

Instructions: Your answers to these questions will help us improve our program. **Thank you for your help!**

Section One: The Sponsoring Organization

Ι.	Dia	tne sponsorii	ng organizatio	n provide yo	ou with mentoring training?
	□ Ye	es (please ans	swer question 1	A)	
	□ No	o (please skip	to question 2)		
	1A.	•	you describe t organization?	he mentorin	ng training that was provided by the
		☐ Excellent	☐ Good	☐ Fair	□ Poor
2.		often did yo nsoring orgai		nformation a	and support you needed from the
	□ M	ways ost of the time bout half the til most never ever			
3.	How	would you ra	ate the sponso	oring agency	y's overall ability to run this program?
	□ Ex	kcellent	□ Good	□ Fair	□ Poor
4.		satisfied we		e "match" be	etween you and the mentee selected by the
		eally satisfied omewhat satis omewhat dissa ery dissatisfied	atisfied		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- XXXX. The time required to complete this information collection is estimated to average XX hours or xx minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, ASRT/OCIO/PRA, 200 Independence Ave., S.W., Suite 531-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

Section Two: Your Mentee

5.	What kinds of physical activities did you do with your mentee? (Please check all that apply)
	 Organized sports together, like basketball or baseball One-on-one physical activity (such as walking together, biking, exercising together, play ing frisbee or tossing a ball, swimming together, etc.) We talked to each other We discussed ways to be more physically active We discussed good nutritional practices We ate together I told my mentee stories about my struggles and successes I helped my mentee find a doctor or dentist or other medical referrals I helped my mentee find recreational activities and resources Other (please describe):
6.	What types of nutrition-related activities did you do with your mentee? (Please check all that apply)
	 We looked at information on good nutritional habits (e.g., on the web, in magazines, at the library, etc. We prepared meals together We went to a nutrition class We provided written educational materials about nutrition to youth and children participating in the program I provided guidance and support to my mentee on healthy nutrition and good nutritional choices Other (please describe):
7.	How often did you meet in person with your mentee?
	 □ More than once each day □ About once a day □ A few times each week □ Once a week □ Less than once a week
8.	How often did you communicate with your mentee by phone or computer?
	 □ More than once each day □ About once a day □ A few times each week □ Once a week □ Less than once a week

9.	wh			x for the response tha luring the course of b	at most closely matches eing involved in the			
		9A. Did your mente	e's interest in phy	sical activity and spo	orts:			
		□ Decrease	☐ Increase	☐ No change	☐ I don't know			
9B. Did your mentee's interest in making good nutritional choices:								
		☐ Decrease	☐ Increase	☐ No change	☐ I don't know			
		9C. Did your mentee's overall physical fitness:						
		☐ Decrease	☐ Increase	☐ No change	☐ I don't know			
Se	ect	ion Three: The F	Program					
10.		Why did you decide to participate in this program? (please check all that apply)						
	00 00 0	In addition to motiva might motivate me to I think good nutrition In addition to motiva thought this might me	ting the mentee to increase my phys is critical and want ting the mentee to otivate me to incre	ical activity ted to support a prograr increase his or her goo ase my good nutritional	rsical activity, I thought this m with this focus and nutritional habits, I habits.			
	0	I know the agency that sponsors the program and wanted to support their work						
		Other (please descril	be):					
11.		How much of a prol mentee?	blem was transpo	rtation in face-to-face	meetings with your			
		□ Not at All □ A L	ittle Problem 🚨	A Big Problem				
12.		Did you and your m	entee complete t	he entire eight weeks	of the program?			
		Yes (please skip to qu No (please answer qu						

	12A.	Why didn't you complete the entire eight weeks of the program? (pleacheck all that apply)	ase
		 □ The mentee discontinued the program □ I didn't like it □ I didn't get the support I needed from the sponsoring agency □ I didn't feel adequately trained for the program □ My mentee and I just didn't relate well □ It was harder than I thought it would be □ I couldn't think of enough things to do with my mentee □ I had health issues that made it impossible to continue □ I had work issues that made it impossible to continue □ Other (Describe): 	
13.	Which on	e of the following best describes your experience with the program?	
		liked it ust okay; I didn't really like or dislike it didn't like it that much	
14.	What do y	you think could be done to improve this program? (Please check all the	at ap-
	☐ The sho ☐ There s ☐ There s ☐ There s ☐ There s	hould be more guidance about what to do with mentees ould be more materials available about the benefits of physical activity hould be more materials available about making good nutritional choices should be more involvement by parents hould be opportunities to connect with other mentors hould be activities where you can get to know other mentor/mentee pairs blease describe):	