OMB Control Number: 0970-0531 Expiration Date: 07/31/2022

SURVEY OF STRESS MANAGEMENT COURSE ATTENDEES

Introduction

A research organization named Mathematica is working with Viability to improve the MOMS Partnership program. We are going to ask you some questions about the class you just attended. The answers to your questions will help improve the class for future participants. It should take about 5 minutes to complete this survey.

You can decline to complete the survey or leave any questions blank. Your individual response will not be associated with your name. All responses will be combined; no one outside the research team will know how you responded.

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to gather information for the purpose of rapid-cycle learning activities to strengthen programs. Public reporting burden for this collection of information is estimated to average 5 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. The OMB number and expiration date for this collection are OMB #: 0970-0531, Exp: 07/31/2022. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Sheena McConnell; smcconnell@Mathematica-mpr.com

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1. To what extent do you agree or disagree with the following statements?

Statement		Strongly disagree	Disagree	Agree	Strongly agree	N/A
a.	I felt it was important for me to come to the class today	1 Q	2 Q	3 O	4 O	5 Q
b.	The location of the class was easy for me to get to	1 O 1	2 Q	O ε	4 O	5 Q
c.	The day and time of the class worked well for me	O 1	2 Q	O E	4 O	5 Q
d.	The room where the class was held was comfortable and inviting	1 Q 1	2 Q	O ε	4 O	5 O
e.	I felt comfortable bringing my child to the on-site child care.	1 O 1	2 Q	3 O	4 O	5 Q
f.	I could relate to the examples discussed in class	1 O	2 Q	3 O	4 O	5 O
g.	I feel connected to the other participants in my class	1 O	2 Q	O ε	4 Q	5 Q
h.	I feel supported by the Community Mental Health Ambassador (CMHA)	O 1	2 Q	O 8	4 O	5 O
i.	I feel supported by the Clinician	O 1	2 O	O 8	4 O	5 O
j.	The class was a good use of my time	1 Q	2 Q	3 O	4 O	5 O
k.	It is helpful to receive reminders about upcoming classes.	1 O	2 Q	O ε	4 O	5 Q
I.	I feel it is important for me to attend the next class.	1 Q	2 Q	3 O	4 O	5 Q

- **2.** In your opinion, what would be the best way to receive reminders about upcoming classes?
 - a. Email
 - b. Text message
 - c. Phone call
- **3.** What might make it difficult for you to attend class in the future? Choose all that apply:
 - a. Lack of childcare
 - b. Other family responsibilities
 - c. Transportation challenges
 - d. Employment or education commitments

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- e. Other, specify.
- **4.** Would you prefer to attend the group in-person or virtually?
 - a. Prefer in-person
 - b. Prefer virtually
 - c. No preference
- **5.** Is there anything you would like to share with us to improve the classes (for example, making it more engaging, making it easier to access, change the amount and types of information?) [Open text box]