

Supplementary Material 4: Post-Participation Questionnaire for High School Staff

This document contains the post-participation questionnaire for high school staff involved in the implementation 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 post-participation questionnaire for High School Staff

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 school district and school where you work:

☐ School district _____

☐ School _____



Q4 Which grades do you teach? (Check all that apply)

☐

9th grade

☐

10th grade

☐

11th grade

☐

12th grade

☐

Other _____

Q5 What classes do you teach? (e.g. English, Biology, PEetc.)



Q6 In your role at the high school, do you specifically support high school students who are interested in health careers?

☐ Yes

☐ No



Q7 If Yes, please check all that apply on how you support high school students who are interested in health careers.

- ☐ Through CTE program
- ☐ Through the health career track program
- ☐ In my own time (informally)
- ☐ As part of my class curriculum
- ☐ Other _____

Q8 How long have you been supporting students interested in health careers at your school?



Q9 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 by selecting your answer.

	Completely Disagree	Disagree	Neither Agree nor Disagree	Agree	Completely Agree
I like that SYDCP is offered at my school	☐	☐	☐	☐	☐
SYDCP seems applicable for the students at my school	☐	☐	☐	☐	☐
SYDCP seems like a good match for the students at my school	☐	☐	☐	☐	☐
SYDCP seems implementable at my school	☐	☐	☐	☐	☐
SYDCP seems easy to use at my school	☐	☐	☐	☐	☐

Q10 What did you like MOST about this program?

Q11 What did NOT work well in this program?

Q12 In this program, was there anything that did not seem relevant for your community?

Q13 Any suggestions for improvement?

Q14 Would you like SYDCP to be offered at your school in the future?

- ☐ Yes
 - ☐ Not sure
 - ☐ No
-



Q15 In your opinion, did SYDCP make a positive impact for the participating students in your school?

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



Q16 How much do you agree with the following statement? SYDCP aligns with the curricular or programmatic needs at my school:

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

Q17 How does SYDCP align with the curricular or programmatic needs at your school?

Q18 Do you need approval from a school administrator to implement SYDCP at your school?

- ☐ Yes
- ☐ Not sure
- ☐ No

Q19 How did you recruit students to participate in SYDCP?

Q20 Was it easy to recruit students to participate in SYDCP?

- ☐ Very easy
 - ☐ Somewhat easy
 - ☐ Neither easy nor difficult
 - ☐ Somewhat difficult
 - ☐ Very difficult
-

Q21 If not easy to recruit, please describe the challenges

Q22 If you think the questions in the survey were not clear, please let us know what was not clear in the box below:

Q23 Is there anything else you think we should know to better understand the challenges of implementing the program? If yes, please elaborate below:

Q24 Thank you so much for your time! We appreciate it very much.

End of Block: Default Question Block
