

STOP Act 2015 Survey Part 2 B and C: Collaborations and Best Practices

Part 2, Sections B and C: State Name

***2.B) Please enter your state below:**

Part 2, Section B: Collaborations and Best Practices

2.B.1) Does your state collaborate with federally recognized Tribal Governments in the prevention of underage drinking?

- Yes
- No
- There are no federally recognized Tribal Governments in the state.

Part 2, Section B: Collaborations and Best Practices

If yes, in the space provided below, please briefly describe these collaborations:

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Part 2, Section B: Collaborations and Best Practices

2.B.2) Does your state have programs to measure and/or reduce youth exposure to alcohol advertising and marketing?

- Yes
- No

Part 2, Section B: Collaborations and Best Practices

If yes, in the space provided below, please briefly describe these programs:



Part 2, Section B: Collaborations and Best Practices

2.B.3) Does your state adhere to best practices standards for underage drinking programs?

- Yes
- No

STOP Act 2015 Survey Part 2 B and C: Collaborations and Best Practices

Part 2, Section B: Collaborations and Best Practices

If yes, please indicate the type of agency/organization that established your best practices standards (please check all that apply):

- Federal agency
- Agency(ies) within your state
- Non-governmental agency(ies)
- Other

Please specify the agency/organization that established your best practices standards:

Federal:

Within your state:

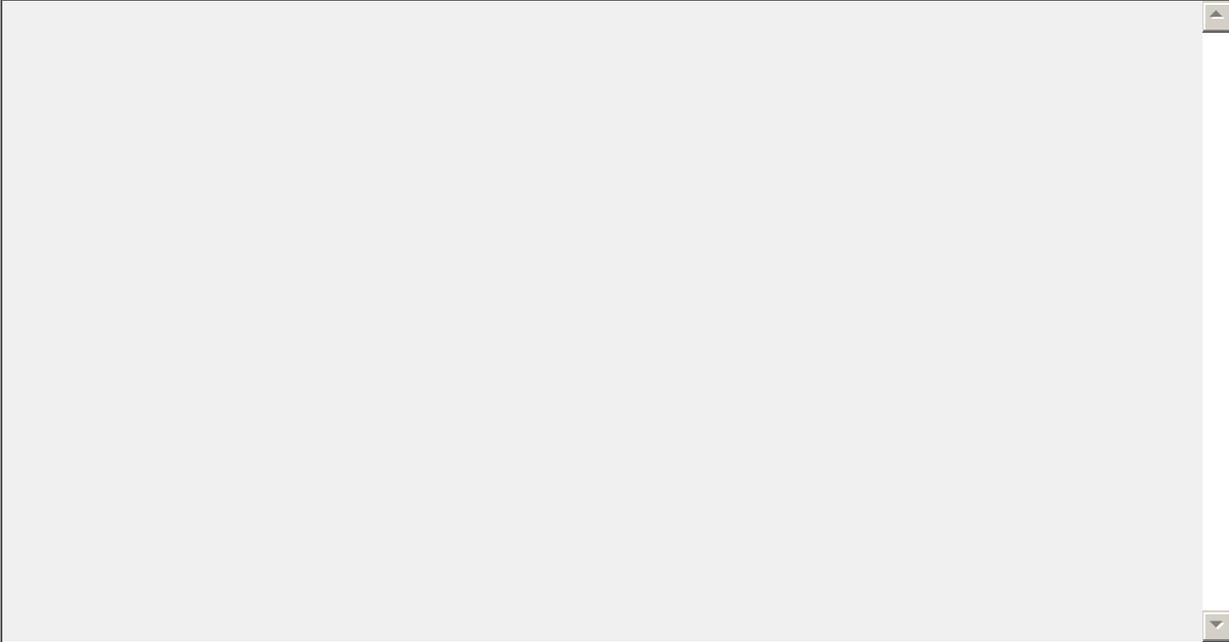
Non-governmental:

Other:

2.B.4) In the space provided below, please describe your state's best practice standards:

Part 2, Section B: Additional Clarification

Please use the space below to provide clarification of any of the information provided in this section of the survey.

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STOP Act 2015 Survey Part 2 B and C: Collaborations and Best Practices

Part 2, Section B: Contact Information

Please provide the name and phone number or email of someone we can contact for additional clarification of the interagency collaboration data reported in this section, if needed. This person will NOT BE IDENTIFIED in any reports that result from this survey.

Name:

Phone number or
email:

Part 2, Section C: Interagency Collaboration

In this section, please provide information on interagency collaboration in your state to reduce underage drinking.

2.C.1) Is there a state-level interagency governmental body/committee that coordinates or addresses underage drinking prevention activities in your state?

- Yes
- No
- Don't know/No answer

Part 2, Section C: Interagency Collaboration

2.C.1.a) If yes, please provide a committee contact (the chair of the committee or other primary person) in the space below:

Name:

Email:

Address:

Phone:

2.C.1.b) Please list the agencies/organizations represented on the committee. If there are more than ten agencies/organizations, please add additional lines [See next question].

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Additional agencies/organizations:

STOP Act 2015 Survey Part 2 B and C: Collaborations and Best Practices

2.C.1.c) Is there a website or other public source that describes the committee's activities?

- Yes
- No

Part 2, Section C: Interagency Collaboration

Please provide a website address or other means to access this information.

Part 2, Section C: Interagency Collaboration

2.C.2) Has your state prepared a PLAN for preventing underage drinking in the last three years?

- Yes
- No
- Not sure

Part 2, Section C: Interagency Collaboration

2.C.2.a) If yes, what agency, committee or other body prepared the plan?

2.C.2.b) If available, please provide a website address or other means to access the plan.

Part 2, Section C: Interagency Collaboration

2.C.3) Has your state prepared a REPORT on underage drinking in the last three years?

- Yes
- No
- Not sure

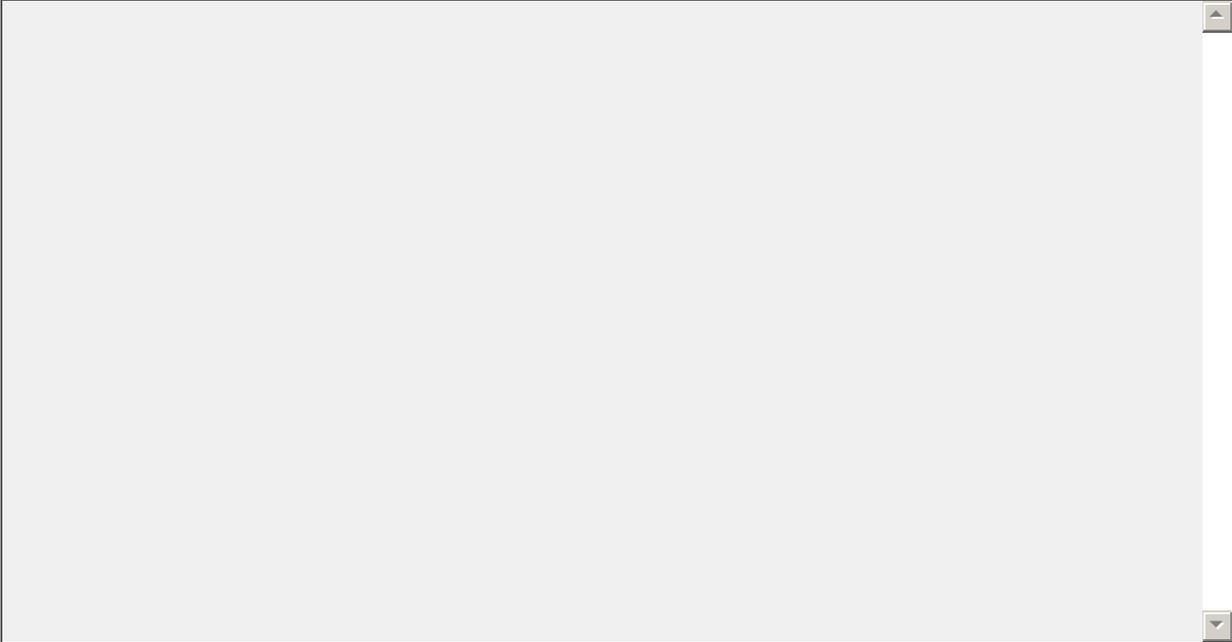
Part 2, Section C: Interagency Collaboration

2.C.3.a) If yes, what agency, committee or other body prepared the report?

2.C.3.b) If available, please provide the website address or other means to access the report.

Part 2, Section C: Additional Clarification

Please use the space below to provide clarification of any of the information provided in this section of the survey.

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STOP Act 2015 Survey Part 2 B and C: Collaborations and Best Practices

Part 2, Section C: Contact Information

Please provide the name and phone number or email of someone we can contact for additional clarification of the interagency collaboration data reported in this section, if needed. This person will NOT BE IDENTIFIED in any reports that result from this survey.

Name

Phone number or
email

THANK YOU FOR COMPLETING THIS PART OF THE SURVEY.