

## Coalition Survey Posttest

This survey explores your understanding and views about bone health as well as your perceptions about your team's pilot project efforts over the past year. Please read each question carefully and provide your honest feedback. The survey results will be used by the Office on Women's Health and Hager Sharp to improve future bone health program activities. We look forward to your feedback and suggestions. The survey should take about 30 minutes to complete. Thank you in advance for your time.

### **The first set of items asks about your team and your role on your team.**

- 1) Last 4 digits of your HOME phone number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_
- 2) What is your gender?
  - Male
  - Female
- 3) How old are you?
  - 18-24 years
  - 25-29 years
  - 30-39 years
  - 40-49 years
  - 50-59 years
  - 60+ years
- 4) Are you Hispanic or Latino?
  - No
  - Yes
- 5) What is your race/ethnicity? (Choose one or more.)
  - Black/African American
  - White
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or Pacific Islander
- 6) What team do you represent?
  - City 1
  - City 2
  - City 3
- 7) What is your role on your team? (Choose one or more)
  - Site Coordinator
  - Team Leader
  - Team Member
  - Body Works Trainer
  - Other: \_\_\_\_\_

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- . The time required to complete this information collection is estimated to average ( hours)(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, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

8) What stakeholder group do you primarily represent? (Choose one.)

- Community Organization
- Health Professional
- Nutrition Professional
- Physical Education Professional
- School Administrator
- Teacher
- Business/Industry
- Student
- Parent
- Other: \_\_\_\_\_

9) Prior to working on this project, in which of the following areas did you have experience working on projects or with partnerships? (Choose one or more.)

- Childhood obesity prevention
- Nutrition
- Physical activity
- Bone health
- None of the above

10) Prior to working on this project, have members of your team worked together on previous projects or partnerships?

- No, not at all
- Yes, some have worked together before
- Yes, most have worked together before
- Yes, all have worked together before
- Not sure

11) How often did your team...	Weekly	Bi-weekly	Monthly	Quarterly	Never	Not Sure
a. Meet in person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Conduct conference calls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Conduct web meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**This set of questions assesses what you currently know about bone health.**

- 12) By age \_\_\_\_, females have built most of their bone mass (how solid and strong bones are from the inside) for the rest of their lives.  
 5 yrs       13 yrs       18 yrs       30 yrs       55 yrs
- 13) How many minutes of DAILY physical activity are recommended for pre-teen and adolescent girls to stay healthy?  
 20 minutes    30 minutes    45 minutes    60 minutes    90 minutes
- 14) How many days per week of bone-strengthening activity are recommended for pre-teen and adolescent girls to build strong bones?  
 1 Day       2 Days       3 Days       4 Days       5 Days
- 15) How many minutes of DAILY physical activity are recommended for adults to be active and stay healthy?  
 20 minutes    30 minutes    45 minutes    60 minutes    90 minutes
- 16) How many milligrams (mg) of calcium are recommended DAILY for pre-teen and adolescent girls to build strong bones and stay healthy?  
 200 mg       500 mg       750 mg       900 mg       1300 mg
- 17) How many international units (IU) of vitamin D are recommended DAILY for pre-teen and adolescent girls to build strong bones and stay healthy?  
 100 IU       200 IU       300 IU       400 IU       500 IU

**The next set of items examines your views about bone health and your capacity to help your team in current or future efforts to plan, implement and evaluate a variety of project activities.**

18) Please check how important you think it is to help girls and their parents to:	Not At All Important	A Little Important	Quite Important	Very Important
d. Better understand how to build strong bones to prevent osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Identify foods and drinks that are high in calcium and Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Better understand the role of physical activity in building strong, healthy bones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Choose foods and drinks that are high in calcium and Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Get the recommended amount of physical activity everyday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19) Please check how confident you feel helping girls and their parents to:	Not At All Confident	A Little Confident	Quite Confident	Very Confident
a. Better understand how to build strong bones to prevent osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identify foods and drinks that are high in calcium and Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Better understand the role of physical activity in building strong, healthy bones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Choose foods and drinks that are high in calcium and Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Get the recommended amount of physical activity everyday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20) If the project were to continue, please check how confident you would feel helping your team with....	Not At All Confident	Not Very Confident	Quite Confident	Very Confident
a. Communication and Outreach planning efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication and Outreach implementation efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication and Outreach evaluation efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Body Works planning efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Body Works implementation efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Body Works evaluation efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21) Below is a list of technical assistance and training services that Hager Sharp provided to teams. For each, please indicate if you were aware of the service, if your team used it during the past year, and if so, how valuable the service was to your team.	Column I		Column II			Column III					
	Were you aware of this service? If NO, skip to next service.		If YES, did your team use this service in the past year?			If YES, how valuable was this service to your team? (Scale of 1-5)					
	Yes	No	Yes	No	Don't Know	Not at all valuable		Extremely Valuable		Don't Know	
						1	2	3	4	5	
a. Understanding Bone Health: Background Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Action Planning Technical Assistance: General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Evaluation Technical Assistance: General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Marketing/Communication: Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Marketing/Communication: Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Marketing/Communication: Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Outreach: Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. Outreach: Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Outreach: Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Body Works: Planning & Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Body Works: Recruitment & Retention of Participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Body Works: Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Body Works: Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22) Below is a list of resources that Hager Sharp provided to teams. For each, please indicate if you were aware of the resource, if you used it during the past year, and, if so, how valuable the resource was to you.	Column I		Column II			Column III					
	Were you aware of this resource? If NO, skip to next resource.		If YES, did you use this resource in the past year?			If YES, how valuable was this resource to you? (Scale of 1-5)					
	Yes	No	Yes	No	Don't Know	Not at all valuable		Extremely Valuable		Don't Know	
					1	2	3	4	5		
a. Funding Alerts/Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Listserv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Team E-Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Partnership/Coalition Building Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Best Bones Forever Identity Materials (logo, letterhead)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Best Bones Forever Educational Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pilot Site Web Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Media kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Partner Toolkits (AFHK, NASN, NOF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate the extent to which you agree or disagree with each statement. Be sure to answer based on your own perspective and not what you think other team members would say.**

23) When reflecting on the past year, I believe that my team effectively....	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a. Established realistic goals and objectives from the outset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Developed a feasible, thoughtful action plan to implement communication/outreach activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Developed a feasible, thoughtful action plan to implement Body Works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Updated the action plan to keep team members abreast of activities and on the same page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Accomplished objectives stated in our action plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Recruited the right team members to help implement our action plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Worked well together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Worked well with Hager Sharp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Maintained open and effective channels of communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shared the work load between team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Developed high functioning sub-committees to plan and implement elements of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Integrated bone health messages and activities into existing projects or partnerships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Implemented communication & outreach activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Evaluated communication & outreach activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Undertook planning & training efforts for Body Works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Undertook recruitment & retention of participants for Body Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Implemented Body Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Generated interest in bone health at the community level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Successfully integrated bone health into the larger context of physical activity and nutrition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**During the past year, in which of the following related activities did you participate? Please choose one or more.**

24) During the past year, did you...	Yes	No
a. Attend in-person meeting with Hager Sharp.	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in conference call(s) with Hager Sharp.	<input type="checkbox"/>	<input type="checkbox"/>
c. Help to mobilize others to join your team.	<input type="checkbox"/>	<input type="checkbox"/>
d. Use your organization's communication vehicles to distribute information related to the project.	<input type="checkbox"/>	<input type="checkbox"/>
e. Distribute Best Bones Forever Campaign materials	<input type="checkbox"/>	<input type="checkbox"/>
f. Champion Bone Health initiatives with leaders <i>in</i> your organization.	<input type="checkbox"/>	<input type="checkbox"/>
g. Champion Bone Health initiatives with leaders <i>outside</i> your organization.	<input type="checkbox"/>	<input type="checkbox"/>
h. Participate in one or more of your team's subcommittees or projects.	<input type="checkbox"/>	<input type="checkbox"/>
i. Author or co-author project related articles.	<input type="checkbox"/>	<input type="checkbox"/>
j. Act as spokesperson for your team to the media.	<input type="checkbox"/>	<input type="checkbox"/>
k. Conduct media outreach	<input type="checkbox"/>	<input type="checkbox"/>
l. Conduct presentations about the project at professional meetings or conferences.	<input type="checkbox"/>	<input type="checkbox"/>
m. Conduct community presentations	<input type="checkbox"/>	<input type="checkbox"/>
n. Other:	<input type="checkbox"/>	<input type="checkbox"/>

25) As a team member, I participated in:

- Too many activities this year, I felt overextended.
- Just the right amount of activities, I would like to do the same next year.
- Not enough activities, I was willing to do more this year.
- No activities this past year.

26) What was your key contribution to your team?

27) Overall, how satisfied are you with Hager Sharp's support of your team?

- Not at all satisfied
- Somewhat satisfied
- Satisfied
- Very satisfied

Please indicate the extent to which you agree or disagree with each statement. Be sure to answer based on your own perspective and not what you think other team members would say.

28) Overall, I think that Hager Sharp...	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Provided effective leadership for teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clearly articulated its goals and objectives for the project to teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Was clear about the technical assistance it could provide in support of my team's effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Was clear about the resources that it could provide to support my team's effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Had the right partner organizations involved to advance the goals of the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fostered effective collaboration between the partner organizations and teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Provided clear guidance with respect to Body Works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Provided needed support and resources with respect to Body Works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Provided clear guidance with respect to community outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Provided needed support and resources with respect to community outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29) What suggestions or comments do you have for Hager Sharp to improve its technical assistance and support services?

30) What three aspects of the pilot program do you consider most crucial to its success? (Please select up to three)

- Funding
- A Paid team Leader
- Community Support
- Technical Support: Outreach
- Technical Support: Background Information
- Technical Support: Action Planning
- Technical Support: Marketing
- Technical Support: Evaluation
- Technical Assistance: BodyWorks
- Resources Provided by Hager Sharp
- Bone Health Materials
- Other \_\_\_\_\_



31) What was your team's greatest strength?

32) What was your team's greatest success?

33) What was your team's most significant challenge?

34) If your team had the opportunity to do this project all over again, do you think it should? Why or why not?

35) What advice would you give to members of a new team just starting out?

36) Does your site intend to continue any of the following aspects of the program once the pilot intervention has ended?

We plan to continue...	Yes	No	Not Sure
Coalition Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach/Education Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BodyWorks Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>