

Coordinated Approach to Child Health (CATCH) Team Survey

Elementary School: _____ School Year: _____

Name: _____ Position/Department: _____

| | | All of the time | Some of the time | None of the time | Not applicable |
|----|---|-----------------|------------------|------------------|----------------|
| 1. | The CATCH program was easy to implement. | 1 | 2 | 3 | 4 |
| 2. | The students liked the CATCH program. | 1 | 2 | 3 | 4 |
| 3. | I was able to coordinate with other areas in the school to implement the CATCH program. | 1 | 2 | 3 | 4 |
| 4. | I modeled healthy behaviors for the students. | 1 | 2 | 3 | 4 |
| 5. | I received support from our local health department and/or the Oklahoma State Department of Health. | 1 | 2 | 3 | 4 |
| 6. | The CATCH materials were user-friendly and helpful. | 1 | 2 | 3 | 4 |
| 7. | I liked the CATCH program. | 1 | 2 | 3 | 4 |

8. Please list any barriers to implementing the CATCH program: _____

9. Please list any areas that you are in need of additional support or resources to better implement the CATCH program:

10. Additional suggestions/comments/concerns about the CATCH program: _____
