

Healthy Works: Prevention Initiative

Resident Leadership Academy (RLA) Pre-Survey

Introduction

The Resident Leadership Academy (RLA) pre-survey will be used to learn about the effectiveness of the RLA training. You are asked to complete this survey at the start of your RLA experience, and will be given a similar survey on the last day of the RLA training. Please complete this survey to the best of your abilities. We do not request your name for this survey, but do ask you to complete some questions regarding yourself to be able to connect your pre- and post-survey to each other anonymously, for the purpose of understanding the change in knowledge among participants from the start to the end of the training.

Note: The survey should take less than 10 minutes to complete.

About You

Date: _____ Training site: _____

First initial of first name: _____ First two initials of last name: _____

Address (Number only): _____

1. What is your connection to this city/neighborhood (Check all that apply)?

- Resident
 Frequently in the area for personal reasons (shopping, activities with friends/family, etc.)
- Work in the area
- Other (please specify): _____

2. Where you live, work, and play can affect your health. These things are called social determinants of health. **Please use a check mark to indicate your response to each of the following questions:**

	Yes	No	Not Sure
Do community members have access to safe housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do community members have access to health care services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do community members have access to healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do community members have supports for healthy eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do community members have community-based resources in support of community living and opportunities for recreational and leisure-time activities available to them? (e.g., community groups, community activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No	Not Sure
Is there exposure to crime, violence, and social disorder (e.g., presence of trash, lack of cooperation) in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)			

3. Please use a check mark to indicate how often you agree with each of the statements below:

	Never	Sometimes	Always	Not Sure
I know how to maintain and/or improve my health and the health of my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how to access resources to improve my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the strengths and weaknesses of my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the role different people and groups play in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a leader in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to contact decision makers in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident talking to decision makers about health issues in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get different people and groups to find common ground or come to a decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make plans for a project and then see them through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please rank the following statements about your expectations for the training, with "1" indicating the item you have the highest expectation for and "4" indicating the item you have the lowest expectation for.

I am here to...

_____ Learn how to improve my health and the health of my family

_____ Develop my leadership, community organizing, and advocacy skills

_____ Learn how to make change in my community

_____ Meet other community members with similar concerns

5. Please share what skills, knowledge, and/or strategies you most hope to learn or develop through the training:

6. I learn best by (Check all that apply):

- Reading information
- Doing activities
- Watching others
- Listening to others speak