## Community Data Collection Protocol Template

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| Program Name:  |  |
| County: |  |
| Submission Date:  |  |

**Please list the representatives from your program who should receive communications related to this protocol.**

|  |  |  |
| --- | --- | --- |
|  | Name | Email |
| Program Evaluator |  |  |
| program coordinator |  |  |
|  | *add additional rows if needed* |  |

**General Data Collection Information**

|  |  |  |
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| 1. Will you be recruiting participants online?
 | [ ]  YES | [ ]  NO |
| 1. Will you be collecting paper surveys?
 | [ ]  **YES** | [ ]  **NO** |
| 1. Will you be collecting surveys using tablets?
 | [ ]  **YES** | [ ]  **NO** |
| 1. Will you need to check-out tablets from Coop Consulting, Inc.?
 | [ ]  **YES** | [ ]  **NO** |
| 1. Do you need PIRE printed recruitment materials (i.e., posters, flyers)?
 | [ ]  **YES** | [ ]  **NO** |
| Please submit your printed materials request here: <https://forms.office.com/r/0hP1jGPeDu> |
| 1. How many completed surveys are you aiming for in your county? You should aim for between 300 & 400 in most cases. If less than 300, please explain.
 |
| *Response:* |
| 1. How does this compare to your recruitment last year? (how many surveys did you get last year compared to your expectation this year?)
 |
| *Response:* |
| 1. Everyone will collect the CORE module, but you may add additional modules at the end if you choose. Please select the additional modules you would like to use:
 |
| [ ]  Adverse childhood experiences (ACEs) [ ]  College community [ ]  Community alcohol-related harms [ ]  Gambling [ ]  Cannabis/Marijuana (short)[ ]  Cannabis/Marijuana (extended) | [ ]  **Mental health** [ ]  **Methamphetamine (ONLINE USE ONLY)**[ ]  **Additional opioid questions** [ ]  **Poly-substance use (Required for PFS 20’s, ONLINE USE ONLY)**[ ]  **Tobacco**  |
|  |
| 1. Will you be adding community specific questions?
 | [ ] **NO** | [ ] **YES (complete section below)** |

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| Community Specific Questions (if applicable): Please provide a list of those questions, responses, and the introductory statement to be used.  |
| **PLEASE ADD AN INTRODUCTORY STATEMENT:** *(EXAMPLE: Because you live in Bernalillo County, the Health Equity Council would like to ask you additional questions about your community.)* |
| ***Question*** | ***Response Options*** |
|  |  |
| 1. *Add rows as needed*
 |  |

**Online Data Collection**

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| Please provide a general description of your online data collection plans by answering the questions below:  |
| 1 | How do you plan to promote the survey, what communication channels do you plan to use? Where, when, how often….(list-serves and type, Facebook posts, ask city/county/schools to send email to people…)**For participants’ protection, no advertising can be used without PIRE advance approval.** |
| *Response:* |
| 2 | Do you plan to use PAID advertising to promote the survey? Where, when, how often... |
| *Response:* |
| 3 | Are there **sub-populations** (examples: young adults 18-25, Latinx, elders, LGBTQ) from whom you plan to collect online data? Who are they and what is your plan? |
| *Response:* |
| 4 | Do you plan to use **incentives for online participants**? Please tell us about the small incentives (e.g., type of pre-packaged food, amount of money.) Remember the OSAP guidance regarding maximum allowable incentives (valued at $2.50 from OSAP funds; cannot give cash). Please contact OSAP with questions. |
| *Response:* |
| 5 | Will you need PIRE to draw county-specific winners for your program? If so, please describe below (number of names, frequency, total number of winners) |
| *Response:* |
| 6 | Please describe the accessibility of the internet within your target area. |
| *Response:* |
| 7 | Any unique barriers to collecting online data (e.g. limited entry into tribal areas with low internet access, weather or holiday-related concerns?) |
| *Response:* |
| 8 | Is there anything else the reviewer should know when reviewing this protocol?  |
| *Response:* |

**Face-to-Face Data Collection**

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| Please provide a general description of your face-to-face data collection plans by answering the questions below:  |
| [ ]  YES, I plan to do face-to-face data collection (paper or tablets) | [ ]  **I DO NOT plan to do face-to-face data collection** (If so, you may skip this section) |
| 1 | If you plan to recruit or collect surveys face-to-face, please describe **where, when, and how** you plan to recruit participants. |
| *Response:* |
| 2 | Are there **sub-populations** (examples: young adults ages 18-25, Latinx, elders, LGBTQ) from whom you plan to collect online data? Who are they and what is your plan? |
| *Response:* |
| 3 | Do you plan to **use incentives for face-to-face participants**? Please tell us about the small incentives. Remember the OSAP guidance regarding maximum allowable incentives (valued at $2.50 from OSAP funds; cannot give cash). Please contact OSAP with questions. |
| *Response:* |
| 4 | Do you need to have data collectors/recruiters that can communicate in languages other than English? What is your plan for approaching these non-English speaking populations? |
| *Response:* |
| 5 | Who will train those responsible for collecting surveys about the data collection protocol and approved data collection sites and approaches? When will training take place? |
| *Response:* |
| 6 | Please explain how you intend to adequately protect respondent’s confidentiality while taking the survey and returning the completed survey. (e.g., giving participant a manilla envelope to put completed survey and then having a large collection box with a lock) |
| *Response:* |
| 7 | How will paper surveys be stored following data collection and in preparation for data entry? Describe a secure process of transport and storage. |
| *Response:* |
| 8 | If you are collecting paper and pencil surveys, who will be leading the data entry for the paper and pencil surveys? |
| *Response:* |
| 9 | Is there anything else the reviewer should know when reviewing this protocol?  |
| *Response:* |

**Data collection Team**

**Please list all those who will be involved in the data collection. Start with the primary contact person for data collection.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Staff Person or Volunteer | Email Address | Role (e.g., supervisor, trainer, data collector, data entry, etc.) | 18 or older? |
|  |  |  | [ ] **YES** | [ ] **NO** |
|  |  |  | [ ]  **YES** | [ ] **NO** |
|  |  |  | [ ]  **YES** | [ ] **NO** |
|  |  |  | [ ]  **YES** | [ ] **NO** |
|  |  |  | [ ]  **YES** | [ ] **NO** |

**Signature and Date**

We have worked hard to design a protocol that is as protective as possible for the survey participants and, consistent with Federal regulations. We are relying on you to ensure that you adhere to this protocol. If any deviations from the PIRE-approved protocol occur, we require that you notify us immediately so that appropriate steps can be taken.

**Program Evaluator:**Please type your name to assent that you have collaborated on the completion of this protocol and have read and understand the NMCS Protocol Acknowledgement.

|  |  |
| --- | --- |
| *TYPE NAME HERE* | Click or tap to enter a date. |

**Program Coordinator:**Please type your name to assent that you have collaborated with your evaluator on the completion of this protocol and have read and understand the NMCS Protocol Acknowledgement.

|  |  |
| --- | --- |
| *TYPE NAME HERE* | Click or tap to enter a date. |

(If applicable) **PFS 20 Program Evaluator:**Please type your name to assent that you have collaborated on the completion of this protocol on issues that are relevant to the PFS20 project and have read and understand the NMCS Protocol Acknowledgement.

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| *TYPE NAME HERE* | Click or tap to enter a date. |

(If applicable) **PFS 20 Program Coordinator:**Please type your name to assent that you have collaborated on the completion of this protocol on issues that are relevant to the PFS20 project and have read and understand the NMCS Protocol Acknowledgement.

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| *TYPE NAME HERE* | Click or tap to enter a date. |

***When complete, submit to*** ***melias@pire.org***

***Please submit this protocol as a Word document***