Dear Parents/Guardians,

Your child is participating in the 4-H *Health Rocks!* Program through UT Extension. This program is funded by National 4-H Council, and it teaches decision-making skills for substance abuse prevention.

We are conducting a study of this program. We are asking for your permission for your child to participate in a survey. If you agree, your child will complete a survey with questions about knowledge, attitudes, skills, and/or behaviors after the *Health Rocks!* program, and then the same knowledge, attitudes, skills, and/or behaviors before the *Health Rocks!* program. Demographic information such as age, grade, ethnicity, etc. will also be asked. It will take youth approximately 15-20 minutes to complete the survey.

Along with this letter, you will find information a parental consent form and a youth assent form. If you give permission for your child to participate, please sign the parental consent form, and return it to your 4-H leader. Your child will sign the assent form if they agree to participate.

Your child is not required to participate in this study. There are no known risks or discomforts associated with this evaluation. If your child feels uncomfortable with any question in the survey, they can stop and withdraw at any time. The survey is completely confidential. No name will be linked to the information provided in the survey. We will only report summary data from Tennessee counties.

There is no monetary compensation for answering the survey questionnaire. If you have any questions about the *Health Rocks!* program, please contact your county Extension Office. If you have specific questions about the evaluation, you may contact us. Our contact information is below. Thank you.

Sincerely,

Joseph L. Donaldson, Ph.D.  
Assistant Professor  
Phone: 865-974-7245  
Email: jldonaldson@tennessee.edu

Justin E. Crowe, M.A.  
Extension Specialist  
Phone: 865-974-2128  
Email: jcrowe3@tennessee.edu
Purpose of the Evaluation Plan:
This evaluation plan for *Health Rocks!* is to measure implementation outputs and the degree to which youth participants achieve the learning objectives and expected outcomes of *Health Rocks!* curriculum implementation. Specifically, this evaluation will assess participants’ increased knowledge, changes in beliefs and attitudes, and increased skills and self-reported confidence in using positive behaviors targeted by each module after participating in *Health Rocks!* intermediate level curriculum.

Procedures:
A survey will measure increased knowledge, skills and potential for positive behaviors after youth participate in the *Health Rocks!* program. The survey will ask questions about knowledge, attitude, skill and/or behaviors at the present time and then ask what knowledge, attitude, skill and/or behaviors were previously. Participants will be given space to provide suggestions and comments. The survey mainly consists of questions on a four-point scale: 1=strongly disagree, 2=disagree, 3=agree, and 4=strongly agree. It has 27 questions, and it will take approximately 15-20 minutes to complete the survey.

Risks and Benefits:
There are minimal risks (i.e., no greater than what youth participants encounter in their day-to-day lives) associated with this research. If your child feels uncomfortable with some question in the questionnaire, he or she can stop at any time. There are no direct benefits to participation in the evaluation project.

Confidentiality:
Youth will NOT put their names on the questionnaires. Approximately 1,000 youth in Tennessee will be asked to participate. The data will be stored in a locked cabinet in principle investigators’ offices. Only Joseph Donaldson and Justin Crowe can access the data. The results obtained from this study may be used for writing reports, scientific journals, or presented at scientific meetings. All the data files will be destroyed three years after the research project is completed.

Compensation:
There is no compensation in this evaluation project.

Parent/Guardian Initials:
______

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Opportunity to Ask Questions:
If you have any questions about the questionnaire, you can ask any questions concerning this evaluation project and have those questions answered before agreeing to participate in or during the study. You can contact Joseph Donaldson through email jldonaldson@tennessee.edu or though phone 865-974-7245, Justin Crowe through email jcrowe3@tennessee.edu or through phone 865-974-2128. If you have questions concerning your child’s rights as a research subject that have not been answered by the investigator or to report any concerns about the study, you may contact the University of Tennessee Institutional Review Board, telephone 865-974-7697.

Freedom to Withdraw:
You and your child are free to decide whether or not your child will be participating in the study. Your child may also end their participations at any time without negatively affecting them or their relationship with the 4-H program. Your decision will not result in any change in 4-H membership or participation.

DOCUMENTATION OF INFORMED CONSENT
You are voluntarily making a decision whether your child wishes to participate in this research project. Your signature certifies that you have decided that your child may participate having read and understood the information presented. You will be given a copy of this consent form to keep.

___________________________________
Parent/Guardian Name (Print)

___________________________________  ________________
Signature of Parent/Guardian Date

Principal Investigator: Joseph L. Donaldson, Ph.D.
4-H, Agricultural Leadership, Education, and Communications
2621 Morgan Circle, 212-D
Knoxville, TN 37996
Office Phone: (865)-974-7245

Co-principal Investigator: Justin Crowe, M.A.
4-H, Agricultural Leadership, Education, and Communications
2621 Morgan Circle, 205
Knoxville, TN 37996
Office Phone: (865)-974-2128
We are inviting you to answer this evaluation survey because you are a participant of the Health Rocks! training, and we are interested to know what youth participants have learned from the Health Rocks! training.

A survey will measure increased knowledge, skills, and potential for positive behaviors after youth participate in the Health Rocks! program. The survey will ask questions about knowledge, attitude, skill and/or behaviors at the present time and then ask what knowledge, attitude, skill and/or behaviors were previously. Participants will be given space to provide suggestions and comments. The survey mainly has questions on a four-point scale: 1=strongly disagree, 2=disagree, 3=agree, and 4=strongly agree. It has 27 questions, and it will take approximately 15-20 minutes to complete the survey. There are minimal risks (i.e., no greater than what you encounter in your day-to-day lives) associated with this research. If you feel uncomfortable with some question in the questionnaire, you can stop at any time. There are no direct benefits to you in this evaluation project. Hopefully, this may help you see what you have learned from Health Rocks! training.

The survey is confidential. That is, your answer will not be linked to your name. The data will be stored in a locked cabinet and saved in the password controlled computer in Joseph Donaldson’s office. Only Joseph Donaldson and Justin Crowe have access to the data. We will also share our findings with others at meetings or in articles.

You can ask any questions concerning this evaluation project and have those questions answered before agreeing to participate in or during the study. You can ask Joseph Donaldson through email jldonaldson@tennessee.edu or through phone 865-974-7245, Justin Crowe through email jcrowe3@tennessee.edu or through phone 865-974-2128. If you have any questions concerning your rights as an evaluation participant that have not been answered by the evaluators or to report any concerns about the evaluation, you may contact the University of Tennessee Institution Review Board, telephone 865-974-7697.

You are free to decide whether or not you will be participating in this evaluation survey. You may also stop answering questions that make you feel uncomfortable at any time without negatively affecting your relationship with the 4-H program. Your decision will not result in any change in 4-H membership or participation.

Youth Initials:

_______
DOCUMENTATION OF YOUTH ASSENT

You are voluntarily making a decision whether you wish to participate in this research project. Your signature certifies that you have decided to participate having read and understood the information given above. You will be given a copy of this assent form to keep.

________________________________________
Youth Name (Print)

_________________________       ____________
Signature of Participating Youth        Date

Principal Investigator:    Joseph L. Donaldson, Ph.D.
4-H, Agricultural Leadership, Education, and Communications
2621 Morgan Circle, 212-D
Knoxville, TN 37996
Office Phone: (865)-974-7245

Co-principal Investigator: Justin Crowe, M.A.
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2621 Morgan Circle, 205
Knoxville, TN 37996
Office Phone: (865)-974-2128
Your participation in this survey is voluntary. It will take about 15-20 minutes. Part I asks about your experience with Health Rocks!. Part II will ask you about how you feel about the training. Part III will ask you to share anything else you would like to tell us about your Health Rocks! experience. Part IV will ask for some information about you (age, gender, etc.). Because we do not ask for your name, no one will know what your answers are.

I. The following survey is on a 4-point scale. Read each statement and circle the number that best represents your knowledge or experience:

1) **After the training** - at the present time after having completed Health Rocks! training.

2) **Before the training** - before your participation in Health Rocks! training.

<table>
<thead>
<tr>
<th>I know that</th>
<th>After the training</th>
<th>Before the training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>1. Once you start smoking, it is hard to stop.</td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>2. Using drugs can ruin my relationship with my family and friends.</td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>3. People who use drugs sometimes see or hear things that are not really there.</td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>4. People who smoke can die from lung cancer.</td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>5. If a friend wanted to try drugs, I can talk them out of it.</td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>6. When I feel stressed I am able to talk about it with people I trust.</td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>7. I am able to say “no” if others offered me cigarettes.</td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>8. I don’t have to drink or smoke even if some other young people do it.</td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>9. It is important for me to stay focused on learning at school.</td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>10. I need to think about how my choices will affect my future.</td>
<td>1  2  3  4</td>
<td>1  2  3  4</td>
</tr>
</tbody>
</table>
I know that

<table>
<thead>
<tr>
<th>I know that</th>
<th>After the training</th>
<th>Before the training</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. I have goals for myself.</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>12. I feel good about myself.</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>13. I would help other kids like me to stay away from alcohol or other drugs.</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

II. Please read each statement and circle the number that best represents your experience and satisfaction.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The training was interesting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. The staff members were friendly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I learned a lot during the training.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I actively participated in training activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

III. Place a check (√) next to the answer that describes you.

1. You are a: ______ Girl     ______ Boy
2. How old are you: ______
3. Grade: ______ 4th or lower
   ______ 5th
   ______ 6th
   ______ 7th
   ______ 8th
   ______ 9th
   ______ 10th or higher
4. Race: ______ Caucasian
   ______ African American/Black
   ______ Native American
   ______ Asian
   ______ Multi-Racial
   ______ Unknown
5. Ethnicity: ______ Hispanic/Latino     ______ Not Hispanic/Latino
6. Size of your town/city (your best guess or ask program staff if you are not sure):
   ______ Urban (population over 50,000)
   ______ Suburban (population 10,000 – 50,000)
7. Where did you participate in the Health Rocks! training?
   State ______    County ________________

8. Around how many hours of Health Rocks! training have you completed?
   __________

9. How many activities have you completed? ______ number of activities

IV. Please share additional comments and thoughts regarding your Health Rocks! experience in the space provided.

Thank you!

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.