Supplementary Material 1: Youth Participants' Pre- and Post-Surveys

This document contains the pre- and post-surveys for youth participants in 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.

Supplementary SYDCP Coaches PRE-TEST survey

Start of Block:

Q1 Hello, and welcome to the Stanford Youth Diabetes Coaches Program.

Q2
You will now take a survey before starting the program. You will take another after finishing the program. Your answers will help us understand the value of the program.

There are no right or wrong answers. Please answer as honestly as possible.

Q3 The following questions help us create a code to match the two surveys you take.

Q4 Enter your initials below.

- **First letter of your FIRST name:** _____
- **First letter of your LAST name:** _____

Q5 What **month** of the year is your birthday? (Choose from January to December)

▼ January ... December

Q6 What **day** of the month is your birthday? For example, if your birthday is Jan **24**, 2007, you will enter **24.**

▼ 1 ... 31

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Q7 What city do you live in?

_____

Q8 What school or program do you attend?

_____

Q9 Have you participated in the Stanford Youth Diabetes Coaches Project (SYDCP) before?

- ○ No, I have never participated in the SYDCP
- ○ Yes, one time
- ○ Yes, two times
- ○ Yes, three or more times
- ○ I am not sure/do not remember

End of Block:

Start of Block: General Questions

Q10 How often do you talk about **health (or getting healthy)** with someone in your family?

- Never
- Rarely (about once a year)
- Sometimes (about once a month)
- Regularly (a few times a month)
- Frequently (at least once a week)

Q11 I have a good understanding of what it would take to improve my health.

- Strongly Disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree

Q12 How motivated are you to adopt a healthier lifestyle over the next one month?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

End of Block: General Questions

Start of Block: PAM 10 questions

Q13
Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by selecting your answer. Your answers should be what is true for you and not just

what you think the doctor wants you to say.
If the statement does not apply to you, select N/A.

	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
When all is said and done, I am the person who is responsible for taking care of my health.	○	○	○	○	○
Taking an active role in my own healthcare is the most important thing that affects my health.	○	○	○	○	○
I know what each of my prescribed medications do.	○	○	○	○	○
I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	○	○	○	○	○
I am confident that I can tell a doctor concerns I have even when he or she does not ask.	○	○	○	○	○

I am confident that I can follow through on medical treatments I may need to do at home.	○	○	○	○	○
I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.	○	○	○	○	○
I know how to prevent problems with my health.	○	○	○	○	○
I am confident I can figure out solutions when new problems arise with my health.	○	○	○	○	○
I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	○	○	○	○	○

End of Block: PAM 10 questions

Start of Block: Health Behaviors

Q14 During the past week, how many **cups of fruits and vegetables** (one cup is about the size of a fist) did you have on an **average day**?

- None
- Less than one a day
- 1 per day
- 2-3 per day
- 4-5 per day
- 6 or more per day

Q15 During the past one week, how many servings of **sugary FOODS** did you have on an **average day** (candy, donuts, cookies, pastries, ice cream or other desserts)?

- None
- Less than one a day
- 1 per day
- 2-3 per day
- 4-5 per day
- 6 or more per day

Q16 During the past one week, how many servings of **high fat FOODS** did you have (fatty meats, fatty cheese, sour cream, butter, french fries, pizza, etc.) on an **average day**?

- None
- Less than one a day
- 1 per day
- 2-3 per day
- 4-5 per day
- 6 or more per day

Q17 How many of the **past 7 days** did you exercise or do physical activity for a total of at least **60 minutes a day** (like basketball, soccer, running, swimming laps, bicycling, skateboarding, fast walking, dancing, or similar aerobic activities; do not include exercise that lasted less than 10 minutes at a time)*?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Q18 In the past 7 days, how many days did you exercise or play so hard that your body got tired?

- ○ No days
- ○ 1 day
- ○ 2-3 days
- ○ 4-5 days
- ○ 6-7 days

Q19 In the past 7 days, how many days did you exercise really hard for 10 minutes or more?

- ○ No days
- ○ 1 day
- ○ 2-3 days
- ○ 4-5 days
- ○ 6-7 days

Q20 In the past 7 days, how many days did you exercise so much that you breathed hard?

- ○ No days
- ○ 1 day
- ○ 2-3 days
- ○ 4-5 days
- ○ 6-7 days

Q21 In the past 7 days, how many days were you so physically active that you sweated?

- ○ No days
- ○ 1 day
- ○ 2-3 days
- ○ 4-5 days
- ○ 6-7 days

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Q22 During the past **7 days**, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q23 During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q24 During the past 7 days, how many times did you eat **green salad**?

- I did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q25 During the past 7 days, how many times did you eat **other vegetables**? (Do not count green salad).

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q26 During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop,** such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q27 During the past 7 days, how many times did you drink a **can, bottle, or glass of a sports drink** such as Gatorade or Powerade? (Do **not** count low calorie sports drinks such as Propel or G2.)

- I did not drink sports drinks during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q28 During the past 7 days, how many times did you drink a **bottle or glass of plain water drink** ? (Count tap, bottled and unflavored sparkling water.)

- I did not drink water during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q29 During the past month, on average how many **hours of sleep** did you get on an **average school night**?

- Less than 4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- More than 12

Q30 Please indicate your agreement with the following statement:

I know many ways to reduce my stress.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

End of Block: Health Behaviors

Start of Block: Youth Assets: self-esteem

Q31 How true do you feel these statements are about you personally?

	Not At All True	A Little True	Pretty Much True	Very Much True
I know where to go for help with a problem.	○	○	○	○
I try to work out problems by talking or writing about them.	○	○	○	○
I can work out my problems.	○	○	○	○
I can do most things if I try.	○	○	○	○
I can work with someone who has different opinions than mine.	○	○	○	○
When I need help, I find someone to talk with.	○	○	○	○
There are many things that I do well.	○	○	○	○

End of Block: Youth Assets: self-esteem

Start of Block: Youth Asset: Self-efficacy and problem solving

X→

Q32 How true do you feel these statements are about you personally?

	Strongly Disagree	Disagree	Agree	Strongly Agree
On the whole, I am satisfied with myself.	○	○	○	○
At times, I think I am no good at all.	○	○	○	○
I feel I have a number of good qualities.	○	○	○	○
I am able to do things as well as most other people.	○	○	○	○
I feel I do not have much to be proud of.	○	○	○	○
I certainly feel useless at times.	○	○	○	○
I feel that I am a person of worth, at least on an equal plane with others.	○	○	○	○
I wish I could have more respect for myself.	○	○	○	○
All in all I am inclined to feel like a failure.	○	○	○	○
I take a positive attitude toward myself.	○	○	○	○

End of Block: Youth Asset: Self-efficacy and problem solving

Start of Block: Knowledge

Q33 Which of the following is highest in carbohydrate?

- Baked chicken
- Swiss cheese
- Baked potato
- Peanuts
- I don't know

Q34 Which should not be used to treat low blood glucose?

- 3 hard candies
- 1/2 cup orange juice
- 1 cup diet soft drink
- 1 cup skim milk
- I don't know

Q35 The best way for someone with diabetes to take care of their feet is to:

- Look at and wash them each day
- Massage them with alcohol each day
- Soak them for one hour each day
- Buy shoes a size larger than usual
- I don't know

Q36 Which of the following is usually not associated with diabetes?

- Vision problems
- Kidney problems
- Nerve problems
- Lung problems
- I don't know

Q37 Using the Plate Method to plan healthy meals, which of the following foods should fill half of the plate?

- ○ Steamed broccoli
- ○ Baked chicken
- ○ Rice
- ○ Baked potato
- ○ I don't know

Q38 Glycosylated hemoglobin (hemoglobin A1) is a test that measures the average blood glucose level for the past:

- ○ 1 day
- ○ 1 week
- ○ 2-3 months
- ○ 6-9 months
- ○ I don't know

Q39 What is the best definition of an action plan?

- A plan to get healthy by eating healthy food
- A step in the process of accomplishing a goal
- A promise to improve your health with actions you will do
- A plan to do physical activity in order to become more healthy
- I don’t know

Q40 On a confidence scale of 1-10, what is the minimum level of confidence that people should have in order to consider their plan a good action plan?

- 5
- 6
- 7
- 8
- I don't know

End of Block: Knowledge

Start of Block: Access to Healthcare and transportation

Q41 Where do you **usually** go for help when you are sick, need medical care, or advice about health? (Select only one answer)

- ○ Hospital, urgent care, or emergency room
- ○ Doctor's office
- ○ Community clinic or medical center
- ○ A family member or neighbor who is not a doctor or a nurse
- ○ School nurse's office
- ○ Health center or clinic at your school (where someone like a doctor can give you a checkup and prescribe medicine if you need it)
- ○ Some other place
- ○ I don't have anywhere I usually go
- ○ I don't know

Q42 When did you last visit a dentist to get your teeth checked or cleaned?

- ○ I've never been to a dentist to have my teeth checked
- ○ Within the last six months
- ○ Seven to 12 months ago
- ○ Between one and two years ago
- ○ More than two years ago
- ○ I don't know/remember

Q43 On average, how long does it take to get from your house to where your family most commonly shops for food?

- Less than 15 minutes
- 15 minutes to 30 minutes
- 30 minutes to 45 minutes
- 45 minutes to 1 hour
- More than 1 hour

End of Block: Access to Healthcare and transportation

Start of Block: Zoom connectivity

Q44 Can you connect to Zoom from home?

- Yes
- No

End of Block: Zoom connectivity

Start of Block: Demographics

Q45 How old are you? (please enter a number)

_____

Q46 What is your sex?

- Male
- Female

Q47 What is your race or ethnicity? (check all that apply):

- [ ] American Indian or Alaska Native
- [ ] Asian or Asian American
- [ ] Black or African-American
- [ ] Hispanic or Latinx
- [ ] Native Hawaiian or Pacific Islander
- [ ] White
- [ ] Something else

Q48 If you are Asian or Pacific Islander, which groups best describe you? (Mark All That Apply.) If you are not of Asian or Pacific Islander background, mark “A) Does not apply.”

- [ ] Does not apply; I am not Asian or Pacific Islander
- [ ] Asian Indian
- [ ] Cambodian
- [ ] Chinese
- [ ] Filipino
- [ ] Hmong
- [ ] Japanese
- [ ] Korean
- [ ] Laotian
- [ ] Vietnamese
- [ ] Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander
- [ ] Other Asian

Q49 If you are Hispanic or Latinx, which groups best describe you? (Mark All That Apply.) If you are not of Hispanic or Latinx background, mark “A) Does not apply.”

- [ ] Does not apply; I am not Hispanic or Latinx
- [ ] Colombian
- [ ] Cuban
- [ ] Dominican
- [ ] Guatemalan
- [ ] Honduran
- [ ] Mexican
- [ ] Puerto Rican
- [ ] Salvadoran
- [ ] Other Hispanic or Latinx

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Q50 What grade are you in?

- 9th
- 10th
- 11th
- 12th

End of Block: Demographics

Start of Block: Block 10

Q51 Thank you for completing this survey!

End of Block: Block 10

SYDCP Coaches POST-TEST survey

Start of Block:

Q1 Hello, and thank you for participating in the Stanford Youth Diabetes Coaches Program.

Please take this survey after finishing the program. Your answers will help us understand the value of the program.

There are no right or wrong answers. Please answer as honestly as possible.

Q2 The following questions help us create a code to match the two surveys you take.

Q3 Enter your initials below.

- **First letter of your FIRST name:** _____
- **First letter of your LAST name:** _____

Q4 What **month** of the year is your birthday? (Choose from January to December)

▼ January ... December

Q5 What **day** of the month is your birthday? For example, if your birthday is Jan **24**, 2007, you will enter **24.**

▼ 1 ... 31

Page Break

Q6 What city do you live in?

_____

Q7 What school or program do you attend?

_____

End of Block:

Start of Block: General Questions

Q8 How often do you talk about **health (or getting healthy)** with someone in your family?

- Never
- Rarely (about once a year)
- Sometimes (about once a month)
- Regularly (a few times a month)
- Frequently (at least once a week)

Q9 I have a good understanding of what it would take to improve my health.

- Strongly Disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree

Q10 How motivated are you to adopt a healthier lifestyle over the next one month?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

End of Block: General Questions

Start of Block: PAM 10 questions

Q11
Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by selecting your answer. Your answers should be what is true for you and not just

what you think the doctor wants you to say.

If the statement does not apply to you, select N/A.

	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
When all is said and done, I am the person who is responsible for taking care of my health.	○	○	○	○	○
Taking an active role in my own healthcare is the most important thing that affects my health.	○	○	○	○	○
I know what each of my prescribed medications do.	○	○	○	○	○
I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	○	○	○	○	○
I am confident that I can tell a doctor concerns I have even when he or she does not ask.	○	○	○	○	○

I am confident that I can follow through on medical treatments I may need to do at home.	○	○	○	○	○
I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.	○	○	○	○	○
I know how to prevent problems with my health.	○	○	○	○	○
I am confident I can figure out solutions when new problems arise with my health.	○	○	○	○	○
I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	○	○	○	○	○

End of Block: PAM 10 questions

Start of Block: Health Behaviors

Q12 During the past week, how many **cups of fruits and vegetables** (one cup is about the size of a fist) did you have on an **average day**?

- None
- Less than one a day
- 1 per day
- 2-3 per day
- 4-5 per day
- 6 or more per day

Q13 During the past one week, how many servings of **sugary FOODS** did you have on an **average day** (candy, donuts, cookies, pastries, ice cream or other desserts)?

- None
- Less than one a day
- 1 per day
- 2-3 per day
- 4-5 per day
- 6 or more per day

Q14 During the past one week, how many servings of **high fat FOODS** did you have (fatty meats, fatty cheese, sour cream, butter, french fries, pizza, etc.) on an **average day**?

- None
- Less than one a day
- 1 per day
- 2-3 per day
- 4-5 per day
- 6 or more per day

Q15 How many of the past **7 days** did you exercise or do physical activity for a total of at least **60 minutes** a day (like basketball, soccer, running, swimming laps, bicycling, skateboarding, fast walking, dancing, or similar aerobic activities)?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Q16 In the past 7 days, how many days did you exercise or play so hard that your body got tired?

- ○ No days
- ○ 1 day
- ○ 2-3 days
- ○ 4-5 days
- ○ 6-7 days

Q17 In the past 7 days, how many days did you exercise really hard for 10 minutes or more?

- ○ No days
- ○ 1 day
- ○ 2-3 days
- ○ 4-5 days
- ○ 6-7 days

Q18 In the past 7 days, how many days did you exercise so much that you breathed hard?

- No days
- 1 day
- 2-3 days
- 4-5 days
- 6-7 days

Q19 In the past 7 days, how many days were you so physically active that you sweated?

- No days
- 1 day
- 2-3 days
- 4-5 days
- 6-7 days

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Q20 During the past **7 days**, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q21 During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q22 During the past 7 days, how many times did you eat **green salad**?

- I did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q23 During the past 7 days, how many times did you eat **other vegetables**? (Do not count green salad).

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q24 During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop,** such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q25 During the past 7 days, how many times did you drink a **can, bottle, or glass of a sports drink** such as Gatorade or Powerade? (Do **not** count low calorie sports drinks such as Propel or G2.)

- I did not drink sports drinks during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q26 During the past 7 days, how many times did you drink a **bottle or glass of plain water drink** ? (Count tap, bottled and unflavored sparkling water.)

- I did not drink water during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Q27 During the past month, on average how many **hours of sleep** did you get on an **average school night**?

- Less than 4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- More than 12

Q28 Please indicate your agreement with the following statement:

I know many ways to reduce my stress.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

End of Block: Health Behaviors

Start of Block: Youth Assets: Self-esteem

Q29 How true do you feel these statements are about you personally?

	Not At All True	A Little True	Pretty Much True	Very Much True
I know where to go for help with a problem.	○	○	○	○
I try to work out problems by talking or writing about them.	○	○	○	○
I can work out my problems.	○	○	○	○
I can do most things if I try.	○	○	○	○
I can work with someone who has different opinions than mine.	○	○	○	○
When I need help, I find someone to talk with.	○	○	○	○
There are many things that I do well.	○	○	○	○

End of Block: Youth Assets: Self-esteem

Start of Block: Youth Asset: Self-efficacy and problem solving

X→

Q30 How true do you feel these statements are about you personally?

	Strongly Disagree	Disagree	Agree	Strongly Agree
On the whole, I am satisfied with myself.	○	○	○	○
At times, I think I am no good at all.	○	○	○	○
I feel I have a number of good qualities.	○	○	○	○
I am able to do things as well as most other people.	○	○	○	○
I feel I do not have much to be proud of.	○	○	○	○
I certainly feel useless at times.	○	○	○	○
I feel that I am a person of worth, at least on an equal plane with others.	○	○	○	○
I wish I could have more respect for myself.	○	○	○	○
All in all I am inclined to feel like a failure.	○	○	○	○
I take a positive attitude toward myself.	○	○	○	○

End of Block: Youth Asset: Self-efficacy and problem solving

Start of Block: Knowledge

Q31 Which of the following is highest in carbohydrate?

- Baked chicken
- Swiss cheese
- Baked potato
- Peanuts
- I don't know

Q32 Which should not be used to treat low blood glucose?

- 3 hard candies
- 1/2 cup orange juice
- 1 cup diet soft drink
- 1 cup skim milk
- I don't know

Q33 The best way for someone with diabetes to take care of their feet is to:

- Look at and wash them each day
- Massage them with alcohol each day
- Soak them for one hour each day
- Buy shoes a size larger than usual
- I don't know

Q34 Which of the following is usually not associated with diabetes?

- Vision problems
- Kidney problems
- Nerve problems
- Lung problems
- I don't know

Q35 Using the Plate Method to plan healthy meals, which of the following foods should fill half of the plate?

- Steamed broccoli
- Baked chicken
- Rice
- Baked potato
- I don't know

Q36 Glycosylated hemoglobin (hemoglobin A1) is a test that measures the average blood glucose level for the past:

- 1 day
- 1 week
- 2-3 months
- 6-9 months
- I don't know

Q37 What is the best definition of an action plan?

- ○ A plan to get healthy by eating healthy food
- ○ A step in the process of accomplishing a goal
- ○ A promise to improve your health with actions you will do
- ○ A plan to do physical activity in order to become more healthy
- ○ I don’t know

Q38 On a confidence scale of 1-10, what is the minimum level of confidence that people should have in order to consider their plan a good action plan?

- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ I don't know

End of Block: Knowledge

Start of Block: Program Ratings and Feedback

Q39 **Please rate the following:**

	Excellent	Very Good	Good	Fair	Poor
How do you rate the program OVERALL?	○	○	○	○	○
How do you rate the TEACHER or TEACHERS?	○	○	○	○	○
How do you rate the USEFULNESS of this program in helping you learn about diabetes and health?	○	○	○	○	○

Q40 **What did you like about this program?**

	Strongly Agree	Agree	Disagree	Strongly Disagree
I learned something new about diabetes.	○	○	○	○
This program helped me connect with the family member I coached.	○	○	○	○
It helped me make a change in my lifestyle (e.g., diet, physical activity, or some other behavior).	○	○	○	○

End of Block: Program Ratings and Feedback

Start of Block: Questions about Action Planning and Person Coached

Q41 ***For the following questions, please use the space provided to tell us in your own words the answers to the questions.***

Q42 What action plans did you make as part of this program? Please describe the details of your plan.

_____

_____

_____

_____

_____

Q43 Have you made lifestyle changes (diet, exercise, sleep, reducing stress...etc.) because of this program?

- ○ Yes
- ○ No

Q44 What changes have you made? Please be specific.

_____

_____

_____

_____

_____

Q45 What barriers did you face in following a healthy lifestyle?

Q46 What did you like BEST about this program?

Q47 What would you like to CHANGE or make better about this program?

Q48 **Questions About the Person You Coached:**

Q49 The person I coached is my

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Cousin
- Sister
- Brother
- High school friend
- Adult friend
- Teacher
- Other_please describe _____

Q50 Did the person you coached tell you that they have **diabetes**?

- Yes
- No

Q51 Did the person you coached tell you that they have a **different chronic illness** (not diabetes)?

- ○ Yes (If yes, please write what other chronic illness) _____
- ○ No
- ○ Don't know

Q52 Does the person you coached **see a doctor regularly?**

- ○ Yes
- ○ No
- ○ Don't Know

Q53 Did the person you coached **meet with you every week** to make plans to get healthier?

- ○ Yes, every week
- ○ Most weeks
- ○ Only occasionally
- ○ No, we did not meet at all

Q54 Did you **coach the same person** each week during the past 8 weeks?

- ○ Yes
- ○ No

Q55 **The following questions are about your team member's experience with answering questions in Homework 7**

Q56 How was your team member’s experience answering questions in Homework 7?

- ○ My team member read and completed the question by them self
- ○ I helped my team member read and complete the questions
- ○ I read and translated the questions so that my team member could complete the questions. If so, in what language do you communicate with your team member _____
- ○ My team member could not complete the questions. If so, why. Please explain in space below _____

Q57 Did you have any difficulty in having your team member answer the questions in Homework 7?

- ○ No
- ○ Yes

Q58 If you answered "Yes" to the question above, why was it difficult for your team member to answer questions in Homework 7?

- ○ Due to a language barrier
- ○ It was too time consuming
- ○ My team member was embarrassed to answer the questions
- ○ My team member did not want to do it
- ○ Other – please explain _____

Q59 Please check below the languages that you used while working as health coach with your family or team member (Check all languages that apply)

- ☐ English
- ☐ Arabic
- ☐ Chinese (Cantonese or Mandarin)
- ☐ Spanish
- ☐ Vietnamese
- ☐ Hindi, Tamil or another Indian subcontinent language
- ☐ Other _____

Q60 Any additional feedback for us?

_____

_____

_____

_____

_____

End of Block: Questions about Action Planning and Person Coached

Start of Block: Zoom connectivity

Q61 How many classes of the youth coaching program did you attend?

- All 8 classes
- 7 classes (missed 1)
- 6 classes (missed 2)
- 5 classes (missed 3)
- 4 or less classes (missed 4 or more classes)

Q62 Did you attend the classes remotely on Zoom?

- Yes
- No

Q63 Can you connect to Zoom from home?

- Yes
- No

Q64 If you answered "No" to the above question, then where did you access Zoom from? Please specify (e.g. library, community center, school etc.)

_____

_____

_____

_____

_____

Q65 What device did you use to access Zoom?

- Computer
- iPad
- Smart phone (iPhone or Android)
- Other (please write here): _____

Q66 Did you have any problems using Zoom at home?

- Yes
- No

Q67 What problems did you have with Zoom? Please check **ALL** that apply.

- [ ] No device to use (no computer, no tablet, no smartphone...etc.)
- [ ] Trouble logging on
- [ ] Trouble finding the link
- [ ] Poor connection
- [ ] No wifi
- [ ] Other (please explain) _____

End of Block: Zoom connectivity

Start of Block: Demographics

Q68 How old are you? (please enter a number)

_____

Q69 What is your sex?

- ○ Male
- ○ Female

Q70 What grade are you in?

- ○ 9th
- ○ 10th
- ○ 11th
- ○ 12th

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Q71 What is your race or ethnicity? (check all that apply):

- [ ] American Indian or Alaska Native
- [ ] Asian or Asian American
- [ ] Black or African-American
- [ ] Hispanic or Latinx
- [ ] Native Hawaiian or Pacific Islander
- [ ] White
- [ ] Something else

Q72 If you are Asian or Pacific Islander, which groups best describe you? (Mark All That Apply.) If you are not of Asian or Pacific Islander background, mark “A) Does not apply.”

- [ ] Does not apply; I am not Asian or Pacific Islander
- [ ] Asian Indian
- [ ] Cambodian
- [ ] Chinese
- [ ] Filipino
- [ ] Hmong
- [ ] Japanese
- [ ] Korean
- [ ] Laotian
- [ ] Vietnamese
- [ ] Native Hawaiian, Guamanian, Samoan, Tahitian, or other Pacific Islander
- [ ] Other Asian

Q73 If you are Hispanic or Latinx, which groups best describe you? (Mark All That Apply.) If you are not of Hispanic or Latinx background, mark “A) Does not apply.”

- [ ] Does not apply; I am not Hispanic or Latinx
- [ ] Colombian
- [ ] Cuban
- [ ] Dominican
- [ ] Guatemalan
- [ ] Honduran
- [ ] Mexican
- [ ] Puerto Rican
- [ ] Salvadoran
- [ ] Other Hispanic or Latinx

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Q74 Please indicate the highest level of your parents' education:

	Parent 1	Parent 2
Did not finish high school	○	○
High school diploma	○	○
Completed some college (1-2 years)	○	○
At least 4-year degree	○	○
Don’t know	○	○

Q75 For this question, please indicate your level agreement with the statement below **BEFORE** you participated in the Stanford Youth Diabetes Coaching Project (SYDCP) and then **AFTER** you participated in the SYDCP.

	BEFORE participating in the SYDCP					AFTER participating in the SYDCP				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree(5)
I want to work in healthcare	○	○	○	○	○	○	○	○	○	○

End of Block: Demographics

Start of Block: Block 11

Q76 Thank you for completing this survey. Keep action planning!

End of Block: Block 11