for non-payment, for what other reasons were tenants evicted?

Comments _____

QUESTIONS ABOUT INVOLVEMENT WITH ISLA VISTA

15. About how many times in the last 12 months has the IV Foot Patrol made a police call to this property?

____ Number of times.

____ Don't know (*mark this answer only if the respondent offers this response voluntarily*)

16. Under what circumstances do you engage have contact with the IV Foot Patrol? (*probes: What kinds of events or problems bring the police? Who calls them? What kinds of contact does the IVFP have directly with you (the/manager) of this property?*)

Comments _____

17. What are your views about drinking and partying in Isla Vista?

Please indicate whether you agree or disagree with the following statements:

	<i>Agree Strongly</i>	<i>Agree Somewhat</i>	<i>Disagree Somewhat</i>	<i>Disagree Strongly</i>	<i>No Opinion</i>
a. IV's drinking/partying culture makes a positive contribution to community life	+2	+1	-1	-2	0
b. Drinking/partying is not a major problem for most IV property owners/managers	1	2	3	4	5
f. IV health and safety agencies are doing enough to control drinking/partying	1	2	3	4	5
c. IV's drinking/partying culture is not a major problem for properties I manage	1	2	3	4	5
d. IV's drinking/partying culture creates significant health and safety problems in this community	1	2	3	4	5
e. IV property owners/mangers are doing enough to reduce drinking/partying problems	1	2	3	4	5
g. IV property owners/managers need help controlling drinking/partying problems on their property	+2	+1	-1	-2	0

18. How willing would you be to collaborate with community organizations and residential property associations to reduce troublesome drinking in Isla Vista?

- ☐ Very willing
☐ Somewhat willing
☐ Not willing

Comments: _____

19. Are you aware of the IV Foot Patrol's "Property Manager's Notification" policy?

☐ Yes ☐ No

20. (If YES) Which one of these statements is closest to your views on the notification policy?

- ☐ I appreciate being notified and would like followup assistance
☐ I appreciate being notified but do not need further assistance.
☐ The Notification Program doesn't apply to the property I manage
☐ I don't appreciate being notified

21. Have you received a "manager's notification" form the IVFP for this property?

Yes/No

IF YES, have you changed the way you manage your property since receiving the notice?

Yes/No

IF YES,

What changes have you made? _____

POLICE INVOLVEMENT IN ALCOHOL-RELATED INCIDENTS

(Accompanies Incident Report)

1. City: 1 2 3 4 5 6 7 8 9 0 2. Report File Number: _____

3. Source of Officer Arrival at Scene: Officer Dispatched _____ Officer Observed _____

4. Location of Occurrence: _____

5. Beat: 1 2 3 4 5 6 7 8 9 0 6. Day of Week: Mo Tu We Th Fr Sa Su

7. Date: ____ / ____ / ____ 8. Time of Day: ____ : ____ 9. Reporting District: ____

10. Type of Setting:

Regular bar	_____	Beer bar	_____	Liquor store	_____
Convenience store	_____	Gas station	_____	Club with entertainment	_____
Parking lot	_____	Restaurant	_____	Grocery store/supermarket	_____
Shopping mall	_____	School/school yard	_____	Trailer park	_____
Single family residence	_____	Street/sidewalk	_____	Railroad tracks	_____
Apartment/condo	_____	Public transportation	_____	Highway overpass	_____
Hotel/motel	_____	Other retail business	_____		
Park	_____	Service club (e.g., Kiwanis, Lions, Elks, Odd Fellows)	_____		
Moving vehicle	_____	Community event (e.g., block party, parade, festival)	_____		
Parked vehicle	_____	Other event (e.g., sporting, social, concert)	_____		
		Other: _____			

11. Type of Problem:

Assault - Family	_____	Burglary	_____	Motor Vehicle Theft	_____
Assault - Other	_____	Malicious Mischief	_____	Fraudulent Documents	_____
Disturbing the Peace - Family	_____	Vehicle Accidents	_____	Forcible Rape	_____
Disturbing the Peace - Other	_____	Child Abuse	_____	Sex Offences (except rape)	_____
Larceny-Theft	_____	Child Neglect	_____	Loitering	_____
Narcotics	_____	Vice	_____	Damaging Property	_____
Liquor Laws	_____	Criminal Homicide	_____	Medical Emergency	_____
Drunkenness	_____	Robbery	_____	Truancy	_____
Drunk Driving	_____	Other Felonies	_____		

12. Property Damage: None _____ Minor (under \$1,000) _____ Major (\$1,000 plus) _____

13. Number of Participants: Suspects _____ Victims _____ Informants/Witnesses _____

14. Primary Suspect, Victim, and Informant/Witness Information:

Type	Sex	Age	Ethnicity	Injured?	Drinking?	Drugs?
Unknown						
Suspect 1	M F	_____	W B H A N O U	No Minor Hosp	N H D NObs	Yes No NObs
Suspect 2	M F	_____	W B H A N O U	No Minor Hosp	N H D NObs	Yes No NObs
Unknown						
Victim 1	M F	_____	W B H A N O U	No Minor Hosp	N H D NObs	Yes No NObs
Victim 2	M F	_____	W B H A N O U	No Minor Hosp	N H D NObs	Yes No NObs
Unknown						
Inf/Wit 1	M F	_____	W B H A N O U	No Minor Hosp	N H D NObs	Yes No NObs
Inf/Wit 2	M F	_____	W B H A N O U	No Minor Hosp	N H D NObs	Yes No NObs

Ethnicity: W = White B = Black
 H = Hispanic A = Asian
 N = Native Am. O = Other
 U = Unknown

Drinking: N = Not drinking
 H = Had been drinking
 D = Drunk (647-F)
 NObs = Not Observed

15. Number Arrested: _____

Hello, my name is _____ and I'm calling today on behalf of The CURB Project, Community United to Reduce Bingeing. CURB is conducting a community-wide telephone survey in Santa Cruz County to get community input on youth binge drinking. Even if you don't have children we would still like to talk with you.

If asked. The goal at CURB is to increase knowledge and community perception of binge drinking and reduce the number of youth participating in binge drinking throughout Santa Cruz County. The information from this survey will help The CURB Project understand how well we are meeting this goal.

You have been randomly chosen and all answers will be entirely anonymous. Is now a good time to ask you some questions?

If they need more information please call Abbie Stevens (831) 728-1356.

If asked, the survey will take about 10-15 minutes.

Qualifying questions (Note: Must answer yes to questions A and B.)

A. Qualifier: Am I speaking with someone 21 years or older?

- ☐ (1) Yes (continue with question 2)
- ☐ (2) No (if no, thank them and say we are only talking to people ages 21 and older. Ask them if there is someone 21 years or older in the house with whom you can speak.) Repeat script if necessary.

B. Qualifier: Are you a resident of Santa Cruz County?

- ☐ (1) Yes (continue with survey)
- ☐ (2) No (if no, thank them and say we are only talking to residents of Santa Cruz County.)

1. In your opinion, how difficult is it for youth ages 16 to 20 to get alcohol if they really want it? Read list.

- | | |
|---|---|
| <input type="checkbox"/> (1) Very difficult | <input type="checkbox"/> (4) Very easy |
| <input type="checkbox"/> (2) Fairly difficult | <input type="checkbox"/> (5) Don't know (don't read) |
| <input type="checkbox"/> (3) Fairly easy | <input type="checkbox"/> (6) No response (don't read) |

2. If a drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink, how many drinks do you need to drink in about 2 hours to be considered binge drinking? _____

- ☐ Don't know (don't read)
- ☐ No response (don't read)

3. How acceptable do you think it is for adults to provide alcohol in their home to youth? Read list.

- | | |
|--|---|
| <input type="checkbox"/> (1) Not at all acceptable | <input type="checkbox"/> (4) Don't know (don't read) |
| <input type="checkbox"/> (2) Somewhat acceptable | <input type="checkbox"/> (5) No response (don't read) |
| <input type="checkbox"/> (3) Very acceptable | |

4. How acceptable do you think it is to allow youth to drink alcohol in your home? Read list.

- | | |
|--|---|
| <input type="checkbox"/> (1) Not at all acceptable | <input type="checkbox"/> (4) Don't know (don't read) |
| <input type="checkbox"/> (2) Somewhat acceptable | <input type="checkbox"/> (5) No response (don't read) |
| <input type="checkbox"/> (3) Very acceptable | |

For the remainder of the survey, please note that binge drinking is defined as 5 or more drinks in about two hours.

5. How acceptable do you think our community finds binge drinking for youth ages 16 to 20? Read list.

- | | |
|--|---|
| <input type="checkbox"/> (1) Not at all acceptable | <input type="checkbox"/> (4) Don't know (don't read) |
| <input type="checkbox"/> (2) Somewhat acceptable | <input type="checkbox"/> (5) No response (don't read) |
| <input type="checkbox"/> (3) Very acceptable | |

6. How acceptable do you find binge drinking for youth ages 16 to 20? Read list.

- | | |
|--|---|
| <input type="checkbox"/> (1) Not at all acceptable | <input type="checkbox"/> (4) Don't know (don't read) |
| <input type="checkbox"/> (2) Somewhat acceptable | <input type="checkbox"/> (5) No response (don't read) |
| <input type="checkbox"/> (3) Very acceptable | |

7. On a scale of 1 to 5 with one being strongly disagree and five being strongly agree, please tell me your level of agreement with the following statements.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Strongly disagree				Strongly agree	Don't know (don't read)	No response (don't read)
a. "Youth binge drinking is a rite of passage, a normal and predictable phase kids go through."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. "It's hypocritical that adults are allowed to binge drink but teens aren't."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. "If you tell youth they can't do it, that just makes them want to do it more."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Alcohol policies and laws should be concerned more with people who give or sell alcohol to youth instead of with youth who drink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Stiffer punishments for youth who are caught drinking will discourage them from getting alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Advertisements for alcohol beverages in local stores should be restricted to make drinking less appealing to kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Stores and bars are not careful enough about preventing youth from buying alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Kids make mistakes – punishments for youth drinking shouldn't be too severe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Are you a parent of a child between the ages of 16 to 20?

- | | |
|---|---|
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (3) Don't know (don't read) |
| <input type="checkbox"/> (2) No (skip to Q10) | <input type="checkbox"/> (4) No response (don't read) |

9. How wrong do you feel it would be for your child to drink beer, wine, or hard liquor (for example, vodka, whiskey or gin) regularly?

- | | |
|---|---|
| <input type="checkbox"/> (1) Very wrong | <input type="checkbox"/> (4) Not wrong at all |
| <input type="checkbox"/> (2) Wrong | <input type="checkbox"/> (5) Don't know (don't read) |
| <input type="checkbox"/> (3) A little bit wrong | <input type="checkbox"/> (6) No response (don't read) |

Now I would like to ask you a few questions about your knowledge of the legal consequences for youth drinking.

10. Do you think there are legal consequences for adults providing alcohol to minors?

- | | |
|---|---|
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (3) Don't know (don't read) |
| <input type="checkbox"/> (2) No (skip to Q11) | <input type="checkbox"/> (4) No response (don't read) |

10a. If yes, please describe the legal consequences?

11. Do you think there are legal consequences to providing your home as a location for minors to drink alcohol?

- | | |
|---|---|
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (3) Don't know (don't read) |
| <input type="checkbox"/> (2) No (skip to Q12) | <input type="checkbox"/> (4) No response (don't read) |

11a. If yes, please describe the legal consequences?

12. Do you think there are legal consequences to providing alcohol to your children (under the age of 21)?

- | | |
|---|---|
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (3) Don't know (don't read) |
| <input type="checkbox"/> (2) No (skip to Q13) | <input type="checkbox"/> (4) No response (don't read) |

12a. If yes, please describe the legal consequences?

13. Do you feel that the consequences for providing alcohol to minors are enforced?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (3) Don't know (don't read) |
| <input type="checkbox"/> (2) No | <input type="checkbox"/> (4) No response (don't read) |

Remembering that your responses to these questions are completely anonymous and confidential. I'd like to ask you a little about your own drinking habits.

For the next two questions please consider one drink to be a can or bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or one mixed drink.

14. How many days in the past 30 days did you have at least one drink of alcohol? I'll read you a list.

- | | |
|---|---|
| <input type="checkbox"/> (1) None | <input type="checkbox"/> (6) 20 – 29 days |
| <input type="checkbox"/> (2) 1 or 2 days | <input type="checkbox"/> (7) 30 days |
| <input type="checkbox"/> (3) 3 – 5 days | <input type="checkbox"/> (8) Don't know (don't read) |
| <input type="checkbox"/> (4) 6 – 9 days | <input type="checkbox"/> (9) No response (don't read) |
| <input type="checkbox"/> (5) 10 – 19 days | |

15. How many days in the past 30 days did you have five or more drinks in about 2 hours? I'll read you a list.

- | | |
|---|---|
| <input type="checkbox"/> (1) None | <input type="checkbox"/> (6) 10 – 19 days |
| <input type="checkbox"/> (2) 1 day | <input type="checkbox"/> (7) 20 days or more |
| <input type="checkbox"/> (3) 2 days | <input type="checkbox"/> (8) Don't know (don't read) |
| <input type="checkbox"/> (4) 3 – 4 days | <input type="checkbox"/> (9) No response (don't read) |
| <input type="checkbox"/> (5) 6 – 9 days | |

DEMOGRAPHICS

We are almost finished. I just have a few questions about you for statistical purposes.

16. Which of the following age groups are you in? [Read list and mark one response]

- | | |
|---|--|
| <input type="checkbox"/> (1) 21 to 24 years | <input type="checkbox"/> (6) 65 to 74 years |
| <input type="checkbox"/> (2) 25 to 34 years | <input type="checkbox"/> (7) 75 to 84 years |
| <input type="checkbox"/> (3) 35 to 44 years | <input type="checkbox"/> (8) 85 years and over |
| <input type="checkbox"/> (4) 45 to 54 years | <input type="checkbox"/> (9) Don't know (don't read) |
| <input type="checkbox"/> (5) 55 to 64 years | <input type="checkbox"/> (10) No response (don't read) |

17. Which of the following ethnic groups do you most closely identify with? I'll read you a list.

- | | |
|---|--|
| <input type="checkbox"/> (1) Caucasian | <input type="checkbox"/> (7) Asian |
| <input type="checkbox"/> (2) Latino | <input type="checkbox"/> (8) Multi-ethnic |
| <input type="checkbox"/> (3) Native American | <input type="checkbox"/> (9) Other _____ |
| <input type="checkbox"/> (4) Filipino | <input type="checkbox"/> (10) Don't know (don't read) |
| <input type="checkbox"/> (5) Pacific Islander | <input type="checkbox"/> (11) No response (don't read) |
| <input type="checkbox"/> (6) African American | |

18. Which income range best describes your household income? Stop me when I get to the correct amount. [Read list]

- | | |
|---|--|
| <input type="checkbox"/> (1) Less than \$14,999 per year | <input type="checkbox"/> (6) \$65,500 - \$99,999 per year |
| <input type="checkbox"/> (2) \$15,000 - \$24,999 per year | <input type="checkbox"/> (7) \$100,000 to \$149,999 per year |
| <input type="checkbox"/> (3) \$25,000 - \$34,999 per year | <input type="checkbox"/> (8) Over \$150,000 |
| <input type="checkbox"/> (4) \$35,000 - \$49,999 per year | <input type="checkbox"/> (9) Don't know (don't read) |
| <input type="checkbox"/> (5) \$50,000 - \$65,499 per year | <input type="checkbox"/> (10) No response (don't read) |

19. What is your zip code? _____

20. Which of the following areas do you live closest to? I'll read you a list. Please indicate one response

- | | |
|---|--|
| <input type="checkbox"/> (1) Aptos | <input type="checkbox"/> (9) Live Oak |
| <input type="checkbox"/> (2) Capitola | <input type="checkbox"/> (10) San Lorenzo Valley |
| <input type="checkbox"/> (3) City of Santa Cruz | <input type="checkbox"/> (11) Scotts Valley |
| <input type="checkbox"/> (4) City of Watsonville | <input type="checkbox"/> (12) Soquel (So - kell) |
| <input type="checkbox"/> (5) Corralitos | <input type="checkbox"/> (13) Other (please specify) _____ |
| <input type="checkbox"/> (6) Davenport / Bonny Doon | <input type="checkbox"/> (14) Don't know (Don't read) |
| <input type="checkbox"/> (7) Freedom | <input type="checkbox"/> (15) No response (Don't read) |
| <input type="checkbox"/> (8) La Selva Beach | |

Closing script:

Thank you for taking the time to talk with me today.

If you would like more information about youth binge drinking or this survey please contact Shebreh (SHEH-bruh) Kalantari (Kal-lah-TAH-ree) at (831) 465-2207.

21. Respondent was:

- ☐ (1) Male
- ☐ (2) Female

22. Language:

- ☐ (1) English
- ☐ (2) Spanish

**IV Community Park Access Survey
(Safer Isla Vista Project, October 2005)**

1. Where is the respondent's residence located? (do NOT record street address)

Street name: _____

Nearest Cross Street: _____

2. How often do you use **(Children's) (Estero) park**? (select one)

☐ Daily ☐ Weekly ☐ Monthly ☐ Never

(If use) What activities do you do?

3. If you do not use the park, why not?

4. Do you encounter alcohol or drug-related problems in the park? ☐ Yes ☐ No **(Skip to #9)**

(If yes) Describe problem(s):

5. What groups of people are involved in the problems you identified?

☐ Sports enthusiasts ☐ College students ☐ Families ☐ Teens
☐ Campers ☐ Greeks ☐ Senior citizens ☐ Chronically intoxicated individuals

6. If a problem occurs with this group of people, do you call the Isla Vista Recreation & Parks District (IVRPD)? ☐ Yes ☐ No

How does the IVRPD board or staff normally handle the above problem?

7. If a problem occurs with this group of people, do you call the Isla Vista Foot Patrol (IVFP) ☐ Yes ☐ No

How does IVFP normally handle the above problem?

8. In your opinion, what do you think could, or should, be done to handle these problems?

9. To encourage an active and broader usage of **(Children's) (Estero) park**, what types of activities would you like to see in the parks?

☐ Sport events ☐ Cultural festivals/events ☐ Music events ☐ Children's events
☐ Other: _____

Now I'd like to ask a few questions about life in this neighborhood around the park.

10. Please tell me the things you like **most** and the things you like **least** about this neighborhood.

Things I like the most:

Things I like the least:

11. Do you encounter alcohol or drug-related problems in this neighborhood, but outside the park?

☐ Yes ☐ No (**Skip to # 17**)

(If yes) Please describe these problem(s):

12. What groups of people are involved in the alcohol/drug-related problems you identified in the neighborhood, but outside the park?

☐ Families ☐ Teens ☐ College students ☐ Other Residents
☐ Chronically intoxicated individuals ☐ Gangs ☐ Greeks ☐ Senior citizens
☐ Others (describe _____)

13. For the groups of people you just described, which groups include members who DO NOT LIVE IN THIS NEIGHBORHOOD?

☐ Families ☐ Teens ☐ College students ☐ Other Residents
☐ Chronically intoxicated individuals ☐ Gangs ☐ Greeks ☐ Senior citizens
☐ Others (describe _____)

14. If a problem occurs with this group of people, do you call the Isla Vista Foot Patrol (IVFP)?

☐ Yes ☐ No

(If yes) How does IVFP normally handle the above problem?

15. If a problem occurs with this group of people, do you contact any other groups or individuals for help?

☐ Yes ☐ No

(If yes) Who do you contact? _____

How does the (group) (individual) normally handle the above problem?

16. In your opinion, what should be done to handle these problems by group members WHO DO NOT LIVE IN THIS NEIGHBORHOOD?

17. Which types of services and activities are most in need of improvement to make this neighborhood a happy, healthy place to live? Please rate each item from 1 (no need) to 4 (high need).

	1	2	3	4	5
	no need	some need	moderate need	high need	not sure
More job opportunitie	___	___	___	___	___
Cultural sensitivity	___	___	___	___	___
Access to education	___	___	___	___	___
Special events to bring people together	___	___	___	___	___
Access to alcohol/drug treatment	___	___	___	___	___
Services to help families and children	___	___	___	___	___
Access to heath and mental health care	___	___	___	___	___
Better property management	___	___	___	___	___
Access to legal services	___	___	___	___	___
Access to social services	___	___	___	___	___
Other: _____	___	___	___	___	___

Finally, I'd like to ask a few more questions about your household:

18. Have you lived in this neighborhood at least six months? ☐ Yes ☐ No
19. Do you have family or friends living in this neighborhood?
☐ Many ☐ Some ☐ A few ☐ None
20. About how many neighbors do you know by name?
☐ Many ☐ Some ☐ A few ☐ None
21. About how often do you visit your neighbors in their home?
☐ Daily ☐ Weekly ☐ Monthly ☐ Never
22. About how often do neighbors visit you in your home?
☐ Daily ☐ Weekly ☐ Monthly ☐ Never

Are there any questions you'd like to ask me? ☐ Yes ☐ No

_____(record response)

Thank your for your time.

After the interview is complete, ask the respondent if they'd like to be informed of Teen Center activities, and whether they'd like to know more about Teen Center programs. **If yes**, hand out Teen Center literature and invite them to contact the Teen Center. Note positive interest on the selection grid form for the address. (See protocol below).

Selection of residence to be interviewed:

Refer to selection grid of addresses to be supplied. Check off whether the person who answers the door agrees or refuses the interview.

Introduction:

Both interviewers (adult and youth interview) appear at the front door. Adult interviewer leads off:

"Hi, we are (name of interviewer) from the IV Teen Center. Do you know about the IV Teen Center *(if yes, proceed with statement. If not, explain the IV Teen Center services)*. We are asking people who live around **Estero Park / Children's Park** some questions about their everyday experiences living in the neighborhood. Are you at least 18 years of age? *(ask if you are not absolutely certain according to the respondent's appearance)*. May I ask for a few minutes of your time to ask you some questions?"

"(Youth Interviewer speaks): The Teen Center would like to ask both adults and young people questions about their experiences living in the neighborhood. If young people between the ages of *(? What is the age range ?)* live here, would it be possible for me to interview one of the young people living here at the same time (name of the adult interviewer) does his/her interview? I could come back later if that will be more convenient."

(Allow time for responses. If positive, or if the subject has preliminary questions, proceed with the text below just before beginning the interview):

"These questions should take about 30 minutes to cover. Your responses will be confidential and will not be used in any way that can be traced back to you directly. Your responses will be combined with other responses to summarize what people living in this area have to say. There are no "right" or "wrong" answers – there are only responses that are true for you."

If responses are negative, thank the person and move on to the next address.

NOTE: This interview format does NOT involve recruiting the respondents to participate

Isla Vista Park Survey

Name of Park: _____

Location/Street:

Nearest Cross Street: _____

Date of Survey: _____

Time of Survey: a.m. p.m.

Trash:

- ☐ Soda Cans/Bottles
- ☐ Beer Cans/Bottles
- ☐ Hard liquor containers
- ☐ Fast Food Packaging
- ☐ Drug Paraphernalia

☐ Graffiti

☐ Other Vandalism

People Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. #:	Approx. # Drinking:	Kegs Present?	Activities Occurring:
College Students	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. #:	Approx. # Drinking:	YES NO	
Families/Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. #:	Approx. # Drinking:	YES NO	
Chronic Inebriates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. #:	Approx. # Drinking:	YES NO	
Teens (underage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. #:	Approx. # Drinking:	YES NO	

Safety Issues:

Surrounding Environment:

<input type="checkbox"/> Apartments
<input type="checkbox"/> Residential Homes
<input type="checkbox"/> Businesses
<input type="checkbox"/> Open Area
<input type="checkbox"/> Cliffs
<input type="checkbox"/> Isla Vista Teen Center
<input type="checkbox"/> Isla Vista Youth Project
<input type="checkbox"/> Isla Vista Elementary School

**Key Informant
Alcohol Problems Assessment Interview**

City: _____ Interviewer: _____ Date: ____/____/____

1. Name of Organization: _____
2. Name of Respondent: _____
3. Job Title: _____
4. How long have you been with [BUS/ORG]? ____ yrs ____ mos
5. What are your main responsibilities? _____

6. Approximately how long has [BUS/ORG] been in this community? ____ yrs ____ mos
7. How many employees work here? _____ / in your department? _____
[If ORG] How many members does [ORG] have in this community? _____
8. What are the main purposes / objectives of [BUS/ORG]? _____

9. What are some of the important organizational and community activities that [BUS/ORG] participants in, or conducts, in this community?
[ONLY IF ASKED, "What do you mean?", say: For example, such things as fundraising, annual dinners, parades, or an annual marathon.]

10. What kinds of alcohol-related problems are there in this community?
[PROBE: What other kinds...?] [LIST ONLY ONE PROBLEM HERE.]
[Use a separate page for each problem mentioned in response to #10.]

11. Please describe this problem a little more.

12. How do you know about this problem? [PROBE: Is this something you've observed directly, read about in the newspaper, or just heard about?]
-

13. What group or groups are doing the problem drinking?
-
-

14. What do you think are the causes leading to this problem?
-
-

15. In what settings or under what circumstances does this problem occur?
-
-

16. At what specific locations in the community does this problem occur?
-

17. When and how often does this problem occur?
-
-

18. How is this problem handled? What 's being done about it?
-
-

- 19a. Have you discussed this problem with others in your community?

Yes
No

- 19b. [IF YES] In general, do they also think this is a problem?

Yes
No

20. What kinds of alcohol-related problems does your [BUS/ORG] encounter? We're interested in problems with employees, members, customers, the public, etc. [LIST ONLY ONE PROBLEM HERE. Use a separate page for each problem mentioned in response to #20.]

21. Please describe this problem a little more.

22. How do you know about this problem? [PROBE: Is this something you've observed directly, read about in the newspaper, or just heard about?]
-

23. What group or groups are doing the problem drinking?
-
-

24. What do you think are the causes leading to this problem?
-
-

25. In what settings or under what circumstances does this problem occur?
-
-

26. At what specific locations does this problem occur? _____
-

27. When and how often does this problem occur? _____
-

28. How is this problem handled? What's being done about it?
-
-

- 29a. Have you discussed this problem with others in [BUS/ORG]?

Yes
No

- 29b. [IF YES] In general, do they also think this is a problem?

Yes
No

30. What, in your opinion, should be done about the alcohol-related problems (if any):

a. In your community? _____

b. In your [BUS/ORG]? _____

31. What factors make it hard to deal with alcohol-related problems in this community?

32. Of all the problems you have just mentioned, including those in your community and those encountered by your [BUS/ORG], which ones do you see as most serious? We're looking for the 1, 2, or 3 you see as the most serious.

a. _____

b. _____

c. _____

33. Now, if there is one, would you please tell me what [BUS/ORG's] formal written policy is about drinking?

IF HAVE
POLICY

34. Who is responsible for implementing this policy?

35. How are employees told about the policy? _____

36. How are customers/members/public told about the policy?

37. How is this policy working? _____

38. What is [BUS/ORG's] informal policy about drinking?

39. What kinds of records does [BUS/ORG] keep on alcohol-related problems?

40. Please describe how these data are used? _____

41. Now, if it is available, could I please have a copy of any written policy [BUS/ORG] may have on drinking during working hours or as part of any activities [BUS/ORG] might be involved with?

42. Could I also, please, have a copy of any forms [BUS/ORG] uses for keeping records on alcohol-related problems?

43. If we need more information, whom should we designate as a contact person in [BUS/ORG]? Would that be you or someone else?

44. What other organizations or businesses might be able to help with this project?

45. Who are significant people you think we should work with in this community?

THANK YOU VERY MUCH FOR THE TIME AND THOUGHT
YOU HAVE GIVEN TO THIS INTERVIEW.

Worksheet 1: Community Assessment

The first step in a community change process is to get as much information about the problem as you can. The more information you collect, the better you can define the problem (in *step 2*) and develop solutions to address it. Try to gather *any* information you can from campus and community sources: stories, personal accounts, and even photographs are equally valuable as you learn about the problem. **Refer to Step 1 in Worksheet User's Guide for more assistance with this worksheet.**

Alcohol Outlets	Information	
Boundaries of Assessment <i>(City, County/Township, Unincorporated areas)</i>		
Number of alcohol outlets		
Type of outlets		
<ul style="list-style-type: none"> Beer/Wine vs. Full spirits <i>Finding this information may be easier if you learn different license codes of alcohol sales and service. A restaurant with a full bar will have a different code than a bar.</i> 	Beer/Wine (#)	Full Spirits (#)
<ul style="list-style-type: none"> On-sale vs. Off-sale <i>On-sale: Alcohol consumed on the premises</i> <i>Off-sale: Alcohol cannot be consumed on the premises.</i> 	On-sale (#)	Off-sale (#)
Outlet Concentration <i>Outlet concentration is informally defined as the number of establishments that serve or sell alcohol per square block or mile. To get this information you may have to use a proxy measure, such as the number per street.</i>	List areas where outlets are concentrated	

Community Problems: Police Data	Information		
Average Number of calls per month	# Of calls for problems at outlets: # Involving alcohol (not at outlets):		
Types of call <i>Collecting information about the number of total calls allows you to understand to what extent the problem is related to alcohol. If you cannot get information on the number of alcohol-related calls, collecting totals may be useful.</i>	# Citywide	# Near Outlets	# All Alcohol Related
Disorderly Conduct			
Fighting			
Vandalism			
Theft			
Sexual Assault			
Driving Under Influence (DUI)			
Domestics			
Personal Accounts/Observations			

Community Problems: Health Data <i>Learn how to speak to people in different disciplines using lingo they understand.</i>	Information
Average Number of Incidents per Month	
Types of Incidents	
Alcohol Poisoning	
Unintentional Injury (Falls, Cuts, others)	
Intentional Injury (Fighting, Homocide)	
Vehicle Incidents (Cars, Bicycles, other)	
Sexual Assault/Rape	
Personal Accounts/Observations	

Campus Problems	Information	
Disciplinary Cases	# of criminal cases	# of violation cases
Campus police calls for service		
Types of Calls		
Disturbance		
Vandalism		
Assault		
Sexual Assault/Rape		
Other		
Personal Accounts/Observations		

Campus Alcohol Policies	Present?	Description
Alcohol Possession		
Alcohol Use/Consumption		
Alcohol Sales		
Alcohol Service		
Enforcement of Alcohol Policies		

Community Policies/Ordinances	Present?	Description
Land Use and Zoning <i>Conditional Use Permit specifically for alcohol outlets</i> <i>Conditions for outlets</i> <ul style="list-style-type: none"> • <i>Standard or situation specific?</i> 		
Permit Process <i>Staff review or by public hearing?</i>		
Nuisance Abatement <i>Any policy that focuses on nuisance abatement</i> <i>Specific to alcohol outlets (“Deemed-Approved” or Grandfather Ordinance)</i>		
Other Settings <ul style="list-style-type: none"> • <i>Public Consumption/Parks</i> • <i>Private Parties (Social Host)</i> • <i>Festivals/Community Events (Special Use/One Time permits)</i> • <i>Keg Registration</i> 		

Youth Survey

This is an anonymous survey. Please answer the following questions as truthfully as possible.

Where do you live?

1

3

5

7

2

4

6

8

What is your gender?

1 MALE

2 FEMALE

How old are you?

_____ YEARS OLD

What racial or ethnic group best describes you? (More than one category may be checked.)

1 AMERICAN INDIAN, NATIVE AMERICAN, OR ALASKA NATIVE

2 FILIPINO

3 ASIAN AMERICAN

4 BLACK, AFRICAN AMERICAN

5 LATINO, HISPANIC

6 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

7 WHITE, CAUCASIAN, OR MIDDLE EASTERN

8 OTHER (PLEASE DESCRIBE: _____)

What grade are you now in?

1 7TH

2 8TH

3 9TH

4 10TH

5 11TH

6 12TH

7 NOT IN SCHOOL

8 GRADUATED HIGH SCHOOL

In the past 30 days, how often have you had one or more whole drinks (not just a sip or taste) of an alcoholic beverage (beer, wine, wine cooler, or liquor)?

1 _ NOT AT ALL →GO TO NEXT SECTION 7 _ EVERY DAY

2 _ ONCE IN THE PAST 30 DAYS

3 _ 2-3 TIMES IN THE PAST 30 DAYS

4 _ 1-2 TIMES A WEEK

5 _ 3-4 TIMES A WEEK

6 _ 5-6 TIMES A WEEK

On how many days in the past 30 days did you drink enough to get drunk?

1 _ NONE

2 _ 1-2 DAYS

3 _ 3-4 DAYS

4 _ 5-6 DAYS

5 _ 7-8 DAYS

6 _ 9-10 DAYS

7 _ 11-12 DAYS

8 _ MORE THAN 12 DAYS

On how many days in the past 30 days did you have 5 or more whole drinks in_a_row?

- 1 _ NONE
2 _ 1-2 DAYS
3 _ 3-4 DAYS
4 _ 5-6 DAYS
5 _ 7-8 DAYS
6 _ 9-10 DAYS
7 _ 11-12 DAYS
8 _ MORE THAN 12 DAYS

On how many days in the past 2 weeks did you have 5 or more whole drinks in_a_row?

- 1 _ NONE
2 _ 1-2 DAYS
3 _ 3-4 DAYS
4 _ 5-6 DAYS
5 _ MORE THAN 6 DAYS

How do you think your parents would feel about you doing each of the things listed below? (1) Neither approve or disapprove (2) Somewhat disapprove (3) Strongly disapprove.

- A. Having one or two drinks nearly every day.
- B. Having one or two drinks nearly every weekend
- C. Having one or two drinks once in a while

Suppose you wanted to get each of the following beverages. How easy or difficult do you think it would be for you to get each one? (Just check one box for each beverage.)

	Very Difficult	Difficult	Unsure	Easy	Very Easy
A. Beer					
B. Wine					
C. Wine cooler					
D. Liquor					
E. Keg of beer					

If you tried to buy any beverages containing alcohol within the past 12 months, how many times did you try to buy alcohol at each of the following places, and how many times did you succeed in buying alcohol? (If you did not try to buy alcohol in the past 12 months, check NEVER for all of the items).

[illegible]

In the past 12 months, how many times did you get alcohol in each of the following ways? (Check one box for each item. If you did not drink alcohol in the past 12 months, check NEVER for all of the items).

	Never	Once or twice	3 or 4 times	5 or 6 times	7, 8, or 9 times	10 or more times
You bought it yourself from a store <u>with</u> a fake ID.						
You bought it yourself from a store <u>without</u> a fake ID.						
You bought it yourself from a restaurant or bar <u>with</u> fake ID						
You bought it yourself from a restaurant or bar <u>without</u> a fake ID.						
You bought it from someone who sells alcohol illegally (a bootlegger).						
You got it from home <u>with</u> your parents' permission.						
You got it from home <u>without</u> your parents' permission.						
You got it from your brother or your sister.						
You got it from another relative (not your parents or your brother or sister).						
You got it from someone you know (but not a relative) who is 21 or older.						
You got it from someone you know (but not a relative) who is under 21.						
A stranger bought it for you.						
You took it from a store without paying for it.						
You got it yourself (that is, you served yourself) at a party or some other event that you attended.						
You got in some other way not listed above.						

If you bought any alcohol yourself during the past 12 months, think of the last time you did so. How far from your home did you go to buy it?

1. Did not buy alcohol in past 12 months.
2. Less than 1 mile
3. Between 1 and 5 miles
4. Between 5 and 10 miles
5. 10 miles or more

In the past 12 months, how many times did you drink alcohol in each of the following situations? (Check one box for each item. If you did not drink alcohol in the past 12 months, check NEVER for all of the items).

	Never	Once or twice	3 or 4 times	5 or 6 times	7, 8, or 9 times	10 or more times
Parties						
Bars or nightclubs						
Restaurants (not counting fast food places)						
Outdoor places in town like parking lots or street corners						
Outdoor places like beaches or parks						
Outdoor places in the country like fields, woods, or on the side of the road						
Outdoor places like under bridges or along railroad tracks						
Unused or abandoned houses, barns, cabins, or other buildings						
While cruising around in a car						
At home when your parents weren't there						
At someone else's home when their parents weren't there						
At school dances or other school events						

How often in the past 12 months did you . . .

	Never	Once or twice	3 or 4 times	5 or 6 times	7, 8, or 9 times	10 or more times
A. Drive a car, truck, ATV or motorcycle within an hour of having one or more drinks of any alcoholic beverage?						
B. Drive a car, truck, ATV or motorcycle when you thought you might have had too much to drink to drive safely?						
C. Ride with a driver who had one or more drinks of any alcoholic beverage within an hour of driving?						
D. Ride with a driver who you thought might have had too much to drink to drive safely?						

How often in the **past 12 months** have you . . .

	Never	Once or twice	3 or 4 times	5 or 6 times	7, 8, or 9 times	10 or more times
A. Missed school or class because of drinking?						
B. Gotten sick to your stomach because of drinking?						
C. Been drunk while at school?						
D. Not been able to remember what happened while you were drinking?						
E. Passed out while drinking?						
F. Had a hangover?						
G. Later regretted something you did while drinking?						
H. Gotten into trouble with your parents or guardian for drinking?						
I. Worried that you drank too much or too often?						

Do you recall getting injured in the last 12 months?

YES NO

1 2

(IF YES)

What was the most recent injury you got? (circle up to 4 if they all happened at the same time)

- | | |
|---|--------------------------------|
| 1. SERIOUS BRUISE OR CUT NEEDING STITCHES | 6. DRUG OVERDOSE |
| 2. NEAR DROWNING | 7. HEAD INJURY |
| 3. BURN | 8. POISONING |
| 4. ALCOHOL OVERDOSE | 9. INTERNAL INJURY |
| 5. SPRAIN/STRAIN | 10. OTHER INJURY _____ (WHAT?) |

How did you get hurt?

- | | |
|---|---|
| 1. SPORTS OR PHYSICAL FITNESS ACTIVITY | 12. PHYSICAL FIGHT, ASSAULT, OR OTHER VIOLENT ACT |
| 2. FELL OR TRIPPED | 13. WAS SHOT |
| 3. BUMPED INTO OR HIT BY SOMETHING | 14. DRINKING ALCOHOL |
| 4. CUT MYSELF OR WAS CUT | 15. ELECTRICAL SHOCK |
| 5. HIT BY A CAR OR TRUCK (WHILE WALKING OR ON A BIKE) | 16. BURNED |
| 6. CRASH WHEN RIDING A BIKE | 17. INHALED SMOKE, WATER OR SOMETHING ELSE |
| 7. CAR OR TRUCK CRASH (DRIVER) | 18. TOOK DRUGS OR MEDICINE |
| 8. CAR OR TRUCK CRASH (PASSENGER) | 19. TOOK SOMETHING ELSE (ON PURPOSE OR BY ACCIDENT) |
| 9. ATV OR MOTORCYCLE CRASH (DRIVER) | 20. OTHER _____ (WHAT?) |
| 10. ATV OR MOTORCYCLE CRASH (PASSENGER) | |
| 11. HURT BY AN ANIMAL | |

Were you hurt badly enough to need a nurse or doctor?

YES NO

1 2

During the 4 hours before this injury, did you have any alcoholic drinks? (wine, beer, wine coolers, mixed drinks, hard liquor or spirits, or any other beverages containing alcohol)

YES NO

1 2

(IF YES)

How many drinks did you have?

_____ DRINKS

CURB YOUTH SURVEY

COMMUNITIES UNITED TO REDUCE BINGEING

APPLIED SURVEY RESEARCH / COUNTY OF SANTA CRUZ ALCOHOL AND DRUG PROGRAM /
UNITED WAY-TOGETHER FOR YOUTH/UNIDOS PARA NUESTROS JOVENES

Survey Instructions

1. You should answer each question by marking one of the answer boxes. If you don't find an answer that fits exactly, choose the one that comes closest.
2. Mark your answers carefully so we can tell which answer box you choose. Do not mark more than one box for each question unless you are instructed to do so, and do not mark in between the boxes.
3. It is very important that you answer each question truthfully. The study cannot help unless you tell the truth.

Date of birth: _____
Month Day Year

First letter of your last name: _____

Please fill in the blank in the following statement.

1. Binge drinking (i.e. dangerous drinking) means having _____ drinks* in about 2 hours.

*A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.

2. How wrong do your friends feel it would be for you to drink beer, wine, or hard alcohol (for example, vodka, whiskey or gin) regularly?

- | | |
|---|---|
| <input type="checkbox"/> (1) Very wrong | <input type="checkbox"/> (4) Not wrong at all |
| <input type="checkbox"/> (2) Wrong | <input type="checkbox"/> (5) Don't know |
| <input type="checkbox"/> (3) A little bit wrong | |

3. How wrong do your parents feel it would be for you to drink beer, wine, or hard alcohol (for example, vodka, whiskey or gin) regularly?

- | | |
|---|---|
| <input type="checkbox"/> (1) Very wrong | <input type="checkbox"/> (4) Not wrong at all |
| <input type="checkbox"/> (2) Wrong | <input type="checkbox"/> (5) Don't know |
| <input type="checkbox"/> (3) A little bit wrong | |

4. How difficult is it for youth ages 16 – 20 to get alcohol if they really want it?

- | | |
|---|---|
| <input type="checkbox"/> (1) Very difficult | <input type="checkbox"/> (4) Very easy |
| <input type="checkbox"/> (2) Fairly difficult | <input type="checkbox"/> (5) Don't know |
| <input type="checkbox"/> (3) Fairly easy | |

5. What are the two ways you or others your age are most likely to get alcohol? (Choose only 2 responses.)

- | | |
|--|---|
| <input type="checkbox"/> (1) From home with parental knowledge | <input type="checkbox"/> (5) Ask someone you don't know to purchase |
| <input type="checkbox"/> (2) From home without parental knowledge | <input type="checkbox"/> (6) Buy it ourselves from a store |
| <input type="checkbox"/> (3) Older sisters, brothers, or relatives | <input type="checkbox"/> (7) Steal from store |
| <input type="checkbox"/> (4) From friends over 21 | <input type="checkbox"/> (8) Other (specify) _____ |
| <input type="checkbox"/> (4) From friends under 21 | <input type="checkbox"/> (9) Don't know |

6. If you have bought alcohol from a store, how did you buy it?

- | | |
|--|--|
| <input type="checkbox"/> (1) Have never bought alcohol | <input type="checkbox"/> (5) Showed my real ID |
| <input type="checkbox"/> (2) Used a fake ID | <input type="checkbox"/> (6) I knew the clerk |

- ☐ (3) The clerk did not ask for an ID ☐ (7) Other _____
- ☐ (4) Stated I was 21 but did not show ID ☐ (8) Don't know

7. Which statement below about drinking alcoholic beverages do you feel best represents your own attitude?

- ☐ (1) Drinking is never a good thing to do.
- ☐ (2) Drinking is all right but a person should not get drunk.
- ☐ (3) Occasionally getting drunk is okay as long as it **doesn't** interfere with academics, work, or other responsibilities.
- ☐ (4) Occasionally getting drunk is okay even if it **does** interfere with academics, work, or other responsibilities.
- ☐ (5) Frequently getting drunk is okay if that's what the individual wants to do.
- ☐ (6) Don't know

8. Which statement below about drinking alcoholic beverages do you feel best represents the most common attitude AMONG YOUTH ages 16-20?

- ☐ (1) Drinking is never a good thing to do.
- ☐ (2) Drinking is all right but a person should not get drunk.
- ☐ (3) Occasionally getting drunk is okay as long as it **doesn't** interfere with academics, work, or other responsibilities.
- ☐ (4) Occasionally getting drunk is okay even if it **does** interfere with academics, work, or other responsibilities.
- ☐ (5) Frequently getting drunk is okay if that's what the individual wants to do.
- ☐ (6) Don't know

<p>A "drink" is defined as follows:</p> <ul style="list-style-type: none"> • Beer – a 12 ounce glass, bottle, or can • Wine – a 5 ounce glass • Liquor (such as whiskey, vodka, or gin) – a 1 ounce shot 	<p>Using the "drink" definition:</p> <ul style="list-style-type: none"> • A six-pack of beer is 6 drinks • A 40 ounce beer is 3.5 drinks • A bottle of wine is 5 drinks • A quart of liquor is 32 drinks
--	---

9. How many days in the past 30 days did you have at least one drink of alcohol?

- ☐ (1) None ☐ (5) 10 – 19 days
- ☐ (2) 1 or 2 days ☐ (6) 20 – 29 days
- ☐ (3) 3 – 5 days ☐ (7) 30 days
- ☐ (4) 6 – 9 days ☐ (8) Don't know

10. How many days in the past 30 days did you have five or more drinks in about 2 hours?

- | | |
|--|---|
| <input type="checkbox"/> (1) None | <input type="checkbox"/> (5) 10 – 19 days |
| <input type="checkbox"/> (2) 1 or 2 days | <input type="checkbox"/> (6) 20 – 29 days |
| <input type="checkbox"/> (3) 3 – 5 days | <input type="checkbox"/> (7) 30 days |
| <input type="checkbox"/> (4) 6 – 9 days | <input type="checkbox"/> (8) Don't know |

11. How many days in the past 30 days did your friends have five or more drinks in about 2 hours? Give your best guess.

- | | |
|--|---|
| <input type="checkbox"/> (1) None | <input type="checkbox"/> (5) 10 – 19 days |
| <input type="checkbox"/> (2) 1 or 2 days | <input type="checkbox"/> (6) 20 – 29 days |
| <input type="checkbox"/> (3) 3 – 5 days | <input type="checkbox"/> (7) 30 days |
| <input type="checkbox"/> (4) 6 – 9 days | <input type="checkbox"/> (8) Don't know |

12. During the past 12 months about how many times did you have five or more drinks in about 2 hours?

- | | |
|--|---|
| <input type="checkbox"/> (1) Never | <input type="checkbox"/> (6) Once a week |
| <input type="checkbox"/> (2) Once a year | <input type="checkbox"/> (7) 3 times a week |
| <input type="checkbox"/> (3) 2 – 11 times a year | <input type="checkbox"/> (8) 5 times a week |
| <input type="checkbox"/> (4) Once a month | <input type="checkbox"/> (9) Every day |
| <input type="checkbox"/> (5) Twice a month | <input type="checkbox"/> (10) Don't know |

13. During the past 12 months, how many times have you been very drunk or sick after drinking alcohol?

- | | |
|--|---|
| <input type="checkbox"/> (1) Never | <input type="checkbox"/> (6) Once a week |
| <input type="checkbox"/> (2) Once a year | <input type="checkbox"/> (7) 3 times a week |
| <input type="checkbox"/> (3) 2 – 11 times a year | <input type="checkbox"/> (8) 5 times a week |
| <input type="checkbox"/> (4) Once a month | <input type="checkbox"/> (9) Every day |
| <input type="checkbox"/> (5) Twice a month | <input type="checkbox"/> (10) Don't know |

14. How many alcoholic drinks, on average, do you TYPICALLY drink on one occasion? Circle one answer.

Don't drink 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+ Don't know

15. How many alcoholic drinks, on average, do your friends TYPICALLY drink on one occasion? Circle one answer. Give your best guess.

Don't drink 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+ Don't know

16. Where do you usually drink alcohol? (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> (1) School | <input type="checkbox"/> (7) Public park |
| <input type="checkbox"/> (2) Athletic events | <input type="checkbox"/> (8) In a car / parking lot |
| <input type="checkbox"/> (3) School dances | <input type="checkbox"/> (9) Beach parties (bonfires) |
| <input type="checkbox"/> (4) Parties with parent / adults in the | <input type="checkbox"/> (10) Other locations: _____ |

CURB YOUTH IMPACT SURVEY - 2006

home

- ☐ (5) Parties without parent / adults in the home
- ☐ (11) Don't know
- ☐ (6) Friend's house

17. How often you have been in trouble with school authorities due to your drinking during the last year?

- | | |
|--|---|
| <input type="checkbox"/> (1) Don't drink | <input type="checkbox"/> (5) 3 – 5 times |
| <input type="checkbox"/> (2) Never | <input type="checkbox"/> (6) 6 – 9 times |
| <input type="checkbox"/> (3) Once | <input type="checkbox"/> (7) 10 or more times |
| <input type="checkbox"/> (4) Twice | <input type="checkbox"/> (8) Don't know |

18. How often you have been in trouble with the police due to your drinking during the last year?

- | | |
|--|---|
| <input type="checkbox"/> (1) Don't drink | <input type="checkbox"/> (5) 3 – 5 times |
| <input type="checkbox"/> (2) Never | <input type="checkbox"/> (6) 6 – 9 times |
| <input type="checkbox"/> (3) Once | <input type="checkbox"/> (7) 10 or more times |
| <input type="checkbox"/> (4) Twice | <input type="checkbox"/> (8) Don't know |

19. In your lifetime, have you ever been cited or arrested for an alcohol-related incident?

- | | |
|---|---|
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (3) Don't know |
| <input type="checkbox"/> (2) No (skip to question 20) | |

19a. If yes, what was the incident?

19b. If yes, what were the legal consequences?

20. In your lifetime, have you ever been approached by an officer when drinking or drunk and not been cited or arrested?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (3) Don't know |
| <input type="checkbox"/> (2) No | |

21. How often during the last year, you have ridden in a car with someone who has been drinking?

- | | |
|--|---|
| <input type="checkbox"/> (1) Never | <input type="checkbox"/> (5) 6 – 9 times |
| <input type="checkbox"/> (2) Once | <input type="checkbox"/> (6) 10 or more times |
| <input type="checkbox"/> (3) Twice | <input type="checkbox"/> (7) Don't know |
| <input type="checkbox"/> (4) 3 – 5 times | |

If you do not drink alcohol, please skip to question 25. If you drink alcohol, please continue with the survey.

22. How often you have experienced the following during the last year . . .

	(1) Never	(2) Once	(3) Twice	(4) 3 – 5 times	(5) 6 – 9 times	(6) 10 or more times	(7) Don't know
a. Ridden a bicycle while under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Driven a car while under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. How often you have been arrested for the following during the last year . . .

	(1) Never	(2) Once	(3) Twice	(4) 3 – 5 times	(5) 6 – 9 times	(6) 10 or more times	(7) Don't know
a. Minor in possession of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drunk in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. DWI / DUI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Please indicate how often you have experienced the following due to your drinking during the last year . . .

	(1) Never	(2) Once	(3) Twice	(4) 3 – 5 times	(5) 6 – 9 times	(6) 10 or more times	(7) Don't know
a. Had a hangover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Got into an argument or fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Got nauseated or vomited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Thought I might have a drinking problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Had memory loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tried unsuccessfully to stop using alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Seriously thought about suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Seriously tried to commit suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Been hurt or injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks in about 2 hours?

- | | |
|--|---|
| <input type="checkbox"/> (1) No risk | <input type="checkbox"/> (4) Great risk |
| <input type="checkbox"/> (2) Slight risk | <input type="checkbox"/> (5) Can't say |
| <input type="checkbox"/> (3) Moderate risk | <input type="checkbox"/> (6) Don't know |

26. How many times have you tried to quit or stop using alcohol in your lifetime?

- | | |
|---|--|
| <input type="checkbox"/> (1) Does not apply, never used | <input type="checkbox"/> (4) 2 to 3 times |
| <input type="checkbox"/> (2) 0 times | <input type="checkbox"/> (5) 4 or more times |
| <input type="checkbox"/> (3) 1 time | <input type="checkbox"/> (6) Don't know |

27. Have you ever felt that you needed help (such as counseling or treatment) for your alcohol use?

- | | |
|--|--|
| <input type="checkbox"/> (1) No, I have never used alcohol | <input type="checkbox"/> (3) Yes, I have felt that I needed help |
| <input type="checkbox"/> (2) No, but I do use alcohol | <input type="checkbox"/> (4) Don't know |

28. Has using alcohol ever caused you to have any of the following problems? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> (1) Does not apply; I never used alcohol | <input type="checkbox"/> (5) Had unplanned sex |
| <input type="checkbox"/> (2) Was taken advantage of sexually | <input type="checkbox"/> (6) Had unprotected sex |
| <input type="checkbox"/> (3) Took advantage of another person sexually | <input type="checkbox"/> (7) I've used alcohol but have never had any of the above incidents occur |
| <input type="checkbox"/> (4) Had unwanted sex | <input type="checkbox"/> (8) Don't know |

DEMOGRAPHICS

We are almost finished. These are just some demographic questions for statistical purposes.

29. Do you currently attend school?

- | | |
|--|---|
| <input type="checkbox"/> (1) Public high school | <input type="checkbox"/> (4) University / State / Private College |
| <input type="checkbox"/> (2) Private high school | <input type="checkbox"/> (5) Other _____ |
| <input type="checkbox"/> (3) Community college | <input type="checkbox"/> (6) Don't attend school |

30. How old are you?

- | | |
|---|---|
| <input type="checkbox"/> (1) 16 years old | <input type="checkbox"/> (4) 19 years old |
| <input type="checkbox"/> (2) 17 years old | <input type="checkbox"/> (5) 20 years old |
| <input type="checkbox"/> (3) 18 years old | |

31. What is your gender?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> (1) Male | <input type="checkbox"/> (2) Female |
|-----------------------------------|-------------------------------------|

32. Which of the following ethnic groups do you most closely identify with?

- | | |
|---|---|
| <input type="checkbox"/> (1) Caucasian | <input type="checkbox"/> (6) African American |
| <input type="checkbox"/> (2) Latino | <input type="checkbox"/> (7) Asian |
| <input type="checkbox"/> (3) Native American | <input type="checkbox"/> (8) Multi-ethnic |
| <input type="checkbox"/> (4) Filipino | <input type="checkbox"/> (9) Other _____ |
| <input type="checkbox"/> (5) Pacific Islander | |

33. What is your current living situation?

- | | |
|---|---|
| <input type="checkbox"/> (1) Live in my parent's home | <input type="checkbox"/> (8) Live in a car or van |
| <input type="checkbox"/> (2) Live in a relative's home (other than my parents) | <input type="checkbox"/> (9) Live in a hotel or motel |
| <input type="checkbox"/> (3) Live in my friend's home with their parent(s) | <input type="checkbox"/> (10) Live in migrant labor housing |
| <input type="checkbox"/> (4) Live alone in apartment or house | <input type="checkbox"/> (11) Live in transitional or temporary housing |
| <input type="checkbox"/> (5) Live with roommates in apartment or house | <input type="checkbox"/> (12) Live in a dorm |
| <input type="checkbox"/> (6) Live in a foster home, group care, or am waiting placement | <input type="checkbox"/> (13) Other: _____ |
| <input type="checkbox"/> (7) Live in a shelter or on the street | |

34. What is your zip code? _____

35. Which of the following areas do you live closest to? [Please indicate one response]

- | | |
|---|--|
| <input type="checkbox"/> (1) Aptos | <input type="checkbox"/> (8) La Selva Beach |
| <input type="checkbox"/> (2) Capitola | <input type="checkbox"/> (9) Live Oak |
| <input type="checkbox"/> (3) City of Santa Cruz | <input type="checkbox"/> (10) San Lorenzo Valley |
| <input type="checkbox"/> (4) City of Watsonville | <input type="checkbox"/> (11) Scotts Valley |
| <input type="checkbox"/> (5) Corralitos | <input type="checkbox"/> (12) Soquel |
| <input type="checkbox"/> (6) Davenport / Bonny Doon | <input type="checkbox"/> (13) Other (please specify) _____ |
| <input type="checkbox"/> (7) Freedom | <input type="checkbox"/> (14) Don't know |

Thank you for completing this important survey.

Please put your survey into the envelope provided, seal the envelope, and give the survey back to the person who handed you the survey. You will then receive a movie pass.

