

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 cooperative 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 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]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b	George Washington Cancer Institute [DISPLAY ONLY IF Q6a=2,4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[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
		Webinar s [DISPLA Y IF Q7a=1 OR Q7b=1]	Emails [DISPLA Y IF Q7a=2 OR Q7b=2]	In- person training s [DISPLA Y IF Q7a=3 OR Q7b=3]	One- on-one phone calls [DISPLA Y IF Q7a=4 OR Q7b=4]	Peer- to-peer phone calls [DISPLA Y IF Q7a=5 OR Q7b=5]	Toolkit s & manual s [DISPLA Y IF Q7a=6 OR Q7b=6]	Site visits [DISPLA Y IF Q7a=7 OR Q7b=7]	Other [DISPLA Y IF Q7a=8 OR Q7b=8]
8a	Coalition functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b	Primary prevention: Physical activity or nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c	Primary prevention: Human papillomaviruses (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8d	Primary prevention: Hepatitis B virus (HBV), Hepatitis C virus (HBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8e	Primary prevention: Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8f	Primary prevention: Radon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8g	Primary prevention: Sun safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8h	Screening and early detection: Breast and cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8i	Screening and early detection: Colorectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

cancer (CRC)									
8j	Early detection: Lung cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8k	Survivorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8l	Policy, systems, and environmental change strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8m	Health equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8n	Evaluation and quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Q7b=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 Q8k=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.

- o Subject matter expert/instructor expertise
- o Format
- o Content
- o Resources provided
- o 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	Scale ▼	Scale ▼	Scale ▼	Scale ▼	Scale ▼	Scale ▼

	Q7a=5 OR Q7b=5]						
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	Scale ▼	Scale ▼	Scale ▼	Scale ▼	Scale ▼	Scale ▼

	Q7A=2 OR Q7B=2]						
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 or 404-434-3154.