

COMMENT SHEET

Performance Measurement Data Collection for the Healthy Marriage and Promoting Responsible Fatherhood Demonstration Grants

Thank you for completing the pilot of the data collection instrument that will be used by grantees to report performance data for the Healthy Marriage and Promoting Responsible Fatherhood Demonstration Grants. This comment sheet allows you to provide feedback on your pilot experience and guide us in making any modifications that will make the questions more understandable and easier to complete. We will also follow-up with a brief phone call if we have additional questions regarding your comments. Thank you!

Grant Name: FORMTEXT, **Grant Number:** _____

Phone Number: FORMTEXT

1. How many allowable activities do you conduct? _____
2. How long did it take you to complete the data collection instrument? _____ minutes
3. If you became more familiar with this instrument by using it every six months, how long do you think it would take to fill out by the third time? _____ minutes

Questions	Answer	Explanation
Data Availability		
4. Were you able to provide the data requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	
5. If yes or some, was the data readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	
Understanding		
6. Did the terminology used in the questions make sense when used in conjunction with the glossary of terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	
7. Did you think the questions are relevant given what your program does?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	
8. Did you understand how to respond to all the questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	
9. Do you have any concerns about describing how you measured improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not measure	
10. Do you have any concerns providing examples of your	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not measure	

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instruments to measure outcomes?		
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11. Other Comments or Feedback