Supplementary Material 3: Post-Participation Questionnaire for Program Administrators

This document contains the post-participation questionnaire for program administrators of the Stanford Youth Diabetes Coaches Program. The surveys were administered online via Qualtrics software, and the formatting of this document reflects how the Qualtrics program downloads surveys.

SYDCP Questionnaire for Program Administrators

Start of Block: Default Question Block

Q1 Thank you for your support for the Stanford Youth Diabetes Coaches Program. *Your feedback is so important for us to improve the program for your community.*

Please take **5 minutes or less** to tell us about your experience with the program

Q2 Where was the Stanford Youth Diabetes Coaches Program implemented?

- City _____
- State _____

Q3 Please provide the name of the health care training program and organization where you work:

- Training program _____
- Organization _____

Q4 What is your role at the health care training program (e.g., residency program director, community program director, etc.)?

_____

Q5 Below are some statements about your experience with the Stanford Youth Diabetes Coaching Program **(SYDCP)**. Please indicate how much you agree or disagree with each statement as it applies to your school or district by selecting your answer.

	Completely Disagree	Disagree	Neither Agree nor Disagree	Agree	Completely Agree
I like that SYDCP is offered at my residency/training program	○	○	○	○	○
SYDCP seems applicable for my residency/training program	○	○	○	○	○
SYDCP seems like a good match for my residency/training program	○	○	○	○	○
SYDCP seems implementable at my residency/training program	○	○	○	○	○
SYDCP seems easy to use at my residency/training program	○	○	○	○	○

Q6 What did you like MOST about this program?

_____

_____

_____

_____

_____

Q7 What did NOT work well in this program?

Q8 In this program, was there anything that did not seem relevant for your community?

Q9 Any suggestions for improvement?

Q10 Was SYDCP offered as mandatory or voluntary activity in your training program?

- ○ Mandatory, and SYDCP fulfilled a residency program requirement
- ○ Mandatory but SYDCP did NOT fulfill a residency program requirement
- ○ Voluntary, and SYDCP fulfilled a residency program requirement
- ○ Voluntary, but SYDCP did NOT fulfill a residency program requirement
- ○ Other, please describe _____

Q11 Would you like SYDCP to be offered through your residency/training program in the future?

- ○ Yes
- ○ Not sure
- ○ No

Q12 In your opinion, did SYDCP make a positive impact in your residency/training program?

- ○ Yes, a lot
- ○ Yes, somewhat
- ○ Not sure
- ○ Not much
- ○ Not at all

Q13 How much do you agree with the following statement? SYDCP aligns with the curricular or programmatic needs at my organization:

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Disagree
- ○ Strongly disagree

Q14 How does SYDCP align with the curricular or programmatic needs at your residency/training program?

_____

_____

_____

_____

_____

Q15 Was it easy to recruit health care trainees (e.g., medical residents, medical students or other health care trainees) to participate in SYDCP?

- ○ Very easy
- ○ Somewhat easy
- ○ Neither easy nor difficult
- ○ Somewhat difficult
- ○ Very difficult

Q16 If not easy to recruit, please describe the challenges

_____

_____

_____

_____

_____

Q17 If you think the questions in this survey were not clear, please let us know what was not clear in the box below:

_____

_____

_____

_____

_____

Q18 Is there anything else you think we should include in this questionnaire to better understand the challenges of implementing the program? If yes, please elaborate below:

_____

_____

_____

_____

_____

Q19 Thank you so much for your time! We appreciate it very much.