

MULTI-SITE IMPLEMENTATION EVALUATION OF HOME VISITING (MUSE)

LOCAL PROGRAM EVALUATOR SURVEY

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MUSE Local Program Evaluator Survey

Thank you for taking part in the Multi-Site Implementation Evaluation of Tribal Home Visiting (MUSE).

The purpose of this study is to learn about tribal home visiting program implementation and the experiences of families receiving home visiting services.

We are asking you to complete this survey because you are an evaluator working with one of the home visiting programs participating in MUSE. Your answers will help us understand your role in your home visiting program and your perspective on the program.

Your participation in this survey is voluntary. If you choose to participate, it will take about 30 minutes to complete this survey. If you are unsure how to answer a question, please give the best answer you can instead of leaving it blank.

Your answers will be kept private. Only the MUSE study team will have access to this information. Your answers will not be shared with anyone at your program or any other agencies. We will not report information collected in this study in a way that could identify you or your program.

We would appreciate your response by MM/DD/YYYY. If you have questions about the survey or at any time during the study, please call Tess Abrahamson at James Bell Associates at ### or email ____.

A. BACKGROUND AND WORK EXPERIENCE

1. What was the highest level/degree you completed in school?
 - Some high school, no diploma
 - High school/GED
 - Some college/no degree
 - Technical training or certification
 - Associate's degree (e.g. AA, AS, ADN)
 - Bachelor's degree (e.g. BA, BS, BSN)
 - Master's degree or higher (e.g. MA, MS, MSW, MSN, PhD)
2. Field(s) of study (for example, psychology, sociology, education) (List all degrees completed):

3. How many total years of experience do you have working as a program evaluator?
 - Less than 1 year
 - 1-2 years
 - 3-5 years
 - 6-10 years
 - More than 10 years
4. Other than as an evaluator, do you have experience working with children and families? (e.g. in home visiting, social work, etc.)?
 - No
 - Yes. Please describe _____

B. CURRENT POSITION

1. When did you begin your present role as an evaluator for the Tribal Home Visiting program? Please enter the month and year in numeric format.
 Month _____ Year _____
2. Have you worked with the agency or tribe on other projects?
 - No [→ SKIP TO Question 3]
 - Yes [→ GO TO Questions 2a & 2b]
- 2a. [If Question 2= yes] If so, in what capacity? _____
- 2b. [If Question 2= yes] How many years did you work with your home visiting program in that capacity?
 - Less than 1 year
 - 1-2 years
 - 3-5 years
 - 6-10 years
 - More than 10 years

3. Are you employed by the organization that administers the Tribal Home Visiting program?

- No [→ GO TO Questions 3a & 3b]
- Yes [→ SKIP TO Question 4]

3a. [If Question 3 = No] Which of the following best describes your employer?

- University
- Private company
- Self-employed
- Other, please describe _____

3b. [If Question 3 = No] My employer is very supportive of my work with the Tribal Home Visiting program.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

4. On average, how many hours per month do you work as an evaluator for your home visiting program?

Hours: _____

5. Is the time you have allocated to this project adequate to fulfill your assigned duties?

- Yes
- No

6. On average, how often are you in contact with your home visiting program staff?

- Daily
- 2-3 days a week
- Weekly
- A couple times a month
- Less than once a month

7. Which option best describes your relationship with your home visiting program?

- Just getting to know the staff and program
- Know the program and staff pretty well
- Fully involved in the staff team and program

8. How would you rate the amount of time you spend working as an evaluator on the home visiting program as compared with other similar projects?

- More time than other similar projects
- Roughly the same amount of time as other similar projects
- Less time than other similar projects
- NA/unsure

9. How likely is it that you will continue in your current evaluator role 6 months from now?

- Very likely [→ SKIP TO Section C]
- Somewhat likely [→ GO TO Question #9a]
- Somewhat unlikely [→ GO TO Question #9a]

Very unlikely [→GO TO Question #9a]

9a. [If somewhat likely, somewhat unlikely, very unlikely] What factors affect whether you will stay in this role?

[CHECK ALL THAT APPLY]

- The pay I receive for this project
- The funding for my role on this project is uncertain
- Another project requires more of my time
- Opportunities for advancement within my organization
- Personal reasons (e.g., health, family obligations, change in career)
- Retire or stop working
- Moving out of the area
- Challenging work environment with the home visiting program
- Other _____

C. PERCEPTIONS OF PROGRAM

Instructions: In this section, we would like to learn how *staff members* perceive their program's intended outcomes. In general, a *program outcome* is a benefit to a child, parent, or family. For example, some programs might see the improvement of prenatal health as an important outcome.

Below is a list of possible outcomes for home visiting programs. We know your program may care about all of these benefits, but we would like to know which is MOST important, which outcomes you think **your program** believes may be more important than others.

To help you decide on how to rank each outcome, think about whether it is discussed routinely in meetings, training and supervision and whether there is a focus on measuring these outcomes and improving them.

1. How much of a priority is each of the following outcomes for your program, on a scale of 0 to 10?

0 = Not a Priority

5 = Moderate priority

10 = Highest priority

	0	1	2	3	4	5	6	7	8	9	10	Not sure
1	Supporting prenatal health and obtaining prenatal care	<input type="checkbox"/>										
2	Supporting postpartum health and obtaining postpartum care	<input type="checkbox"/>										
3	Supporting breastfeeding	<input type="checkbox"/>										
4	Supporting physical health outside of pregnancy and postpartum health	<input type="checkbox"/>										
5	Supporting good nutrition and physical activity	<input type="checkbox"/>										
6	Supporting family planning	<input type="checkbox"/>										
7	Preventing and reducing alcohol, tobacco, and other drug use	<input type="checkbox"/>										

	0	1	2	3	4	5	6	7	8	9	10	Not sure
8 Preventing and reducing mental health problems or stress	<input type="checkbox"/>											
9 Supporting healthy relationships	<input type="checkbox"/>											
10 Preventing and reducing domestic violence	<input type="checkbox"/>											
11 Increasing social support	<input type="checkbox"/>											
12 Supporting caregivers in getting a job, or getting a new job	<input type="checkbox"/>											
13 Furthering a caregiver's education and job training	<input type="checkbox"/>											
14 Supporting caregivers in budgeting and making ends meet	<input type="checkbox"/>											
15 Meeting basic needs like food, utilities, health care, and housing	<input type="checkbox"/>											
16 Ensuring appropriate child care arrangements	<input type="checkbox"/>											
17 Addressing unresolved issues from past trauma	<input type="checkbox"/>											
18 Connecting to community and culture	<input type="checkbox"/>											
19 Supporting child health	<input type="checkbox"/>											
20 Supporting parenting to promote child development	<input type="checkbox"/>											
21 Supporting parent-child interaction	<input type="checkbox"/>											
22 Supporting positive discipline and behavior management	<input type="checkbox"/>											
23 Supporting caregivers in feeding children (including formula and solids)	<input type="checkbox"/>											
24 Helping caregivers to establish and maintain developmentally appropriate care/routines	<input type="checkbox"/>											
25 Supporting effective co-parenting	<input type="checkbox"/>											
26 Supporting child and home safety	<input type="checkbox"/>											

2. Overall, how effective do you believe your program is in MAKING A DIFFERENCE for families in the following areas?

	Not at all effective	Slightly effective	Somewhat effective	Mostly effective	Very effective
1 Prenatal health/prenatal care	<input type="checkbox"/>				
2 Postpartum health/postpartum care	<input type="checkbox"/>				
3 Breastfeeding	<input type="checkbox"/>				
4 Physical health (outside of pregnancy and postpartum health)	<input type="checkbox"/>				

	Not at all effective	Slightly effective	Somewhat effective	Mostly effective	Very effective
5 Nutrition and physical activity	<input type="checkbox"/>				
6 Family planning	<input type="checkbox"/>				
7 Alcohol, tobacco, and other drug use	<input type="checkbox"/>				
8 Mental health or stress	<input type="checkbox"/>				
9 Healthy relationships	<input type="checkbox"/>				
10 Domestic violence	<input type="checkbox"/>				
11 Social support	<input type="checkbox"/>				
12 Getting a job, or getting a new job	<input type="checkbox"/>				
13 Furthering a caregiver's education and job training	<input type="checkbox"/>				
14 Budgeting/making ends meet	<input type="checkbox"/>				
15 Meeting basic needs like food, utilities, health care, and housing	<input type="checkbox"/>				
16 Child care	<input type="checkbox"/>				
17 Trauma (things that happened in the past that affect caregiver or family today)	<input type="checkbox"/>				
18 Connecting to community and culture	<input type="checkbox"/>				
19 Child health	<input type="checkbox"/>				
20 Child development	<input type="checkbox"/>				
21 Parent-child interaction	<input type="checkbox"/>				
22 Discipline/behavior management	<input type="checkbox"/>				
23 Feeding children (including formula and solids)	<input type="checkbox"/>				
24 Developmentally appropriate care/routines	<input type="checkbox"/>				
25 Co-parenting	<input type="checkbox"/>				
26 Child/home safety	<input type="checkbox"/>				
27 School readiness/early learning	<input type="checkbox"/>				

D. EVALUATOR ROLE

1. Next are some skills and knowledge that evaluators working on Tribal MIECHV-funded grants may need. Based on your experience working with the home visiting program, please rate each of these areas from not at all important (1) to extremely important (5).

	1	2	3	4	5
1 Study design	<input type="checkbox"/>				
2 Developing a data collection protocol	<input type="checkbox"/>				
3 Conducting data analysis	<input type="checkbox"/>				
4 Developing data collection forms	<input type="checkbox"/>				
5 Training staff	<input type="checkbox"/>				
6 Managing program data	<input type="checkbox"/>				
7 Database engineering	<input type="checkbox"/>				

		1	2	3	4	5
8	Conducting data quality checks	<input type="checkbox"/>				
9	Building relationships with program staff	<input type="checkbox"/>				
10	Project management skills	<input type="checkbox"/>				
11	Meeting facilitation/presentation skills	<input type="checkbox"/>				
12	Translating evaluation terminology into lay terms	<input type="checkbox"/>				
13	Negotiating multiple perspectives in planning	<input type="checkbox"/>				
14	Advocating on behalf of the program	<input type="checkbox"/>				
15	Influencing program decisions	<input type="checkbox"/>				
16	Federal requirements	<input type="checkbox"/>				
17	Home Visiting Services	<input type="checkbox"/>				
18	Evaluation methodology	<input type="checkbox"/>				
19	Data quality and cleaning procedures	<input type="checkbox"/>				
20	Community protocols	<input type="checkbox"/>				
21	Developing an IRB application	<input type="checkbox"/>				

2. How often are you involved in overall program decision making for the home visiting program?

- Always
- Often
- Occasionally
- Rarely
- Never

3. Have you previously worked with the organization that administers Tribal Home Visiting on any other programs or projects?

- Yes
- No

4. How often do you participate in your home visiting program's team meetings? Please include in-person and telephone meetings.

- Once a week or more
- Every other week
- Once a month
- Less than once a month
- Never

5. How often do you come on site to meet with the program?

- I am located in the same building as the program staff
- Once a week or more
- Every other week
- Once a month
- Once every few months
- Twice a year
- Once a year
- Never

6. How often do you interact with the following home visiting program team members? Please include in-person meetings, telephone and email communication?

	Every day	2-3 times a week	Once a week	2-3 times a month	Once a month	Less than once a month
1 Program Director	<input type="checkbox"/>					
2 Program Coordinator/Manager	<input type="checkbox"/>					
3 Home Visitors	<input type="checkbox"/>					
4 Other Program Staff	<input type="checkbox"/>					

7. Have you ever observed a home visit?

Yes [→ GO TO Question 7a]
 No [→ SKIP to Question 8]

7a. [If Question 7 = Yes] How many home visits have you observed? ____

8. Have you ever attended a family group event?

Yes
 No

9. Please tell us about your involvement with your home visiting program. To what extent are you involved in the following activities:

	I am not involved	I consult as needed	I am substantially involved	I lead this effort
1 Data quality checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Developing data collection protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Data analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Developing data collection forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Training home visitors to collect data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Data management and cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Database changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Running reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Interpreting data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Sharing data with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Sharing findings/presenting data to stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. DATA SYSTEMS

1. How much experience did you have with data systems prior to working with your home visiting program?
 A lot [→ GO TO Question 1a]

- Some [→ GO TO Question 1a]
- A little [→ GO TO Question 1a]
- None [→ SKIP to Question 2]

1a. [If Question 1 = A lot, some, or a little] How adequate was your prior experience with data systems in preparing you for the demands of this project?

- More than adequate
- Adequate
- Not quite adequate
- Not at all adequate

2. Which of the following reflect your involvement with your team's data system? (SELECT ALL THAT APPLY)

- I oversee all aspects of the data system
- I provide training on the data system to incoming staff
- I develop policies or procedures relevant to the data system
- I supervise staff who do data entry
- I do data entry
- I work with IT or vendor to make changes to the data system
- I access the data system for running reports
- Other _____

3. Based on all sources of support, how would you rate the level of support your home visiting program receives related to their data system?

- The support we receive fully meets our needs
- The support we receive meets most of our needs
- The support we receive meets some of our needs
- The support we receive meets very few of our needs
- The support we receive does not meet our needs
- Unsure

4. Which kinds of data systems support have been most helpful to the home visiting program team? Please rate each of these supports from not at all helpful (1) to extremely helpful (5).

	1	2	3	4	5	Did not receive data system support from this entity
1	<input type="checkbox"/> Support from the data system developers (including trainings)	<input type="checkbox"/>				
2	<input type="checkbox"/> Support from your TEI capacity building specialist	<input type="checkbox"/>				
3	<input type="checkbox"/> Support from the home visiting organization's internal IT department	<input type="checkbox"/>				

5. Overall, does the primary data system meet the home visiting program's needs?

- Yes

No
 Not sure

6. How would you rate the usefulness of the home visiting program's data system?

The system is extremely useful for meeting all of our reporting requirements
 The system is useful but does not meet all of our data reporting needs
 The system has some useful features but requires us to do a lot of extra work to accomplish our data reporting requirements
 The system makes it harder to meet our data reporting requirements than counting cases by hand
 Not sure

7. How easy to use is the home visiting program's data system?

Very easy
 Easy
 Difficult
 Very difficult
 Not sure

8. If possible, would you prefer an alternative data system to the one currently being used?

Yes
 No
 Don't know

9. Has your role in managing the data system changed over time?

Yes, I have more responsibility
 Yes, I have less responsibility
 Yes, I have the same amount of responsibility, but my tasks have changed
 No

F. PERFORMANCE MEASUREMENT

1. We are interested in learning how performance measurement has impacted your program. Please rate your level of agreement with the following statements:

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
1	Planning for performance measurement has helped program leadership ensure high quality implementation.	<input type="checkbox"/>				
2	Discussions about performance measurement have helped program staff develop common priorities.	<input type="checkbox"/>				
3	Program staff see performance measurement as more of a chore than a help.	<input type="checkbox"/>				

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
4	Performance measurement requirements have taken away from important program work.	<input type="checkbox"/>				
5	Performance measurement data have helped home visitors see how they are making a difference.	<input type="checkbox"/>				
6	Looking at performance measurement data has shown us where we can make improvements.	<input type="checkbox"/>				
7	Collecting so much performance measurement data makes it hard to spend enough time providing services to families.	<input type="checkbox"/>				
8	This grant's data reporting requirements are too burdensome.	<input type="checkbox"/>				
9	Other programs in this agency have improved their data collection systems or the way they use data as a result of the home visiting program's work on performance measurement.	<input type="checkbox"/>				
10	Technical assistance providers play a key role in helping the home visiting program carry out high quality performance measurement.	<input type="checkbox"/>				
11	Performance measures are not aligned with our program priorities.	<input type="checkbox"/>				
12	Technical assistance adds additional burden to our planning efforts.	<input type="checkbox"/>				

G. CONTINUOUS QUALITY IMPROVEMENT

1. To what degree are you involved in the home visiting program's continuous quality improvement (CQI) activities?

Continuous quality Improvement is using data and information to improve performance and practice.

- I lead the home visiting program's CQI activities
- I am substantially involved
- I consult on these activities as needed
- I am not involved
- Our program does not do CQI activities [→ SKIP to next Section]

2. The number of hours I have allocated to this project allows time for me to support CQI initiatives.

- Yes
- No

3. How have you supported the home visiting program's CQI activities? (Please check all that apply)

- Leading CQI efforts
- Consulting with program staff

- Training staff on CQI
- Providing or analyzing data for CQI
- Creating/running trend charts
- Monitoring data collection
- Analyzing CQI data
- Presenting QI info to stakeholders

4. Does the program hold meetings dedicated to reviewing data and CQI?

- Program holds regular meetings focused solely on data and CQI
- Program holds regular meetings where data and CQI are on the agenda for part of the meeting
- Program holds regular meetings but data and CQI are only occasionally discussed
- Data and CQI are not discussed at meetings

5. How many CQI projects has the home visiting program worked on since receiving a Tribal MIECHV grant?

- 0
- 1-3
- 4 or more

6. How have CQI efforts changed the home visiting program's service delivery?

- They have made a large positive change
- They have made a small positive change
- They have made little to no change
- They have made a small negative change
- They have made a large negative change

H. ROLE SATISFACTION

1. The following questions ask how you feel about your role with the home visiting program. Please state how often you feel this way.

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1	The work I do with the home visiting program is satisfying.	<input type="checkbox"/>				
2	My work with the home visiting program is boring.	<input type="checkbox"/>				
3	My work with the home visiting program allows me to be creative.	<input type="checkbox"/>				
4	I feel respected in my work with the home visiting program.	<input type="checkbox"/>				
5	My work with the home visiting program is frustrating.	<input type="checkbox"/>				
6	My work with the home visiting program gives me a sense of accomplishment.	<input type="checkbox"/>				

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
7	My work with the home visiting program is interesting.	<input type="checkbox"/>				
8	The work I do with the home visiting program is important.	<input type="checkbox"/>				
9	My work with the home visiting program is overwhelming.	<input type="checkbox"/>				

2. We are interested in learning about how your job relates to the community where you provide home visiting services. Indicate your agreement or disagreement with each statement below.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
1	The local community is very involved in shaping the home visiting services the home visiting program provides.	<input type="checkbox"/>				
2	Being connected to this community is critical to my success as an evaluator.	<input type="checkbox"/>				
3	I worry that what I have to do to help with data requirements negatively impacts how I am perceived in the community.	<input type="checkbox"/>				
4	General distrust and/or unfamiliarity with data makes my job harder on this project.	<input type="checkbox"/>				
5	What I do as an evaluator is meaningful to people in this community.	<input type="checkbox"/>				
6	What I do as an evaluator makes a positive difference in the local community	<input type="checkbox"/>				
7	What I do as an evaluator is contributing to a brighter future for the local community	<input type="checkbox"/>				

I. ORGANIZATIONAL CULTURE AND CLIMATE

The following questions ask you to think about how your home visiting team does its work. We want to know how your team works together, takes in information, and makes decisions about the team's approach to home visiting. When answering questions about your team, please think about the staff that make up your home visiting program. This would include other home visitors, program managers, supervisors, evaluators, data managers and anyone else that might work closely with your program.

1. Please state whether you agree or disagree with the following statements.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Sure
1	This team gets all the information it needs to do our work and plan our schedules.	<input type="checkbox"/>					
2	It is easy for this team to obtain expert assistance when something comes up that we don't know how to handle.	<input type="checkbox"/>					
3	This team is kept in the dark about decisions that impact day-to-day work and what may happen with the program and its staff in the future.	<input type="checkbox"/>					
4	This team lacks access to useful training on the job.	<input type="checkbox"/>					
5	Excellent work pays off in this organization.	<input type="checkbox"/>					
6	It is clear what this team is supposed to accomplish.	<input type="checkbox"/>					
7	This team spends time making sure every team member understands their role and responsibilities.	<input type="checkbox"/>					
8	The team has invested plenty of time to clarify our goals.	<input type="checkbox"/>					
9	If you make a mistake on this team, it is often held against you.	<input type="checkbox"/>					
10	Members of this team are able to bring up problems and tough issues.	<input type="checkbox"/>					
11	People on this team are expected to conform to the group.	<input type="checkbox"/>					
12	It is safe to try something new on this team.	<input type="checkbox"/>					
13	It is difficult to ask other members of this team for help.	<input type="checkbox"/>					
14	No one on this team would deliberately act in a way that undermines my efforts.	<input type="checkbox"/>					
15	Working with members of this team, my unique skills and talents are valued and utilized.	<input type="checkbox"/>					
16	Achieving this team's goals is well within our reach.	<input type="checkbox"/>					
17	This team can complete work as assigned without being required to put in unreasonable time or effort.	<input type="checkbox"/>					
18	With focus and effort, this team can do anything we set out to accomplish.	<input type="checkbox"/>					

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Sure
19	Most people in this team have the ability to solve the problems that come up in our work.	<input type="checkbox"/>					
20	All members of this team have more than enough training and experience for the kind of work they have to do.	<input type="checkbox"/>					
21	Certain individuals in this team lack the special skills needed for good team work.	<input type="checkbox"/>					
22	We regularly take time to figure out ways to improve our team's work processes.	<input type="checkbox"/>					
23	This team tends to handle differences of opinion privately, rather than addressing them directly as a group.	<input type="checkbox"/>					
24	Team members go out and get all the information they possibly can from others-such as families, community members, and other program partners.	<input type="checkbox"/>					
25	This team frequently uses information and data that leads us to make important changes.	<input type="checkbox"/>					
26	In this team, someone always makes sure that we stop to reflect on the team's work process.	<input type="checkbox"/>					
27	People on this team often speak up to test assumptions we might have.	<input type="checkbox"/>					
28	People on this team are encouraged to think outside the box.	<input type="checkbox"/>					
29	We invite people from outside the team to present information or have discussions with us.	<input type="checkbox"/>					
30	This team uses data to see if our processes are leading to the results we want.	<input type="checkbox"/>					
31	Members of this team are encouraged to try new strategies to see if they will work.	<input type="checkbox"/>					
32	Members of this team support each other as we work to master new skills.	<input type="checkbox"/>					
33	The quality of work provided by this team is improving over time.	<input type="checkbox"/>					

2. Tribal home visiting programs have a lot of different leadership structures. For the next few questions, think about the person in YOUR home visiting program who serves as the team leader. Please rate your level of agreement with the following statements.

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not sure
1	The team leader initiates meetings to discuss the team's progress.	<input type="checkbox"/>					
2	The team leader is available for consultation on problems.	<input type="checkbox"/>					
3	The team leader is engaged in the team's day-to-day work.	<input type="checkbox"/>					
4	The team leader manages crises in a calm and dependable way.	<input type="checkbox"/>					
5	The team leader helps us get through challenges we face in our work.	<input type="checkbox"/>					
6	The team leader handles personnel issues thoughtfully.	<input type="checkbox"/>					
7	The team leader would go to bat for us.	<input type="checkbox"/>					
8	The team leader has enough training and experience to be an effective leader.	<input type="checkbox"/>					
9	The team leader treats all team members fairly.	<input type="checkbox"/>					
10	The team leader doesn't really understand what our team needs to do its job well.	<input type="checkbox"/>					

J. CONNECTION TO COMMUNITY SERVED

1. Do you live in the community or neighborhoods the home visiting program provides services to?

- Yes [→ GO TO Question 1a]
- No [→ SKIP TO Question 1b]

1a. [If Question 1 = Yes] In total, how many years have you lived in the community or neighborhoods the home visiting program provides services to?

- Less than 1 year
- 1-2 years
- 3-5 years
- 5-10 years
- More than 10 years

1b. [If Question 1 = No] If you ever previously lived in the community or neighborhoods the home visiting program provides services to, how long did you live there?

- I never lived there
- Less than 1 year
- 1-2 years
- 3-5 years
- 5-10 years
- More than 10 years

2. Do you consider yourself a member of the tribal or urban Indian community the home visiting program provides services to?
 Yes
 No
 Somewhat
3. In general, do you feel as though you and the families the home visiting program serves share a similar cultural background?
 Yes, with most families
 Yes, with some families
 Yes, with a few families
 No

K. DEMOGRAPHICS

1. What is your Ethnicity?
 Hispanic or Latino
 Not Hispanic or Latino
2. What is your Race? (Select one or more)
 American Indian or Alaska Native [→ GO TO Question 2a]
 Asian [→ SKIP TO Question 3]
 Black or African American [→ SKIP TO Question 3]
 Native Hawaiian or Other Pacific Islander [→ SKIP TO Question 3]
 White [→ SKIP TO Question 3]

2a. [If Question 2 = American Indian or Alaska Native] What is your tribal affiliation and/or identity?

1. What is your age?
 25 and under
 26-29
 30-39
 40-49
 50-59
 60 or older

[NEXT SCREEN]

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

Please click NEXT to exit the survey.
