#  **Georgia Strategic Prevention Framework**

**Community Survey Adult Consent Form**

**Introduction:** Thank you for participating in our survey about alcohol use. We want to learn more about what people in the community think about alcohol use. We have received funding from the Georgia Office of Prevention Services and Programs (OPSP), to learn about the opinions, use and attitudes towards alcohol use. We hope to create and evaluate alcohol prevention programs. Staff and volunteers from our program will conduct this survey.

**Process:** The survey will take you about 10-15 minutes. Your answers will be kept confidential. This means that your name will not be a part of your answers.

**Risks and Right to Refuse:** This survey will include questions about your opinions, use and attitudes about alcohol use. The questions pose no risks to you unless you feel uncomfortable answering some of the questions. You do not have to answer any of questions if you do not want to. You can stop at any time. Your participation in this survey is voluntary.

**Benefits:** Your responses will help us learn about alcohol use in the community.

**Persons to Contact:** If you have questions before, during, or after your survey, you may call [Insert local agency contact person and information]

You may also contact Travis Fretwell, the Director of the Office of Prevention Services and Programs at (404) 657-2315 if you more questions.

**Your Consent:** A copy of this form will be given to you if you would like a copy. If you agree to take our survey, please sign below.

I have been given a chance to read this form and to ask questions. I agree to participate in the community survey.

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Signature Date

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