WARNING GLASS CLING CAMPAIGN

MERCHANT SURVEY

Store Name: _______________________________ Zip Code: _________________

After the activity is done, thank the manager and ask him or her to answer these four questions.

Circle and/or fill in your response.

1. Why did you choose to participate in the Warning Glass Cling Campaign?
   a. It is the right thing to do.
   b. I want to advocate for positive youth and community development.
   c. Other ________________________________

2. How would you describe your experience with the Warning Glass Cling Campaign?
   a. Positive
   b. Negative
   c. Other ________________________________

3. Do you have any suggestions on how to make the campaign better?
   a. If yes, what? ______________________________
   b. No

4. Would you like to participate in the future?
   a. Yes
   b. No

This survey was created by GUIDE, Inc. (www.guideinc.org) through a grant from the Department of Behavioral Health and Developmental Disabilities, Office of Behavioral Health Prevention. It is intended to be used to conduct the Warning Glass Cling campaign. For additional questions concerning its use, please email info@guideinc.org.