**Attachment 5d.**

**Web-based survey (Word Format)**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA 0920­1193.

**Web-based Survey Introduction**

[ASK ALL]

Thank you for participating in the survey!

The Centers for Disease Control and Prevention’s (CDC) Division of Cancer Prevention and Control (DCPC) funds the National Comprehensive Cancer Control Program (NCCCP). Through a cooperate agreement (DP18--1805), 2 organizations have been funded to provide training and technical assistance (TTA) to NCCCP grantees and partners, in order to increase their capacity to implement cancer control activities to comprehensively address all cancer types. DCPC is interested in assessing the reach, quality, and effectiveness of TTA provided by these 2 organizations. This survey is being administered to program directors and program managers of state-funded NCCCP grantees and other individuals involved with these programs (e.g., Compressive Cancer Control coalition members, partners). Your response to the survey will help CDC understand the reach of the TTA efforts, your experience with the TTA received, and your perceptions of the effectiveness of the TTA.

This survey is being administered by ICF, an independent consulting company, on behalf of CDC.

Please respond to the questions according to your individual experience. We expect this survey to take approximately 15 minutes to complete. Your responses to this survey will be kept private and stored and maintained by ICF, without any identifying information. Individually identifiable responses will not be provided to CDC staff, and only aggregated information will be reported. We are not aware of any risks associated with participating in this survey. Completion of this survey is voluntary. Choosing to not participate, or choosing to discontinue the survey will not result in any penalty. We encourage your participation, as your organization’s experiences will help inform CDC’s future efforts to build capacity among their funded programs. Completing this web-based survey will indicate your consent to participate.

If you have any questions about this survey, please contact Isabela Lucas at [isabela.lucas@icf.com](mailto:isabela.lucas@icf.com) or 404-434-3154.

Public reporting burden for this collection of information is estimated to average **15** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA 0920­17AW.

**SURVEY LEGEND:**

⃝ = Single Choice Button ▼ = Drop-down Rating Scale

☐ = Multiple Choice Check Box ∇ = Drop-down Ranking Scale

**Section 1. Participant characteristics**

[ASK ALL]

The purpose of the following questions is to collect information on your jurisdiction and program affiliation, current role within the program, and your tenure in the role and in chronic disease.

[ASK ALL]

**1. Please select your state/tribe/territory from the list below.**

1. Alabama State Department of Public Health

2. Alaska Department of Health

3. Alaska Native Tribal Health Consortium

4. American Indian Cancer Foundation

5. American Samoa Department of Health

6. Arizona Department of Health Services

7. Arkansas Department of Health

8. California Department of Health

9. California Rural Indian Health Board Inc.

10. Cherokee Nation Health Service Group

11. CNMI Healthcare Corporation, Division of Public Health Services

12. Colorado Department of Public Health

13. Connecticut Department of Public Health

14. Delaware Department of Health

15. District of Columbia Department of Health

16. Federated States of Micronesia DoE

17. Florida Department of Health

18. Fond du Lac Reservation

19. Georgia Department of Human Resources

20. Guam Department of Public Health

21. Hawaii State Department of Health

22. Idaho Department of Health and Welfare

23. Illinois Department of Public Health

24. Indiana Department of Health

25. Inter-Tribal Council of Michigan, Inc.

26. Iowa Department of Public Health

27. Kansas Department of Health

28. Louisiana State University

29. Maine Department of Health

30. Maryland Department of Health and Mental Hygiene

31. Massachusetts Department of Public Health

32. Michigan Department of Health and Human Services

33. Ministry of Health Republic of the Marshall Islands

34. Minnesota Department of Health

35. Mississippi Department of Health

36. Missouri Department of Health

37. Montana Department of Public Health & Human Services

38. Nebraska Department of Health

39. New Hampshire Department of Health

40. New Jersey Department of Health

41. New Mexico Department of Health

42. New York State Department of Health

43. North Carolina Department of Health

44. North Dakota Department of Health

45. Northwest Portland Area Indian Health Board

46. Ohio Department of Health

47. Oklahoma State Department of Health

48. Oregon Health Authority

49. Pennsylvania Department of Health

50. Republic of Palau Ministry of Health

51. Rhode Island Department of Health

52. South Carolina Department of Health

53. South Dakota Department of Health

54. South Puget Intertribal Planning Agency

55. State of Nevada Division of Public and Behavioral Health

56. Tennessee Department of Health

57. Texas Department of Health

58. University of Kentucky

59. University of Puerto Rico Comprehensive Cancer Center

60. University of WI-Carbone Cancer Center

61. Utah Department of Health

62. Vermont Department of Health

63. Virginia Department of Health

64. Washington State Department of Health CDC-RFA-DP17-1701

65. West Virginia Department of Health

66. Wisconsin Department of Health

67. Wyoming Department of Health

[ASK ALL]

**2. What is your current, primary role within your program/coalition?**

* Program Manager
* Program Director
* Evaluator
* Program staff
* Partner.
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ASK ALL]

**3. How long have you been in your current role?**

* Less than three years
* 3-5 Years
* 6-10 Years
* Over 10 Years

[ASK ALL]

**4. How long have you been working in cancer prevention and control?**

* Less than three years
* 3-5 Years
* 6-10 Years
* Over 10 Years

**Section 2. Awareness of TTA services available**

[ASK ALL]

The purpose of the following questions is to collect information on your awareness of TTA available from 2 NCCCP TTA providers. For the purpose of this survey, TTA refers to **any individualized OR broad-based educational, supportive activities or resource distribution that assist NCCCP grantees and partners with meeting program objectives, achieving program outcomes, and sustaining program progress and success.** Please consider only TTA provided by the following organizations under DP18-1805 cooperative agreement:

* American Cancer Society (ACS)
* George Washington Cancer Institute

[ASK ALL]

[MUL=2]

**5. Are you aware of TTA services available to National Comprehensive Cancer Control Program (NCCCP) grantees and partners from the following TTA providers? Select all that apply.**

* American Cancer Society (ACS)
* George Washington Cancer Institute
* Not aware of TTA from any of the above providers [EXCLUSIVE]

**Section 3. Exposure/Receipt of TTA**

[ASK ALL]

The purpose of the following question(s) is to collect information on your exposure to TTA provided by 2 TTA providers.

[ASK ALL]

**6a.** **Over the past 2 years, did you receive TTA from the following TTA providers?**

* American Cancer Society (ACS)
* George Washington Cancer Institute (GWCI)
* Received TTA from both ACS and GWCI
* Did not receive TTA from any of the above providers

[ASK IF Q6a=4]

**6b. Did you receive any TTA to support the implementation of your program over the past 2 years?**

* Yes
* No

[ASK IF Q6b=1]

**6c. Please list your TTA provider(s) and topic(s) of the TTA.**

|  |  |  |
| --- | --- | --- |
|  | **Name/Organization** | **Topic** |
| **6c\_1. TTA Provider 1:** |  |  |
| **6c\_2. TTA Provider 2:** |  |  |
| **6c\_3. TTA Provider 3:** |  |  |

**Section 4. Description of TTA received**

[ASK IF Q6a=1,2,4]

The purpose of the following question(s) is to collect information on the type of TTA you received from each TTA provider.

[ASK IF Q6a=1,2,4]

[MUL=8]

**7. Please select the types of TTA you received. Check all that apply.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  | **Webinars** | **Emails** | **In-person trainings** | **One-on-one phone calls** | **Peer-to-peer phone calls** | **Toolkits & manuals** | **Site visits** | **Other** |
| 7a | **American Cancer Society**  [DISPLAY ONLY IF Q6a=1,4] | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7b | **George Washington Cancer Institute** [DISPLAY ONLY IF Q6a=2,4] | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

[ASK IF Q7a=1,2,3,4,5,6,7,8 OR Q7b=1,2,3,4,5,6,7,8]

[MUL=8]

**8. Please select the topics of the TTA you received. Check all that apply.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  | **Webinars**  [DISPLAY IF Q7a=1 OR Q7b=1] | **Emails**  [DISPLAY IF Q7a=2 OR Q7b=2] | **In-person trainings**  [DISPLAY IF Q7a=3 OR Q7b=3] | **One-on-one phone calls**  [DISPLAY IF Q7a=4 OR Q7b=4] | **Peer-to-peer phone calls**  [DISPLAY IF Q7a=5 OR Q7b=5] | **Toolkits & manuals**  [DISPLAY IF Q7a=6 OR Q7b=6] | **Site visits**  [DISPLAY IF Q7a=7 OR Q7b=7] | **Other**  [DISPLAY IF Q7a=8 OR Q7b=8] |
| 8a | **Coalition functioning** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8b | **Primary prevention: Physical activity or nutrition** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8c | **Primary prevention:** **Human papillomavirus (HPV)** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8d | **Primary prevention: Hepatitis B virus (HBV), Hepatitis C virus (HBC)** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8e | **Primary prevention: Tobacco** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8f | **Primary prevention: Radon** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8g | **Primary prevention: Sun safety** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8h | **Screening and early detection: Breast and cervical cancer** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8i | **Screening and early detection: Colorectal cancer (CRC)** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8j | **Early detection: Lung cancer** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8k | **Survivorship** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8l | **Policy, systems, and environmental change strategies** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8m | **Health equity** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8n | **Evaluation and quality improvement** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Section 5. Perception of TTA received (e.g., quality, usefulness, overall satisfaction)**

[ASK IF Q7a=1,2,3,4,5,6,7,8 OR Q7b=1,2,3,4,5,6,7,8]

The purpose of the following question(s) is to collect information on your perception of TTA received from each selected TTA provider, including the quality and usefulness of the TTA as well as your overall satisfaction.

[ASK IF Q7a=1,2,3,4,5,6,7,8 OR Q7b=1,2,3,4,5,6,7,8]

[MUL=4]

**9. Please rate your experience with the TTA activities you received. Select all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 |
|  |  | **Quality** | **Relevance** | **Usefulness** | **Overall Satisfaction** |
| 9a | **Webinars** [DISPLAY IF Q7a=1 OR Q7b=1] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 9b | **Emails** [DISPLAY IF Q7a=2 OR Q7b=2] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 9c | **In-person Trainings** [DISPLAY IF Q7a=3 OR Q7b=3] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 9d | **One-on-One Phone Calls** [DISPLAY IF Q7a=4 OR Q7b=4] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 9e | **Peer-to-Peer Phone Calls** [DISPLAY IF Q7a=5 OR Q7b=5] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 9f | **Toolkits & Manuals** [DISPLAY IF Q7a=6 OR Q7B=6] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 9g | **Site visits** [DISPLAY IF Q7a=7 OR Q7b=7] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 9h | **Other** [DISPLAY IF Q7a=8 OR Q7bB=8] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |

**Scale**

4 Excellent

3 Good

2 Fair

1 Poor

NA N/A

[ASK IF Q8a=1,2,3,4,5,6,7,8 OR Q8b=1,2,3,4,5,6,7,8 OR Q8c=1,2,3,4,5,6,7,8 OR Q8d=1,2,3,4,5,6,7,8 OR Q8e=1,2,3,4,5,6,7,8 OR Q8f=1,2,3,4,5,6,7,8 OR Q8g=1,2,3,4,5,6,7,8 OR Q8h=1,2,3,4,5,6,7,8 OR Q8i=1,2,3,4,5,6,7,8 OR Q8j=1,2,3,4,5,6,7,8 OR Q8h=1,2,3,4,5,6,7,8 OR Q8l=1,2,3,4,5,6,7,8]

[MUL=4]

**10. Please rate your experience with the topics of TTA activities you received. Select all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 |
|  |  | **Quality** | **Relevance** | **Usefulness** | **Overall Satisfaction** |
| Q10a |  | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10b | **Coalition functioning** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10c | **Primary prevention: Physical activity or nutrition** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10d | **Primary prevention:** **Human papillomavirus(HPV)** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10e | **Primary prevention: Hepatitis B virus (HBV), Hepatitis C virus (HBC)** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10f | **Primary prevention: Tobacco** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10g | **Primary prevention: Radon** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10h | **Primary prevention: Sun safety** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10i | **Screening and early detection: Breast and cervical cancer** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10j | **Screening and early detection: Colorectal cancer (CRC)** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10k | **Early detection: Lung cancer** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10l | **Survivorship** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10m | **Policy, systems, and environmental change strategies** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| Q10n | **Health equity** | Scale▼ | Scale▼ | Scale▼ | Scale▼ |

**Scale**

4 Excellent

3 Good

2 Fair

1 Poor

[ASK IF Q7a=1,2,3,4,5,6,7,8 OR Q7b=1,2,3,4,5,6,7,8]

[MUL=5]

**11. What factors made the TTA activities received successful? Check all that apply.**

* Subject matter expert/instructor expertise
* Format
* Content
* Resources provided
* Other

[ASK IF Q7a=1,2,3,4,5,6,7,8 OR Q7b=1,2,3,4,5,6,7,8]

**12. What would have made the TTA more useful for your NCCCP-funded work?**

[TEXT BOX]

**Section 6. TTA influence on goals, activities, and priorities**

[ASK IF Q7a=1,2,3,4,5,6,7,8 OR Q7b=1,2,3,4,5,6,7,8]

The purpose of the following question(s) is to collect information on your perception of the extent to which the TTA received influenced your organization’s ability to promote and implement programmatic strategies.

[ASK IF Q7a=1,2,3,4,5,6,7,8 OR Q7b=1,2,3,4,5,6,7,8]

[MUL=4]

**13.** **To what extent has the TTA received contributed to your program’s ability to achieve the following goals and activities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 |
|  |  | **Develop relationships with key stakeholders to support primary prevention, screening, and survivorship** | **Implement CCC plans and evidence-based interventions** | **Conduct evaluation** | **Use data for program improvement** |
| 13a | **Webinars** [DISPLAY IF Q7a=1 OR Q7b=1] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 13b | **Emails** [DISPLAY IF Q7a=2 OR Q7B=2] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 13c | **In-person trainings** [DISPLAY IF Q7a=3 OR Q7b=3] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 13d | **One-on-one phone calls** [DISPLAY IF Q7a=4 OR Q7b=4] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 13e | **Peer-to-peer phone calls** [DISPLAY IF Q7a=5 OR Q7b=5] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 13f | **Toolkits & manuals** [DISPLAY IF Q7a=6 OR Q7b=6] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 13g | **Site visits** [DISPLAY IF Q7a=7 OR Q7b=7] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 13h | **Other** [DISPLAY IF Q7a=8 OR Q7b=8] | Scale▼ | Scale▼ | Scale▼ | Scale▼ |

**Scale**

4 To a Great Extent

3 Somewhat

2 Very Little

1 Not at all

DK Don’t Know

NA N/A

[ASK IF Q7a=1,2,3,4,5,6,7,8 OR Q7b=1,2,3,4,5,6,7,8]

[MUL=6]

**14.** **To what extent has the TTA received contributed to your program’s ability to achieve the following NCCCP priorities:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 |
|  |  | **Emphasize Primary Prevention of Cancer** | **Support Early Detection and Treatment Activities** | **Address Public Health Needs of Cancer Survivors** | **Implement Policy, Systems, and Environmental (PSE) Changes To Guide Sustainable Cancer Control** | **Promote Health Equity as it Relates to Cancer Control** | **Demonstrate Outcomes Through Evaluation** |
| 14a | **Webinars** [DISPLAY IF Q7a=1 OR Q7b=1] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 14b | **Emails** [DISPLAY IF Q7a=2 OR Q7b=2] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 14c | **In-person trainings** [DISPLAY IF Q7a=3 OR Q7b=3] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 14d | **One-on-one phone calls** [DISPLAY IF Q7a=4 OR Q7b=4] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 14e | **Peer-to-peer phone calls** [DISPLAY IF Q7a=5 OR Q7b=5] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 14f | **Toolkits & manuals** [DISPLAY IF Q7a=6 OR Q7b=6] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 14g | **Site visits** [DISPLAY IF Q7a=7 OR Q7b=7] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 14h | **Other** [DISPLAY IF Q7a=8 OR Q7b=8] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |

**Scale**

4 To a Great Extent

3 Somewhat

2 Very Little

1 Not at all

DK Don’t Know

NA N/A

**Section 7. TTA influence on grantee organizational capacity**

[ASK IF Q7a=1,2,3,4,5,6,7,8 OR Q7b=1,2,3,4,5,6,7,8]

The purpose of the following question is to collect information on the extent to which TTA influenced your organizational capacity.

[ASK IF Q7a=1,2,3,4,5,6,7,8 OR Q7b=1,2,3,4,5,6,7,8]

[MUL=4]

**15. To what extent has the TTA received contributed to your programs’ ability to have:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 |
|  | **Improved**  **capacity** | **Improved and more sustainable partnerships** | **Effective use of resources to develop and implement program strategies** | **Proficiency in prioritizing strategies that address burden and target population needs** | **Enhanced organizational and leadership capacity to implement program** | **Use of EBIs to address burden** | **Enhanced monitoring and evaluation of program activities and impact** |
| 15a | **Webinars** [DISPLAY IF Q7A=1 OR Q7B=1] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 15b | **Emails** [DISPLAY IF Q7A=2 OR Q7B=2] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 15c | **In-person trainings** [DISPLAY IF Q7A=3 OR Q7B=3] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 15d | **One-on-one Phone Calls** [DISPLAY IF Q7A=4 OR Q7B=4] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 15e | **Peer-to-peer phone calls** [DISPLAY IF Q7A=5 OR Q7B=5] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 15f | **Toolkits & manuals** [DISPLAY IF Q7A=6 OR Q7B=6] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 15g | **Site visits** [DISPLAY IF Q7A=7 OR Q7B=7] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |
| 15h | **Other** [DISPLAY IF Q7A=8 OR Q7B=8] | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ | Scale▼ |

**Scale**

4 To a Great Extent

3 Somewhat

2 Very Little

1 Not at all

DK Don’t Know

NA N/A

**Closing**

[ASK ALL]

Thank you for your participation!

If you have any questions about this survey, please contact Isabela Lucas at [isabela.lucas@icf.com](mailto:isabela.lucas@icf.com) or 404-434-3154.