MATHEMATICA
Policy Research, Inc.

I am Moving,
I am Learning

Implementation
Evaluation

Stage 1 Questionnaire

November 14, 2006

A. INTRODUCTION AND SCREENER

In the spring of 2006, your Head Start program was offered an opportunity to attend a three-day training-for-trainer event for *I am Moving, I am Learning (IM/IL).* This training event presented strategies and resources to address childhood obesity in Head Start by increasing children's physical activity and improving their nutrition. The purpose of this questionnaire is to learn about your program's efforts to implement *IM/IL* activities. Now that you have had a chance to work on implementation, we would also like to know your views about the training and technical assistance that you received to assist you with the implementation. The information from this survey will be used to make improvements in *IM/IL,* such as changes in the type of training and technical assistance that programs receive to implement *IM/IL*.

The information you provide in the questionnaire will <u>not</u> be used for purposes of monitoring your program's performance. Information you provide will be treated in a confidential manner and the responses on this survey will be kept separately from your name, contact information, or the name of your Head Start program. We will <u>not</u> report the responses of individual programs to anyone, including to the Office of Head Start or any other government agency. We will only report findings of this survey in aggregate form (for example: "X% of programs have tried to implement IM/IL activities").

This questionnaire should be completed by the person in your program who has been designated to lead the implementation of *IM/IL.* If this person did not attend the spring 2006 *IM/IL* training event, then section B of this questionnaire should be completed by the individual in your program with the most senior management responsibility who <u>did</u> attend the spring 2006 *IM/IL* training event. Please note that sections C and D should be completed by the person leading the implementation of *IM/IL.*

If there is no one currently at your program who attended the spring 2006 *IM/IL* training event, please contact us for guidance about completing section B of this questionnaire. Please call us toll free at xxx-xxx-xxxx.

- **Please read each question carefully.**

- **Please use black or blue ink to complete this questionnaire.**

- **Always proceed to the next question unless special instructions tell you to go elsewhere.**

- **Most questions can be answered by simply placing a check mark in the appropriate box. For a few questions you will be asked to write in a response.**

- **If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.**

If you have any questions, please contact our staff at Mathematica Policy Research, Inc. toll free at xxx-xxx-xxxx.

Please return the completed questionnaire in the enclosed pre-paid mailer by _____.

B. SPRING 2006 *IM/IL* TRAINING EVENT

B1. **Including yourself, how many staff attended the training?**

|___| **NUMBER OF STAFF**

B1a. **Were all of the staff members who went to the training able to attend all days of the training?**

1 ☐ **Yes**

0 ☐   **No**

B2. **For each staff member who attended the spring 2006 *IM/IL* training event (including yourself), indicate the title of the staff member in the table provided below. If the staff member has more than one title, select the title for that staff member that is associated with their highest level of management responsibility.**

Staff Title	Staff Member 1	Staff Member 2	Staff Member 3	Staff Member 4	Staff Member 5
a. Head Start Program Director......................	☐	☐	☐	☐	☐
b. Child Development & Education Manager....	☐	☐	☐	☐	☐
c. Health Services Manager......................	☐	☐	☐	☐	☐
d. Family & Community Partnerships Manager......................	☐	☐	☐	☐	☐
e. Disability Services Manager......................	☐	☐	☐	☐	☐
f. Child Development Supervisors................	☐	☐	☐	☐	☐
g. Home-Based Supervisors................	☐	☐	☐	☐	☐
h. Teacher.......................	☐	☐	☐	☐	☐
i. Home-Based Visitor...	☐	☐	☐	☐	☐
j. Other (Specify)........... _____	☐	☐	☐	☐	☐
k. Other (Specify)........... _____	☐	☐	☐	☐	☐

PLEASE MARK THE TITLE OF EACH STAFF MEMBER IN THE COLUMN PROVIDED

B3. On a scale of 1-4, with 1 being "strongly disagree" and 4 being "strongly agree," how would you rate the following aspects of the spring 2006 *IM/IL* training event you attended?

		MARK ONLY ONE IN EACH ROW			
		Strongly Disagree	Disagree	Agree	Strongly Agree
a.	The three *IM/IL* goals were clearly explained....................	1 ☐	2 ☐	3 ☐	4 ☐
b.	The workshops presented ideas for program enhancements that addressed the goals of *IM/IL*............	1 ☐	2 ☐	3 ☐	4 ☐
c.	The instruction received at the training was adequate to train my own staff to implement *IM/IL*............................	1 ☐	2 ☐	3 ☐	4 ☐
d.	Quality of the "take-home" materials (resource materials and handouts) was adequate to train my staff..	1 ☐	2 ☐	3 ☐	4 ☐
e.	The trainers explained how to adapt *IM/IL* to meet the needs of a program like ours..	1 ☐	2 ☐	3 ☐	4 ☐
f.	The ideas for program enhancements seemed like they would work in our program...	1 ☐	2 ☐	3 ☐	4 ☐
g.	The training prepared us to implement *IM/IL*....................	1 ☐	2 ☐	3 ☐	4 ☐
h.	The training event provided new information and resources..	1 ☐	2 ☐	3 ☐	4 ☐

B4. Looking back on the spring 2006 *IM/IL* training event, how would you describe the allocation of time during the training? Rate the allocation of time during the training with 1 being "too little time," and 5 being "too much time."

		MARK ONLY ONE IN EACH ROW				
		Too Little Time		About the Right Time		Too Much Time
		←				→
a.	Time for lecture and direct instruction...................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	Time on how to engage adults in *IM/IL*...................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	Time for asking questions...	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d.	Time for practicing movement activities................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e.	Time for planning our implementation....................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f.	Time for the topic of improving children's nutrition...	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

B5. Looking back on the spring 2006 *IM/IL* training event, on a scale of 1 to 5, where 1 is "poor" and 5 is "excellent," how would you rate the overall quality of the training?

CIRCLE ONLY ONE

Poor ←   → Excellent

    1   2   3   4   5

B6. Did your program experience unexpected costs associated with attending the spring 2006 *IM/IL* training event?

1 ☐ **Yes**

0 ☐ **No** → **GO TO B7**

B6a. What were the costs?

_____

_____

B7. At the spring 2006 *IM/IL* training event, was your program made aware of technical assistance that would be available when your program implemented *IM/IL* activities?

1 ☐ **Yes**

0 ☐ **No**

B8. Did you leave the spring 2006 *IM/IL* training event with a written action plan for how your program would implement *IM/IL*?

1 ☐ **Yes**

0 ☐ **No**

B9. Looking back at the spring 2006 *IM/IL* training event, what did your program find most useful and least useful?

_____

_____

_____

_____

_____

_____

_____

C. IMPLEMENTATION

The questions in this section ask about how your program tried to implement activities discussed at the spring 2006 *IM/IL* training event.

C1. **Has your program tried to implement any *IM/IL* activities?**

　　₁ ☐ **Yes → GO TO C4**

　　₀ ☐ **No**

C2. **What are the reasons your program did not try to implement any *IM/IL* activities? Indicate your reasons on the list below.**

MARK ALL THAT APPLY

₁ ☐ **We lacked the resources (either money or in-kind support) <u>in the community</u> to help us in our implementation**

₂ ☐ **The training our program received at the spring 2006 *IM/IL* training event was not adequate preparation for us to train other frontline staff**

₃ ☐ **The management staff did not have enough time to devote to *IM/IL***

₄ ☐ **The management staff did not have adequate skills to train our frontline staff**

₅ ☐ **The frontline staff did not have enough time to participate in training**

₆ ☐ **We needed more technical assistance**

₇ ☐ **Our frontline staff members were <u>not</u> enthusiastic about the goals of *IM/IL***

₈ ☐ **We thought it would be difficult for our staff members to maintain interest in *IM/IL***

₉ ☐ **The parents of children in our program were <u>not</u> enthusiastic about the goals of *IM/IL***

₁₀ ☐ ***IM/IL* was <u>not</u> a priority of our program's Policy Council, Governing Board, or Health Services Advisory Committee**

₁₁ ☐ **Other areas in our program were a higher priority**

₁₂ ☐ **High staff turnover**

₁₃ ☐ **We did not have enough space for the children to be physically active**

₁₄ ☐ **The children are not at the program long enough each day**

₁₅ ☐ **We felt we needed materials to implement *IM/IL*, but our program did not have the funds to purchase them**

₁₆ ☐ **We felt we needed materials to implement *IM/IL*, but our program had trouble making the materials**

₁₇ ☐ **Other (Specify)**

_____

C3. **What is the single <u>most</u> important reason that your program did not try to implement any *IM/IL* activities? Choose the number from the list above.**

|___|___| NUMBER OF THE MOST IMPORTANT REASON

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C4. Of the activities your program has implemented so far, which of the three *IM/IL* goals are these activities intended to address?

MARK ALL THAT APPLY

1 ☐ Increase the quantity of time spent in moderate to vigorous physical activities during the daily routine to meet national guidelines for physical activity

2 ☐ Improve the quality of structured movement experiences intentionally facilitated by teachers and adults

3 ☐ Improve healthy nutrition choices for children every day

C5. Compared with all other services and activities your program provides in Head Start, how would you rank the importance of the following activities in your program <u>before</u> the spring 2006 *IM/IL* training event?

		MARK ONLY ONE NUMBER IN EACH ROW				
		Not Important At All ←				Very Important →
a.	Moderate to vigorous physical activity……	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	Structured movement experiences.............	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	Healthy nutrition choices...........................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

C6. Compared with all other services and activities your program provides in Head Start, how would you rank the importance of the following activities in your program <u>after</u> the spring 2006 *IM/IL* training event?

		MARK ONLY ONE NUMBER IN EACH ROW				
		Not Important At All ←				Very Important →
a.	Moderate to vigorous physical activity……	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	Structured movement experiences.............	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	Healthy nutrition choices...........................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

C7. Regarding the activities your program has tried to implement so far, would you say these activities:

MARK ONLY ONE

1 ☐ Place more emphasis on moderate to vigorous physical activity/structured movement experiences

2 ☐ Place more emphasis on healthy nutrition choices

3 ☐ Emphasize about equally both healthy nutrition choices <u>and</u> moderate to vigorous physical activity/structured movement experiences

C8. Has your program stopped doing any of the *IM/IL* activities that it implemented after the spring 2006 *IM/IL* training event?

1 ☐ Yes

0 ☐ No

C9. There are many challenges your program may have faced while trying to implement *IM/IL* activities. How would you rate the success of your program in implementing the following on a scale from 1 to 5, where 1 is "not at all successful" and 5 is "extremely successful"?

		MARK ONLY ONE NUMBER IN EACH ROW				
		Not At All Successful				Extremely Successful
a.	**Moderate to vigorous physical activity**……	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b.	**Structured movement experiences**.............	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c.	**Healthy nutrition choices**............................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d.	***IM/IL* overall**..	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

C10. What are the reasons that might have contributed to any success that your program has had in implementing *IM/IL*? Indicate your reasons on the list below.

MARK ALL THAT APPLY

1 ☐ **We had the community resources (either money or in-kind support) to help us in our implementation**

2 ☐ **The spring 2006 *IM/IL* training event provided us with the necessary training to train our staff**

3 ☐ **We had good technical assistance**

4 ☐ **We had an enthusiastic and capable leader to implement these activities**

5 ☐ **Our staff members were enthusiastic about the goals of *IM/IL***

6 ☐ **The parents of children in our program were enthusiastic about the goals of *IM/IL***

7 ☐ **Obesity prevention was a priority of our program's Policy Council, Governing Board, or Health Services Advisory Committee**

8 ☐ **Before the spring 2006 *IM/IL* training event, we were already actively involved in efforts to increase children's physical activity and improve their nutrition**

9 ☐ **We have not been too successful, so NONE of these reasons apply** ⟶ **GO TO C12**

10 ☐ **Other (Specify)**

_____

C11. What is the single <u>most</u> important reason that contributed to the success of implementing *IM/IL*? Choose the number from the list above.

|___|___| **NUMBER OF THE MOST IMPORTANT REASON**

C12. **What challenges has your program experienced in implementing *IM/IL*? Indicate your reasons on the list below.**

MARK ALL THAT APPLY

1 ☐ **We lacked the resources (either money or in-kind support) <u>in the community</u> to help us in our implementation**

2 ☐ **The training our program received at the spring 2006 *IM/IL* training event was not adequate preparation for us to train other frontline staff**

3 ☐ **The management staff did not have enough time to devote to *IM/IL***

4 ☐ **The management staff did not have adequate skills to train our frontline staff**

5 ☐ **The frontline staff did not have enough time to participate in training**

6 ☐ **We needed more technical assistance**

7 ☐ **Our frontline staff members were <u>not</u> enthusiastic about the goals of *IM/IL***

8 ☐ **It was difficult for our staff members to maintain interest in *IM/IL***

9 ☐ **The parents of children in our program were <u>not</u> enthusiastic about the goals of *IM/IL***

10 ☐ ***IM/IL* was <u>not</u> a priority of our program's Policy Council, Governing Board, or Health Services Advisory Committee**

11 ☐ **Other areas in our program were a higher priority**

12 ☐ **High staff turnover**

13 ☐ **We did not have enough space for the children to be physically active**

14 ☐ **The children are not at the program long enough each day**

15 ☐ **We felt we needed materials to implement *IM/IL*, but our program did not have the funds to purchase them**

16 ☐ **We felt we needed materials to implement *IM/IL*, but our program had trouble making the materials**

17 ☐ **Other (Specify)**

_____

C13. **What is the single <u>most</u> important reason that your program might <u>not</u> have been as successful as you hoped it would be in implementing *IM/IL*? Choose the number from the list above.**

|___|___| NUMBER OF THE MOST IMPORTANT REASON

C14. **Does your program have a written plan for implementation of *IM/IL*?**

1 ☐ **Yes**

0 ☐ **No**

C15. **Before selecting *IM/IL* activities to implement, did you review your current program activities and identify areas in which you were <u>not</u> implementing activities like the ones presented at the spring 2006 *IM/IL* training event?**

1 ☐ **Yes**

0 ☐ **No**

C16. In selecting *IM/IL* activities to implement, what did your program target to promote healthy weight in children?

MARK ONLY ONE

₁ ☐ **Mostly children's level of physical activity**

₂ ☐   **Mostly children's nutrition choices**

₃ ☐ **Children's level of physical activity <u>and</u> children's nutrition choices by about the same amount**

C17. In selecting *IM/IL* activities to implement, in what setting did your program expect to bring about changes in children's physical activity and eating behaviors?

MARK ONLY ONE

₁ ☐ **Mostly in the Head Start setting**

₂ ☐   **Mostly in the home setting**

₃ ☐ **In the Head Start and home settings by about the same amount**

C18. From the list below select the specific behavior changes your program expects to achieve, based on the *IM/IL* enhancements being implemented.

MARK ALL THAT APPLY

₁ ☐ **Increase the amount of children's moderate to vigorous physical activity during the Head Start day**

₂ ☐ **Increase the amount of children's moderate to vigorous physical activity when children are at home**

₃ ☐ **Increase the quality of children's structured movement experiences during the Head Start day**

₄ ☐ **Increase the quality of children's structured movement experiences when they are at home**

₅ ☐ **Improve the quality of children's food choices during the Head Start day**

₆ ☐ **Improve the quality of children's food choices when they are at home**

₇ ☐ **Reduce children's portion sizes during the Head Start day**

₈ ☐ **Reduce children's portion sizes when they are at home**

C19. What is the behavior your program <u>most</u> expects to change, based on the *IM/IL* enhancements being implemented? Choose the number from the list above.

|___| **NUMBER OF THE SPECIFIC BEHAVIOR CHANGE**

C20. Which of the following child assessment activities is your program doing as part of *IM/IL*?

MARK ALL THAT APPLY

1 ☐ **Recording the amount of time children spend outdoors**

2 ☐ **Recording the quality of children's movement experiences**

3 ☐ **Recording children's food intake or food selection**

4 ☐ **Measuring children's height and weight**

5 ☐ **Calculating children's body mass index percentiles**

0 ☐ **None**

6 ☐ **Other (specify)**

_____

C21. Has your program offered any activities that are intended to alter the eating or physical activity behaviors of your <u>staff members</u>, but which do not focus primarily on the children's behaviors?

1 ☐ **Yes**

0 ☐ **No ⟶ GO TO C23**

C22. What are they?

_____

_____

C23. Has your program offered any activities that focus on altering the eating or physical activity behaviors of the <u>parents</u> of children in your program, but which do not focus primarily on the children's behaviors?

1 ☐ **Yes**

0 ☐ **No**

C24. Did your program receive input for its *IM/IL* implementation from any of the following groups?

MARK ALL THAT APPLY

1 ☐ **Parent committee(s)**

2 ☐ **Health Services Advisory Committee**

3 ☐ **Policy Council**

4 ☐ **Governing Board**

5 ☐ **Other (specify)**

_____

C25. How many centers does your program operate?

|__|__| NUMBER OF CENTERS

C25a. What is the total number of classrooms in all the centers combined?

|__|__|__| NUMBER OF CLASSROOMS

C26. Altogether, how many of your centers are implementing *IM/IL* enhancements?

|__|__| NUMBER OF CENTERS

C26a. Altogether, how many of your classrooms are implementing *IM/IL* enhancements?

|__|__|__| NUMBER OF CLASSROOMS

C27. Has your program implemented *IM/IL* in all centers/classrooms?

1 ☐ Yes —> GO TO C28

0 ☐ No

C27a. How did your program select the centers/classrooms in which *IM/IL* was implemented?

MARK ALL THAT APPLY

1 ☐ Center/Classroom volunteered

2 ☐ By physical location of the center/classroom

3 ☐ Management selected the center/classroom

4 ☐ Other (Specify)

_____

C28. Has your program conducted any training sessions for your frontline staff to implement *IM/IL*?

1 ☐ Yes

0 ☐ No —> GO TO C32

C29. On average, how many training sessions has your program conducted for a given frontline staff member?

|__|__| NUMBER OF TRAINING SESSIONS

C29a. On average, how long did each of those training sessions last in hours and minutes?

|__|__| HOURS |__|__| MINUTES

C30. Has more than half of your frontline staff participated in more than one training session?

1 ☐ Yes

0 ☐ No

C31. Which approaches has your program used to train your staff to implement the *IM/IL* enhancements?

MARK ALL THAT APPLY

1 ☐ Pre-service training conducted at the start of the program year

2 ☐ In-service training conducted during the program year

3 ☐ A workshop conducted by the TA specialist or content specialist

4 ☐ A workshop conducted by a consultant or outside expert

5 ☐ Written materials, such as curriculum guides

6 ☐ An online or internet-based course

7 ☐ Other (specify)

_____

C31a. What was the main approach your program has used to train your staff to implement the *IM/IL* enhancements? Choose the number from the list above.

|__| NUMBER OF THE MAIN APPROACH

C32. We want to know to what extent your staff endorses the *IM/IL* enhancements your program is trying to implement. On a scale of 1 to 5, where 1 would be "resistant" and 5 would be "enthusiastic," how would you rate your staff's interest in the following?

	MARK ONLY ONE IN EACH ROW				
	Resistant				Enthusiastic
	←				→
a. Moderate to vigorous physical activity...........	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. Structured movement experiences..................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. Healthy nutrition choices..............................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. *IM/IL* overall..	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

C33. As part of implementing *IM/IL* in your program, which approaches has your program used to reach parents?

MARK ALL THAT APPLY

1 ☐ **Conducted workshops or events that involved parents**

2 ☐ **Distributed written information by flyer, pamphlet, or newsletter**

3 ☐ **Discussed nutrition and/or physical activity at parent/teacher conferences**

4 ☐ **We have not tried to involve parents**

5 ☐ **Other (specify)**

_____

C34. Please respond "Yes" or "No" to the following questions regarding the implementation of *IM/IL*. As part of implementing *IM/IL*, has your program . . .

	MARK "YES" OR "NO" ON EACH LINE	
	Yes	No
a. **received any money from sources outside the Head Start program?**...	1 ☐	0 ☐
b. **received any in-kind support from sources outside the Head Start program?**...........................	1 ☐	0 ☐
c. **purchased new equipment for children's outdoor play areas?**..	1 ☐	0 ☐
d. **purchased new equipment for children's indoor play areas?**...	1 ☐	0 ☐
e. **increased the amount of space available for children's outdoor play?**...................................	1 ☐	0 ☐
f. **increased the amount of space available for children's indoor play?**.....................................	1 ☐	0 ☐
g. **purchased any new equipment to teach children movements in a structured fashion?**...........	1 ☐	0 ☐
h. **made or constructed any new equipment?**..	1 ☐	0 ☐
i. **established any new policies about the type of food that children can bring from home?**......	1 ☐	0 ☐
j. **established any new policies about the type of food that is served at meetings of staff or parents?**...	1 ☐	0 ☐
k. **established any new policies about the type of food that children are served at Head Start?**..	1 ☐	0 ☐
l. **altered the type of food you serve to children for meals and snacks?**..................................	1 ☐	0 ☐
m. **altered the amount of food you serve to children for meals and snacks?**..............................	1 ☐	0 ☐
n. **offered any incentives to staff for meeting any goals related to *IM/IL*?**......................................	1 ☐	0 ☐

o. **purchased new instructional materials, such as music, visual aids, or structured movement aids?**...	1 ☐	0 ☐

C35. As part of implementing *IM/IL*, has your program selected an available curriculum that focuses on physical activity and nutrition?

    1 ☐ **Yes**

    0 ☐ **No** → **GO TO C36**

C35a. What curriculum was selected?

_____

_____

C36. As part of *IM/IL,* has your program identified any community organization(s) as a partner?

    1 ☐ **Yes**

    0 ☐ **No** →   **GO TO C37**

C36a. As part of *IM/IL,* how many different community organization(s) is your program working with?

    |___|___| **NUMBER OF COMMUNITY ORGANIZATIONS**

C37. At the spring 2006 *IM/IL* training event, vocabulary was introduced to describe children's movement. It involved terms to describe children's "traveling actions," "stabilizing actions," "manipulating actions," and "effort awareness." On a scale of 1 to 5, with 1 being "not at all helpful" and 5 being "very helpful," how helpful has this vocabulary been in your program's efforts to increase children's movement?

    CIRCLE ONLY ONE

    Not at all helpful ←——————————————→ Very helpful
         1   **2**   **3**   **4**   **5**

C38. Please respond "Yes" or "No" to the following questions:

	MARK "YES" OR "NO" ON EACH LINE	
	Yes	**No**
a. **Has your program trained your staff to use this movement vocabulary to describe how children perform different movements?**..	1 ☐	0 ☐
b. **Has your program introduced the character "Choosy" in implementing *IM/IL* activities?**..	1 ☐	0 ☐
c. **Has your program reconfigured its existing space to allow children more opportunity for physical activity (e.g. moving furniture, using hallways, etc.)?**..	1 ☐	0 ☐

C39. As part of your effort to implement *IM/IL*, has your program received any technical assistance from the Region III TA System?

    1 ☐   **Yes**

    0 ☐   **No —> GO TO C40**

C39a. From which staff member(s) within the Region III TA System has your program received technical assistance for *IM/IL?*

    MARK ALL THAT APPLY

    1 ☐   **Child development content specialist**

    2 ☐   **Disabilities content specialist**

    3 ☐   **Early literacy content specialist**

    4 ☐   **Family and community partnership content specialist**

    5 ☐   **Fiscal administration and management content specialist**

    6 ☐   **Health content specialist**

    7 ☐   **TA coordinator**

    8 ☐   **TA manager**

    9 ☐   **TA specialist**

C40. Did your program receive technical assistance for *IM/IL* from anyone else?

    1 ☐   **Yes**

    0 ☐   **No —> GO TO SECTION D**

C40a. Who provided this assistance?

_____
_____
_____
_____
_____
_____

C40b. What is this person's title?

_____
_____

D. PROGRAM CONTEXT

D1.   What term best describes the location of your program?

   MARK ONLY ONE

   1 ☐ **Urban**
   2 ☐ **Suburban**
   3 ☐ **Rural**

D2.   Please indicate your program delegate status.

   MARK ONLY ONE

   1 ☐ **Grantee**
   2 ☐ **Delegate**
   3 ☐ **Grantee and Delegate**

D3.   Does your program have an Early Head Start program?

   1 ☐ **Yes**
   0 ☐ **No** –> **GO TO D4**

D3a.   Have you implemented any *IM/IL* activities in your Early Head Start program?

   1 ☐ **Yes**
   0 ☐ **No** –> **GO TO D3c**

D3b.   What are these activities?

_____

_____

D3c.   What has made it challenging to implement *IM/IL* activities in your Early Head Start program?

_____

_____

D4. Does your program deliver any Head Start services to children (not Early Head Start) through home visitors?

⌐— 1 ☐ **Yes**

│   0 ☐ **No** —> **GO TO D5**

∨

D4a. Have any *IM/IL* activities been implemented as part of these home visits?

⌐— 1 ☐ **Yes**

│   0 ☐ **No** —> **GO TO D4c**

∨

D4b. What are these activities?

_____

_____

D4c. What has made it challenging to implement *IM/IL* activities as part of the home visits?

_____

_____

The following questions are about you—the person designated to lead the implementation of *IM/IL* at your program.

D5. How many years of experience do you have working with Head Start or with programs serving preschool-aged children?

|___|___| **NUMBER OF YEARS**

D6. How many years have you been working with this Head Start program?

|___|___| **NUMBER OF YEARS**

D7. What is your highest degree?

MARK ONE ONLY

1 ☐ **Associate's Degree**

2 ☐ **Bachelor's Degree (B.A., B.S., B.E., etc.)**

3 ☐ **Master's Degree (M.A., M.A.T., M.B.A.,   M.Ed., M.S., etc.)**

4 ☐ **Education specialist or professional diploma   (at least one year beyond Master's level)**

5 ☐ **Doctorate or professional degree   (Ph.D., Ed.D., M.D., L.L.B., J.D., D.D.S.)**

6 ☐   **Do not have a postsecondary degree**

7 ☐ **Other (Specify)**

_____

D8. Of the health problems affecting children in your program, how would you rank the three conditions listed below?

Place a "1" next to the most important problem, a "2" next to the second most important problem, and a "3" next to the third most important problem. Use each number only once.

_____   **Asthma**

_____   **Obesity**

_____   **Oral health (tooth decay and cavities)**

D9. To what extent do you feel that obesity is a health problem affecting the <u>children</u> in your program?

   MARK ONLY ONE

   $_1$ ☐   **Not a problem at all**
   $_2$ ☐   **A small problem**
   $_3$ ☐   **A moderate problem**
   $_4$ ☐   **A large problem**
   $_5$ ☐   **A very large problem**

D10. To what extent do you feel that obesity is a health problem affecting the <u>parents</u> of the children in your program?

   MARK ONLY ONE

   $_1$ ☐   **Not a problem at all**
   $_2$ ☐   **A small problem**
   $_3$ ☐   **A moderate problem**
   $_4$ ☐   **A large problem**
   $_5$ ☐   **A very large problem**

D11. To what extent do you feel that obesity is a health problem affecting the <u>staff members</u> in your program?

   MARK ONLY ONE

   $_1$ ☐   **Not a problem at all**
   $_2$ ☐   **A small problem**
   $_3$ ☐   **A moderate problem**
   $_4$ ☐   **A large problem**
   $_5$ ☐   **A very large problem**

D12. Prior to the spring 2006 *IM/IL* training event, was the Health Services Advisory Committee in your program involved in any activities to address childhood obesity?

   $_1$ ☐ **Yes**
   $_0$ ☐   **No**

Who had the primary responsibility for completing this survey?

Please print your name, title, program name, mailing address, program telephone number, and email address.

Name: _____

Job Title: _____

Program Name: _____

Mailing Address: _____

_____

Program Phone Number: (|__|__|__|)-|__|__|__|-|__|__|__|__|

Email Address: _____

Please record the date you completed the survey and mail it to MPR in the envelope provided.

DATE COMPLETED: |__|__| / |__|__| / | 2 | 0 | 0 | 7 |
                                 Month   Day   Year

Thank you for completing this survey.