Thank you for participating in the 4-H Study of Positive Youth Development. In order to help us better understand your program, we ask that you please fill out the following information. When you are finished, please return this form in the enclosed return envelope.

Your Program Name _____________________________________________________________

Town, State _________________________________________________________________

Meeting Location (school, community center, church etc.) __________________________

1. Is your program a 4-H sponsored Program? Yes No
   If yes, what type of 4-H program
   Club
   Camp
   After School Program
   Special Interest Group
   School Enrichment

2. What is the program curricular or content (e.g. archery, animal science)
   ________________________________________________________________

3. Do you follow a specific 4H curriculum? Yes No
   If yes,__________________________________________________________

4. How long has program/club been in place? _______ yrs.

5. Number of participants______________________________

6. How many _______ days/week or _days/month does the club/program meet?

7. How many _______ months/year does the program meet?

We would like to have your contact information in case we should have any additional questions.

NAME_________________________________________
PHONE NUMBER_______________________________
E-MAIL________________________________________

If HealthRocks! is being implemented at your site now, please fill out PAGE 2.

If HealthRocks! is NOT being implemented at your site now but has been in the past, please fill out PAGE 3.

If HealthRocks! has NEVER been implemented at your site, you do not need to fill out anything else.
PLEASE FILL OUT THIS PAGE IF YOU ARE CURRENTLY IMPLEMENTING HEALTHROCKS! IN YOUR PROGRAM

We would like to know some details about the Health Rocks! program that you are currently leading.

1. Did you participate in the formal Health Rocks training? Yes  No
   If yes, where was the training held? ________________________________
   If yes, when was it? ________________________________

2. Is this your first time implementing the Health Rocks! Program? Yes  No
   If no, for how many years has the curriculum been presented at your site? _______

3. What are the program implementation dates this year? Start date: __________ End date: __________

4. How many days a week is the program/curriculum presented? _________________

5. For what length of time? _________________________________

6. How many teen leaders are part of the program? ________________

7. How many adult leaders are part of the program? ________________

8. How many youth participate? ________________________________

9. Please indicate which curriculum components you will cover and which components you have already covered?

   1. Tobacco Stories Yes  No  completed
   2. Keeping Kids Healthy Yes  No  completed
   3. What’s the media got to do with this? Yes  No  completed
   4. Deciding to be healthy for life Yes  No  completed
   5. Stress: Strategies to reduce every single struggle Yes  No  completed
   6. Commitment to Care Yes  No  completed
PLEASE FILL OUT THIS PAGE IF HEALTHROCKS! HAS BEEN IMPLEMENTED AT YOUR SITE IN THE PAST BUT IS NOT CURRENTLY BEING IMPLEMENTED

We would like to know some details about the Health Rocks! program that was implemented at your site in the past.

1. Did the leader participate in the formal HealthRocks training? Yes No
   If yes, where was the training held?_____________________________________
   If yes, when was it?__________________________________________________
2. How many years was the HR! curriculum presented at your site? ______
3. When was it terminated? ___________
4. How many days a week was the program/curriculum presented? _____________
5. For what length of time? _____________________________________________
6. How many teen leaders were part of the program? __________
7. How many adult leaders were part of the program? ___________
8. How many youth participated? ________________________________
9. What curriculum components were covered?
   1. Tobacco Stories Yes No
   2. Keeping Kids Healthy Yes No
   3. What’s the media got to do with this? Yes No
   4. Deciding to be healthy for life Yes No
   5. Stress: Strategies to reduce every single struggle Yes No
   6. Commitment to Care Yes No