

Sticker Shock Data Summary Form

This form summarizes information about completed sticker shock events. This form should be completed by the coordinator of the sticker shock events, i.e., the person who organized the sticker shock events.

Name of coalition: _____

Start date of sticker shock events: _____ End date of sticker shock events: _____

1. Total number of retailers/establishment involved in sticker shock events: _____
2. Total number of stickers or bottle hangers placed during the sticker shock events: _____
3. Briefly describe the type of educational materials distributed during the sticker shock events, beyond the stickers or bottle hangers (if applicable):

4. Total number of youth or young adults involved in the sticker shock events: _____

5. Total number of adult advisors involved in the sticker shock events: _____

6. Total number of law enforcement involved in the sticker shock events: _____

7. Total number of sticker shock events that had media coverage: _____