

**INSTRUMENT #8**  
**STAFF SURVEY**

OMB Control No:  
Expiration Date:

**MATHEMATICA**  
**Policy Research**



# PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

## IN-DEPTH IMPLEMENTATION STUDY STAFF SURVEY

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to take up to 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

*January 11, 2013*

## INTRODUCTION AND INSTRUCTIONS

Thank you for helping with this important study, funded by the United States Department of Health and Human Services' Administration for Children and Families (ACF). Your input on this on-line survey will help us to understand how you are implementing [PREP PROGRAM].<sup>1</sup> This on-line survey asks questions about (1) how you see yourself as a member of the [PREP PROGRAM] team in your agency or school, (2) how you see your agency/school supporting [PREP PROGRAM], and (3) the implementation of [PREP PROGRAM] itself. The on-line survey should take up to 30 minutes to complete.

We invite you to participate in this survey. We hope you will find it interesting to describe your organization and your [PREP PROGRAM]. By clicking the link below or copying it to your Internet browser you will be forwarded to the first page of the online questionnaire.

[INSERT LINK]

To complete the questionnaire, please mark your answers by clicking on the appropriate circles. All of your answers will be kept private. Your name will not be on the survey.

## PRIVACY

Your responses will be kept private. Your identity and/or organizational affiliation will not be revealed in reports, presentations, or articles and will not be recognizable to anyone beyond the research team. We will use a study identification number to track responses and follow up with non-respondents.

Please give your most honest and complete answers so that your thoughts and opinions can help provide a better understanding of [PREP PROGRAM], how it's operating, and how best to strengthen it. Your responses will be used for research purposes only. Your individual responses will not be shared with the funder, other staff from your organization, or anyone outside the research team; and, again, your name will not be on this survey. In any reporting we do, whether it be to the programs or state administrators, we will not include your name or title. All responses will be reported as a group response only, for example, "Most program staff reported that . . ."

## COMPENSATION AND FREEDOM TO WITHDRAW

Completion of this on-line survey is voluntary. There is no compensation for completing this on-line survey. You may refuse to answer specific questions or discontinue your participation at any time without any penalty. There are no right or wrong answers to these questions.

Please answer questions to the best of your ability. If you do not know about a certain issue, you may use the "don't know" response. If a question asks about an issue you do not deal with in your position, please choose the "N/A" (Not Applicable) option.

If you have a comment or a question about the survey or would like to clarify or amend an answer in any way, we have included a space at the end of the survey where you can record your additional thoughts or comments.

Thank you for your participation!

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<sup>1</sup> For each state, we will substitute the term [PREP PROGRAM] for the name of the program as it is known within the state.

Month    Day    Year

## GENERAL INSTRUCTIONS

**PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED**

**PLEASE READ EACH QUESTION CAREFULLY.** There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question. Here are some examples.

**a. Are you male or female?**

MARK (X) ONE

Male

Female

If you are a male, you would mark (X) in the first box as shown.

MARK (X) ONE FOR EACH QUESTION

**b. Please rate how much you agree or disagree with the following statements:**

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
1. I love ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you strongly agree, you would mark (X) in the last box as shown.

## BACKGROUND, EXPERIENCE, AND TRAINING

This first section of questions asks you about your role in [PREP PROGRAM], your general background, and your training for [PREP PROGRAM].

**1. Which of the following best describes your role within [PREP PROGRAM]?**

MARK (X) ONE

[PREP PROGRAM] director

Other [PREP PROGRAM] administrator or manager (Job title)

Program instructor or facilitator (working directly with youth)

Other role within [PREP PROGRAM] (Please describe)

2. What is your age?

YEARS OLD

3. Are you male or female?

MARK (X) ONE

Male

Female

4. Are you Hispanic/Latino?

MARK (X) ONE

Yes

No

5. Are you . . . ?

YOU MAY MARK (X) MORE THAN ONE ANSWER

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban

Of another Hispanic, Latino/a, or Spanish origin

Not applicable

6. What is your race?

SELECT ONE OR MORE

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**7. What is the highest level of education you have completed?***MARK (X) ONE*

- Some high school
- High school diploma or equivalent
- Postsecondary vocational or technical training
- Some college, no degree
- Associate's degree
- Bachelor's degree
- 
- Doctorate or other professional degree

**8. What is your profession or area of work?***YOU MAY MARK (X) MORE THAN ONE ANSWER*

- Sexual and reproductive health counseling
- Other counseling
- Education
- Vocational rehabilitation
- Juvenile justice
- Psychology
- Social work/human services
- Medicine
- Administration
- Student
- Other (Please specify)

**9. How many years of experience do you have working in programs for youth ages 10 to 14 (either working directly with youth or in youth program administration)?**

*MARK (X) ONE*

- None
- Less than 6 months
- 6 to 12 months
- More than 12 months to 3 years
- More than 3 years to 5 years
- More than 5 years

**10. How much experience do you have working in programs for youth age 15 to 19 (either working directly with youth or in youth program administration)?**

*MARK (X) ONE*

- None
- Less than 6 months
- 6 to 12 months
- More than 12 months to 3 years
- More than 3 years to 5 years
- More than 5 years

**11. How long have you worked for your current employer?**

*MARK (X) ONE*

- Less than 6 months
- 6 to 12 months
- More than 12 months to 3 years
- More than 3 years to 5 years
- More than 5 years
- Not applicable



**12. How long have you worked in teen pregnancy prevention programs?***MARK (X) ONE*

- Less than 6 months
- 6 to 12 months
- More than 12 months to 3 years
- More than 3 years to 5 years
- More than 5 years
- Not applicable

**13. How long have you worked in a job that requires collaborating with community partners?***MARK (X) ONE*

- Less than 6 months
- 6 to 12 months
- More than 12 months to 3 years
- More than 3 years to 5 years
- More than 5 years
- Not applicable

**14. When you FIRST started working with [PREP PROGRAM], what kind of formal training did you receive in how to implement the program?***YOU MAY MARK (X) MORE THAN ONE ANSWER*

- No formal training
- Review of training manual with supervisor
- Review of implementation plans with supervisor
- Webinar(s) provided by staff from your organization
- Webinar(s) provided by staff outside your organization
- In-person training provided by staff from your organization
- In-person training provided staff outside your organization
- Other (Please describe)
- Not applicable

**15. What kind of ongoing training to support implementation of [PREP PROGRAM] do you receive?**

*YOU MAY MARK (X) MORE THAN ONE ANSWER*

- None
- Review of training manual and/or implementation strategies with supervisor
- Periodic webinar(s) provided by staff from your organization
- Periodic webinar(s) provided by staff outside your organization
- In-person training provided by staff from your organization
- In-person training provided staff outside your organization
- Other (Please describe)
  
- Not applicable

**The next set of questions also focuses on your experience and training. Please click the box that best describes how much you agree or disagree with each item.**

*MARK (X) ONE FOR EACH QUESTION*

16. I need more training on . . .	STRONGLY		NEITHER		STRONGLY	
	DISAGREE	DISAGREE	AGREE	AGREE	AGREE	
a. Increasing youth participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Monitoring youth participant progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Improving the quality of communication among youth participants and/or between youth participants and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Engaging youth participants in program topics and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Decreasing youth participants' risk behaviors and improving their decision-making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Improving and managing youth participant behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MARK (X) ONE FOR EACH QUESTION**

**17. Please  
disagree  
strongly**

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I have the skills I need to implement all [PREP PROGRAM] topics.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am satisfied with the training I have received on [PREP PROGRAM] topics.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I need more training on some [PREP PROGRAM] topics.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have the skills I need to conduct effective youth health risk prevention and youth development programs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I need more training to conduct effective youth health risk prevention and development programs.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### IMPLEMENTATION

**When implementing a program, it often happens that changes get made to meet the needs of participating youth, the timeline, organizational resources or some other factor. The next questions are about changes or adaptations you made to [PREP PROGRAM] during implementation for any reason.**

**18. After you began implementing [PREP PROGRAM], did you change the sequence of program sessions or activities from the order that was initially planned?**

**MARK (X) ONE**

- Yes
- No

If so, please describe briefly the changes you made and why you made them.

**19. After you began implementing [PREP PROGRAM], did you change the number, frequency, or duration of the sessions or activities from what was initially planned?**

MARK (X) ONE

NO

If so, please describe briefly the changes you made and why you made them.

**20. After you began implementing [PREP PROGRAM], did you drop some sessions or activities from those initially planned?**

MARK (X) ONE

Yes

No

If so, please describe briefly the changes you made and why you made them.

**21. After you began implementing [PREP PROGRAM], did you add some sessions or activities to those initially planned?**

MARK (X) ONE

Yes

No

If so, please describe briefly the changes you made and why you made them.

**22. After you began implementing [PREP PROGRAM], did you change the content of a session or activity from what was initially planned?**

MARK (X) ONE



If so, please describe briefly the changes you made and why you made them.

### IMPLEMENTATION SETTING & CONDITIONS

#### Policies in Place that Support [PREP PROGRAM] Implementation

MARK (X) ONE FOR EACH QUESTION

**23. Please rate how much you agree or disagree with the following statements:**

STRONGLY DISAGREE	DISAGREE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
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a. My agency or the schools we work in have policies that limit program staff access to resources needed to implement [PREP PROGRAM].






b. There are internal agency or school policies in place that conflict with [PREP PROGRAM].






c. Agency and school policies support [PREP PROGRAM] implementation.






d. Policies and regulations at my agency or the schools we work in prevent staff from fully implementing [PREP PROGRAM].

**Structural Barriers to [PREP PROGRAM] Implementation**

*MARK (X) ONE FOR EACH QUESTION*

<b>24. Please rate how much you agree or disagree with the following statements about your organization:</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGRE E</b>	<b>NEITHER AGREE NOR DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>	
a. The workload and pressures here decrease my motivation to implement new programs like [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Training activities take too much time away from delivery of program services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Training helps facilitate [PREP PROGRAM] implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is too difficult to adapt information and skills learned in trainings so that they will work in [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The resources that are available help facilitate [PREP PROGRAM] implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The background of program staff limits the kind of improvements to [PREP PROGRAM] implementation that are possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff attitudes and preferences supported the introduction of [PREP PROGRAM]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. There are too few rewards for trying to improve [PREP PROGRAM] implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[PREP PROGRAM] CHAMPIONS AND LEADERS**

**25. A program champion is an organizational leader or other person with influence who advocates for a program within the larger organization and in the community. Does [PREP PROGRAM] have a program champion?**

MARK (X) (

 NO

If so, please describe this person's role and relationship to [PREP PROGRAM].

**26. The next questions are about the [PREP PROGRAM] leader that has overall responsibility for implementing [PREP PROGRAM].**

MARK (X) ONE FOR EACH QUESTION

Please rate how much you agree or disagree with the following statements:

The [PREP PROGRAM] leader. . .

STRONGLY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
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a. Has adequate dedicated time for [PREP PROGRAM] implementation, and that time is protected from distractions, conflicting priorities, and crises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the necessary authority to run [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has good relationships with community programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is highly knowledgeable about [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is viewed as an effective leader (influence, authority, persistence, knows how to get things done) for [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Accepts responsibility for the success of [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is someone who speaks out about [PREP PROGRAM] and is sought out for advice about the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Works well with the intervention team and partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MANAGERIAL/SUPERVISORY SUPPORT

**MARK (X) ONE FOR EACH QUESTION**

<b>Please rate how much you agree or disagree with the following statements:</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGRE E</b>	<b>NEITHER AGREE NOR DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
<b>27.</b>					
a. My program managers provide effective management for continuous improvement of the implementation of [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My program managers clearly define areas of responsibility and authority for supervisors and frontline staff involved in [PREP PROGRAM]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My program managers promote team building to solve problems with implementing [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My program managers do not promote effective communication among program staff, partners, the state and other stakeholders working on [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My supervisors give clear, concrete feedback that I can use to improve the delivery of [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My supervisors regularly observe my work and coach me in how to implement [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MARK (X) ONE FOR EACH QUESTION**

<b>28. Please rate how much you agree or disagree with the following statements:</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGRE E</b>	<b>NEITHER AGREE NOR DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
a. Management here trusts my professional judgment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I do not feel appreciated for the job that I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ideas and suggestions related to implementing [PREP PROGRAM] get adequate and fair consideration from program management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| d. Director, facilitators, and support staff collaborate to make sure [PREP PROGRAM] runs effectively. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Staff working on [PREP PROGRAM] work well together as a team.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### COMMUNICATION SYSTEM

*MARK (X) ONE FOR EACH QUESTION*

	STRONG LY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
<b>29. Please rate how much you agree or disagree with the following statements:</b>					
a. My agency has communication protocols or pathways that make it clear with whom to communicate about challenges or issues related to [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have regularly scheduled check-in meetings with my supervisor about [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am never sure whom I should talk to about issues related to [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ORGANIZATIONAL CLIMATE

*MARK (X) ONE FOR EACH QUESTION*

	STRONG LY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGRE E	AGREE	STRONGLY AGREE
<b>30. Please rate how much you agree or disagree with the following statements:</b>					
a. [PREP PROGRAM] is a top priority of this agency/school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People do not put a lot of effort into making [PREP PROGRAM] a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At this agency/school, [PREP PROGRAM] takes a back seat to other projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People at this agency/school think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

that implementation of [PREP PROGRAM] is important.

e. One of this agency's/school's main goals is to implement [PREP PROGRAM] effectively.

f. People here really do not care about the success of [PREP PROGRAM].

g. In this agency/school, there is a big push for people to make the most of [PREP PROGRAM].

### ADEQUACY OF RESOURCES TO SUPPORT PROGRAM IMPLEMENTATION

*MARK (X) ONE FOR EACH QUESTION*

**Please rate how much you agree or disagree with the following statements:**

	STRONGLY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
<b>31. In my agency/school, for the implementation of [PREP PROGRAM] . . .</b>					
a. We have adequate resources to ensure that the [PREP PROGRAM] can be implemented in the way it was designed to be implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We have the necessary budget or financial resources needed to implement our [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We have the necessary staffing to implement the [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We have the necessary staff training needed to implement the [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. We have the necessary time to support continuous improvement of [PREP PROGRAM] implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. We need additional guidance or coaching to support improvement of [PREP Program implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MARK (X) ONE FOR EACH QUESTION**

<b>32. Please rate how much you agree or disagree with the following statements:</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>NEITHER AGREE NOR DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
a. My office and equipment are adequate to support [PREP PROGRAM] implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Most programmatic record keeping for [PREP PROGRAM] is computerized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Facilities where [PREP PROGRAM] sessions and activities are conducted are adequate for delivering the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Computer equipment at this agency/school is mostly old and outdated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ATTITUDES TOWARD [PREP PROGRAM]

**MARK (X) ONE FOR EACH QUESTION**

<b>33. Please rate how much you agree or disagree with the following statements:</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>NEITHER AGREE NOR DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
a. I feel like [PREP PROGRAM] can make a difference for youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The general attitude at my agency is to adopt new youth risk prevention programs and practices for working with youth when possible, as we are in [PREP PROGRAM]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. [PREP PROGRAM] does not fit well with the values and priorities of our community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I adopt new ideas like those in [PREP PROGRAM] quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I do not feel effective and confident in implementing [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. [PREP PROGRAM] addresses many of the risks youth in our	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

community face.

g. I give high value to the work I do with youth here.

h. [PREP PROGRAM] fits well with the values and philosophy of our organization.

**MARK (X) ONE FOR EACH QUESTION**

**Please rate how much you agree or disagree with the following statements:**

<b>34. In my community . . .</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>NEITHER AGREE NOR DISAGRE E</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
a. There are other programs that address topics that are the same as or similar to our [PREP PROGRAM].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is broad support for programs that help prepare youth for adulthood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Many groups and/or individuals do not support teaching comprehensive approaches to pregnancy and STD prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We have a number of programs that address different types of youth risk behavior, such as alcohol, tobacco, or drug use, delinquency, bullying or harassment etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. We lack programs designed to prepare youth for adulthood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is broad support for programs that address reducing teen sexual risk behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>