

INSTRUCTIONS AND FORMS

Subrecipient Checklist Part I and Part II

INSTRUCTIONS:

The purpose of this Subrecipient Checklist (SRCL) is to document prevention activities supported through the State Incentive Grant (SIG) program. This SRCL has been updated to collect information for the current reporting period.

Each subrecipient county grantee must complete an SRCL Form for each intervention that received SIG funding during the current reporting period.

The SRCL consists of two components.

SRCL Part I – This brief form asks for basic information about the Subrecipient organization and a listing of all SIG-funded programs delivered through this funding for the current reporting period.

SRCL Part II – This form asks for information on SIG-funded interventions [See definition of intervention below.].

DEFINITIONS:

Intervention: An activity or set of activities to which a group is exposed to change the group's behavior. In substance abuse prevention, interventions may be used to prevent or lower the rate of substance or substance abuse related problems. If several activities are related to the same intervention (planning, development, implementation or evaluation), they should be combined and reported as a single intervention. For example, staff recruitment to teach the Botvin's Life Skills Training program, the training of staff to implement this program and the actual implementation of the program are all considered to be interrelated activities and should be reported as a single intervention – Botvin's Life Skills Training.

Cultural Competence: (Part I, Questions 9-10) Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals which enables them to work effectively cross-culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Striving to achieve cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment.

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Domains (Part II, Question 8)

Domains: Spheres of activity or outcome (i.e., individual, family, and community) within which risk and protective factors are played out.

Individual Domain: Interventions in the individual domain are designed to change knowledge about and attitudes toward substance abuse with the ultimate goal of influencing behavior. These interventions target factors such as lack of knowledge about the negative consequences associated with using illegal substances, attitudes favorable toward use, early onset of use, biological or psychological dispositions, antisocial behavior, and sensation seeking.

Family Domain: Interventions in the family domain focus on issues such as parental and sibling drug use or approval of use, inconsistent or poor family management practices—including lack of supervision, lack of parental involvement in children’s lives, family conflict, sexual or physical abuse, economic instability, and lack of attachment to parents, often called low family bonding. For immigrant families, problems adapting to the mainstream culture can also be a serious risk factor.

Peer Domain: The principal risk factors associated with the peer domain are peer use, peer norms favorable toward use, and peer activities conducive to use.

School Domain: Interventions in the school domain target lack of commitment to education, poor grades or school failure, lack of attachment to school, negative school climate, and lenient school policies with regard to the use of some substances (e.g. tobacco).

Community Domain: Interventions in the community domain are aimed at lack of bonding or attachment to social and community institutions, lack of community awareness or acknowledgment of substance use problems, community norms favorable to use and tolerant of abuse, insufficient community resources to support prevention efforts, and inability to address the problem of substance abuse.

Society/Environmental Domain: Society/environmental interventions focus on norms tolerant of use and abuse, policies enabling use and abuse, lack of enforcement of laws designed to prevent use and abuse, and inappropriate negative sanctions for use and abuse.

Source: Department of Health and Human Services (2001). *Principles of Substance Abuse Prevention: Guide to Science-Based Practices*. Publication No. (SMA) 01-3507. Available from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation.

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Institute of Medicine Categories (Part II, Question 9)

The Institute of Medicine defines prevention interventions according to the manner in which they seek to engage their recipients. There are three categories: universal, selective, and indicated.

Universal interventions aim to reach all individuals, regardless of whether they need a prevention program or will ultimately benefit from a prevention program. In this use of the word, universal means literally that the intervention is intended for the largest possible population of recipients. Universal programs are, therefore, classic public health interventions, designed to benefit those who need the programs by intervening with all members of the defined population.

Selective interventions are prevention efforts that aim to reach members of the population deemed at-risk for the problem the program seeks to reduce or prevent. A selective program often employs sociodemographic profiles to identify characteristics of the at-risk group. For example, if certain economic conditions or neighborhood factors distinguish a population as having above-average risk for later substance abuse problems, members of groups who share those conditions or live in those neighborhoods would be designated for the selective prevention program.

Indicated prevention programs are meant for individuals who, by lifestyle or behavior, already show evidence of having problems with substances, or whatever condition is targeted by the prevention program. Children who have experimented with drugs, for example, would be candidates for an indicated drug abuse prevention program.

Source: Department of Health and Human Services (2002). *A Practitioner's Guide to Science-Based Prevention: A Handbook of Promising, Effective, and Model Programs*. Available from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Science-Based Interventions (Part II, Questions 10-13) have been reviewed by experts in the field according to predetermined standards of empirical research. Science-based programs are theory based, have sound research methodology, and can support that effects are clearly linked to the program itself and not to extraneous events. Results from science-based programs may be positive, neutral, or negative.

For the purpose of Center for Substance Abuse Prevention (CSAP) reporting, a model program is considered science-based if it is implemented in its entirety. If a strategy from a model program is used without the entire model, it is not considered science-based for this form.

Number of Individuals Served (Part II, Questions 15-28)

The SRCL Part II Form asks for information on the number of people served during this reporting period and how they were reached or potentially reached. We are interested in the count of individuals actually exposed to the intervention and not those involved in

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preparatory work. The definitions used in this question are based on the Minimum Data Set. The terms “single” and “recurring” are used to distinguish between one-time events and ongoing prevention programs. *Single events* are generally conducted once; examples are a presentation at a civic group luncheon or a speech at a school assembly. In contrast, *recurring services* are efforts undertaken with the same group of people over a fixed period of time, such as a parent education group where the same individuals meet once a week for six weeks.

Environmental interventions refer to strategies that establish or change written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service- and action-oriented initiatives. Types of services conducted and methods used for implementing this strategy include the following: environmental consultation to communities; preventing underage sale of tobacco and tobacco products; preventing underage alcoholic beverage sales; establishing ATOD-free policies; changing environmental codes, ordinances, regulations, and legislation and public policy efforts.

Media Campaigns are structured activities that use print and broadcast media to deliver prevention information or health promotion messages relative to substance abuse. Examples are media promotion of Red Ribbon, Project Graduation or other similar events, printing of ads with "no-use" messages, distribution of signs to stores and businesses, distribution of bumper stickers, posters, etc., use of national substance abuse prevention media materials tagged to a state or community (e.g., Partnership for a Drug-Free America) and prevention ads and messages in newspapers.

COMMON QUESTIONS:

Q: Who should actually fill out the SRCL?

A: Someone in the subrecipient organization will be in the best position to respond to the questions. For some questions, such as those dealing with evaluation data and findings, the local or state evaluator may be best suited to answer those items.

Q: What if the subrecipient is delivering the same intervention at multiple sites (e.g., several schools in the community)? Should each site be considered a separate intervention, with a SRCL Part II Form completed on each?

A: If the content and structure of the intervention is the same at all locations then you may report this on one single form. However, if different adaptations to the intervention have been made at different sites, then you must report each intervention separately.

Q: How should media campaigns and environmental interventions be reported?

A: It is important to report on all prevention activities, including media campaigns and environmental interventions. Throughout the SRCL we have used the term intervention to reflect our intention of obtaining information on the full range of prevention activities funded under the SIG. We have attempted to create a form that is applicable to the full range of interventions. Please note that Questions 15-28 in Part II ask how individuals were served, reached, or potentially reached through this intervention and Questions 23-28 specifically distinguish media campaigns and environmental interventions from other types of efforts.

Q: What if I am unsure how to respond to a specific question?

A: Questions regarding the SRCL should be directed to Kathleen Cronin at (916) 327-4867, or kcronin@adp.ca.gov. In addition, there is a comment section at the end of both the Part I and Part II Forms, where you can note comments or concerns with the SRCL. Also, resource information is located at CA-CPI.org in the SIG website Learning Community section.

SUBRECIPIENT CHECKLIST PART I FORM

5. How would you describe your organization? (Check all that apply.)
- 1. Local grassroots or community based organization
 - 2. Coalition
 - 3. Local public youth agency
 - 4. Advocacy organization
 - 5. Independent non-profit organization
 - 6. School district
 - 7. For profit organization
 - 8. College/university
 - 9. Governmental agency
 - 10. Other (Specify):
6. Does your organization receive prevention funding other than SIG dollars? (Check yes or no.)
- 1. Yes
 - 2. No **(Skip to Question 8.)**
7. What type of prevention funding other than SIG dollars does your organization receive? (Check all that apply.)
- 1. Other State funds
 - 2. County or municipal funds
 - 3. Foundation or other private funds
 - 4. Weed and Seed
 - 5. Federal SAPT Block Grant funds
 - 6. Drug Free Communities
 - 7. Safe and Drug Free Schools
 - 8. Other Federal funds (Specify)
 - 9. Other (Specify)
8. Which of the following areas (other than prevention programming) does SIG support? (Check all that apply.)
- 1. Training staff and board members
 - 2. Building community or coalition capacity
 - 3. Evaluation
 - 4. Other (Specify)
 - 5. SIG funds only used for prevention programming

SUBRECIPIENT CHECKLIST PART I FORM

9. In which areas does your organization have specific policies or practices in place relating to cultural competence? [See Definitions, page i.] (Check one on each line.)

	Yes	No	DK
a. Administrative policies and practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
b. Program personnel	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
c. Language and communication	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
d. Feedback and dissemination of information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
e. Service approach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
f. Evaluation design	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>

10. In the areas checked yes above...

a. Does your organization monitor compliance? (Check one.)

- 1. Yes
- 2. No
- 8. Don't Know

b. Do you hold your contract agencies to the same standards? (Check one.)

- 1. Yes
- 2. No
- 3. Not Applicable
- 8. Don't Know

B. Subrecipient Prevention Interventions

11. What is the total number of SIG-funded interventions (e.g., planning, development, implementation or evaluation stages) supported by your organization during this reporting period? This number should match the number of interventions listed in Question 12.

SUBRECIPIENT CHECKLIST PART I FORM

12-15. Please list all of the prevention interventions that you supported with SIG funds during this reporting period. This includes all interventions that were funded in the planning, development, implementation or evaluation stages. Then indicate the actual or projected SIG funding start and end dates, as well as the actual or projected implementation start date for all SIG funded prevention interventions.

For Office Use Only	12. Intervention Name	13. SIG Funding Start Date	14. Implementation Start Date	15. SIG Funding End Date
	a. <input type="text"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	a. <u>09/30/2007</u>
	b. <input type="text"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	b. <u>09/30/2007</u>
	c. <input type="text"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	c. <u>09/30/2007</u>
	d. <input type="text"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	d. <u>09/30/2007</u>
	e. <input type="text"/>	e. <input type="text"/> / <input type="text"/> / <input type="text"/>	e. <input type="text"/> / <input type="text"/> / <input type="text"/>	e. <u>09/30/2007</u>
	f. <input type="text"/>	f. <input type="text"/> / <input type="text"/> / <input type="text"/>	f. <input type="text"/> / <input type="text"/> / <input type="text"/>	f. <u>09/30/2007</u>
	g. <input type="text"/>	g. <input type="text"/> / <input type="text"/> / <input type="text"/>	g. <input type="text"/> / <input type="text"/> / <input type="text"/>	g. <u>09/30/2007</u>
	h. <input type="text"/>	h. <input type="text"/> / <input type="text"/> / <input type="text"/>	h. <input type="text"/> / <input type="text"/> / <input type="text"/>	h. <u>09/30/2007</u>
	i. <input type="text"/>	i. <input type="text"/> / <input type="text"/> / <input type="text"/>	i. <input type="text"/> / <input type="text"/> / <input type="text"/>	i. <u>09/30/2007</u>
	j. <input type="text"/>	j. <input type="text"/> / <input type="text"/> / <input type="text"/>	j. <input type="text"/> / <input type="text"/> / <input type="text"/>	j. <u>09/30/2007</u>
	k. <input type="text"/>	k. <input type="text"/> / <input type="text"/> / <input type="text"/>	k. <input type="text"/> / <input type="text"/> / <input type="text"/>	k. <u>09/30/2007</u>
	l. <input type="text"/>	l. <input type="text"/> / <input type="text"/> / <input type="text"/>	l. <input type="text"/> / <input type="text"/> / <input type="text"/>	l. <u>09/30/2007</u>

Please complete an SRCL Part II Form for each one that you funded during this reporting period.

C. Comments:

Thank you!

SUBRECIPIENT CHECKLIST PART II FORM

A. Intervention Information

This form collects all data for an individual intervention. For example, if the Border Binge Drinking Reduction Program is listed as an intervention, the county grantee will report all information pertaining to the Border program on one SRCL Part II form. If the Border program is implemented in three communities, data from all three communities is combined and reported on that same SRCL Part II Form.

- 1. Intervention Name:

- 2. If this intervention is based on an existing intervention, please enter the name of that existing intervention on the line below (e.g., Botvin's Life Skills, Big Brothers/Big Sisters).

If the intervention named above is not based on an existing intervention, check box and skip to Question 3.

- 3. Please describe the intervention named in Question 1.

- 4. What best describes this intervention? (Check one.)
 - 1. Not implemented in the community prior to SIG funding
 - 2. Continuation of a previous intervention with no change
 - 3. Continuation of an intervention with changes or adaptations including expansion to new populations

- 5. What geographic areas are served by this intervention?
(Indicate responses for all three columns, if applicable.)

a. City/Town

b. County/Parish

c. Zip Code(s)

SUBRECIPIENT CHECKLIST PART II FORM

6. What was the total amount of the SIG funding spent on this intervention (planning, development, implementation or evaluation) during this reporting period? (Please round to nearest dollar.)

\$

7. SIG funds represent what percentage of the total dollars spent on the planning, development, implementation or evaluation of this intervention during this reporting period? (Please round to the nearest percent.)

%

8. This intervention is focused upon which of the following CSAP domains? [See Definitions, page ii.] (Check all that apply.)

- 1. Individual
- 2. Family
- 3. Peer
- 4. School
- 5. Community
- 6. Society/environmental

9. The intervention activities as delivered would be classified in which of the following Institute of Medicine categories? [See Definitions, page iii.] (Check all that apply.)

- 1. Universal
- 2. Selective
- 3. Indicated

10. Is this intervention science-based? [See Definitions, page iii.] (Check yes or no.)

- 1. Yes
- 2. No **(Skip to Question 12.)**

11. How do you know it is science-based? (Check all that apply.).

- 1. CSAP document
- 2. CSAP web-site
- 3. CAPT web site
- 4. Evaluator told us
- 5. Cited in literature
- 6. Other (Specify)

SUBRECIPIENT CHECKLIST PART II FORM

12. Have any individuals been served by the intervention to date? (Check yes or no.)

- 1. Yes
- 2. No **(Skip to Section Question 45.)**

13. If you have implemented a science-based intervention, have you adapted it from the approach recommended by the developer on any of these dimensions?

If no adaptations were made to the intervention, check box , and skip to Question 15.

- a. Dosage (Check one.):
 - 1. Fewer sessions
 - 2. More sessions
 - 3. Other (Specify)
 - 4. No change
 - 5. Developer makes no recommendation for dosage

- b. Duration (Check one.):
 - 1. Delivered in a shorter timeframe than recommended
 - 2. Delivered in a longer timeframe than recommended
 - 3. Broke up delivery of intervention sessions over time
 - 4. Other (Specify)
 - 5. No change
 - 6. Developer makes no recommendation for duration

- c. Setting [e.g., held intervention in a different location than model] (Check one.):
 - 1. Yes (Specify)
 - 2. No
 - 3. Developer makes no recommendation for setting

- d. Moderator/Staff/Trainer [e.g., used different delivery staff than model] (Check one.):
 - 1. Yes (Specify)
 - 2. No
 - 3. Developer makes no recommendation for moderator/staff/trainer

- e. Recruitment/Retention Strategies [e.g., recruited participants differently than model] (Check one.):
 - 1. Yes (Specify)
 - 2. No
 - 3. Developer makes no recommendation for recruitment/retention strategies

SUBRECIPIENT CHECKLIST PART II FORM

- f. Target Population [e.g., targeted different audience than model]
(Check one.):
 - 1. Yes (Specify.)
 - 2. No
 - 3. Developer makes no recommendation for target population

- g. Curriculum Content [e.g., delivered different content than recommended or did not use materials as directed] (Check one.):
 - 1. Yes (Specify.)
 - 2. No
 - 3. Developer makes no recommendation for curriculum content

- h. Was the intervention adapted according to cultural requirements of the community? (Check yes or no.):
 - 1. Yes (Specify)
 - 2. No

14. If you have checked yes to any part of Question 13 (items a-h), please describe your **reasons** for making these adaptations (e.g., scheduling, cultural requirements, school policies regarding content).

SUBRECIPIENT CHECKLIST PART II FORM

The following questions ask about the number of individuals served, reached or potentially reached by this intervention during this reporting period. You will be specifically asked to report individuals served by single events, recurring services, environmental interventions and media campaigns [See Definitions, page iv.].

15. Were individuals served, reached or potentially reached by this intervention through one or more **single events** during this reporting period?

[See Definitions, page iv.] (Check yes or no.)

- 1. Yes
- 2. No (**Skip to Question 18.**)

16. How many individuals were served, reached or potentially reached by this intervention through one or more **single events** during this reporting period?

Total Number Served

17. Is the number provided in Question 16 an exact count or an estimate? (Check one.)

- 1. Exact Count
- 2. Estimate

18. Were individuals served, reached or potentially reached by this intervention through **recurring services** during this reporting period?

[See Definitions, page iv.] (Check yes or no.)

- 1. Yes
- 2. No (**Skip to Question 23.**)

19. How many individuals were **enrolled** in these recurring services during this reporting period?

Number Served

20. Is the number provided in Question 19 an exact count or an estimate? (Check one.)

- 1. Exact Count
- 2. Estimate

21. How many individuals **completed** this recurring service intervention during this reporting period?

Number Served

22. Is the number provided in Question 21 an exact count or an estimate? (Check one.)

- 1. Exact Count
- 2. Estimate

SUBRECIPIENT CHECKLIST PART II FORM

23. Were individuals served, reached or potentially reached by this intervention through one or more **environmental interventions** during this reporting period?

[See Definitions, page iv.] (Check yes or no.)

- 1. Yes
- 2. No **(Skip to Question 26.)**

24. How many individuals were served, reached or potentially reached by this intervention through one or more **environmental interventions** during this reporting period?

Number served

25. Is the number provided in Question 24 an exact count or an estimate? (Check one.)

- 1. Exact Count
- 2. Estimate

26. Were individuals served, reached or potentially reached by this intervention through one or more **media campaigns** during this reporting period?

[See Definitions, page iv.] (Check yes or no.)

- 1. Yes
- 2. No **(Skip to Question 29.)**

27. How many individuals were served, reached or potentially reached by this intervention through one or more **media campaigns** during this reporting period?

Number served

28. Is the number provided in Question 27 an exact count or an estimate? (Check one.)

- 1. Exact Count
- 2. Estimate

SUBRECIPIENT CHECKLIST PART II FORM

29 - 34. In the tables below, please indicate the racial/ethnic background of those served during this reporting period. **Please list race and ethnicity separately¹** – Report only *ethnicity* in the first table and only *race* in the second table. If you do not know exact counts, you may estimate percentages using community/school profiles or community census data. Please round percentages to the nearest tenth percent. Note: In the second table, if information on *race* was not collected for Hispanic populations, check yes for Other and specify Unknown (Hispanic).

Ethnicity	29. Served			30. Population served	31. Subgroups Targeted (e.g., Puerto Rican)
	Yes	No	DK		
Hispanic/Latino	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="text"/> %	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>
Race	32. Served (Check one on each line.)			33. Population served	34. Subgroups Targeted if applicable (e.g., Filipino)
	Yes	No	DK		
a. African American/Black	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="text"/> %	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>
b. American Indian or Alaska Native	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="text"/> %	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>
c. Asian	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="text"/> %	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>
d. Native Hawaiian or Other Pacific Islander	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="text"/> %	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>
e. White	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="text"/> %	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>
f. Persons reporting more than one race	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="text"/> %	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>
g. Other (Specify) <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="text"/> %	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>
				100 %	

¹Race and Ethnicity categories modeled after the 2000 Census.

SUBRECIPIENT CHECKLIST PART II FORM

35. Did this intervention (as implemented) provide culturally appropriate intervention activities for the targeted population? (Check yes or no.)
 1. Yes
 2. No
36. Did this intervention collect information regarding participant satisfaction with the cultural appropriateness of the intervention? (Check yes or no.)
 1. Yes
 2. No

B. Intervention Outcomes

37. Did you or the evaluator *collect* any outcome data *during this reporting period*? (Check one.)
 1. Yes
 2. No **(Skip to Question 42.)**
38. Does the evaluation design enable the evaluation team to link an individual on the pre-tests and the post-tests? (Check one.)
 1. Yes
 2. No
39. Did you or the evaluator collect data from a comparison group? (Check one.)
 1. Yes
 2. No
40. Did you or the evaluator use the data collection instrument recommended by the intervention developer? (Check one.)
 1. Yes
 2. No
 3. N/A (None recommended by the developer.)
41. Did you or the evaluator use CSAP's Core Measures for these domains? (Already selected for all subrecipients.)

	Yes	No
a. Alcohol, Tobacco, and other Drugs	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>
b. Individual/Peer	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>
c. School	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>
d. Family	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>
e. Community	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>

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42. Did you or the evaluator *analyze* any outcome data *during this reporting period*?
(Check yes or no.)

- 1. Yes
- 2. No **(Skip to Question 45.)**

43. Does the outcome data that you have analyzed support or demonstrate the effectiveness of this intervention? (Check yes or no.)

- 1. Yes
- 2. No **(Skip to Question 45.)**

44. Does the outcome data collected demonstrate...(Check one on each line.)

	Yes	No	N/A
a. Decreased risk factors (e.g., truancy, delinquency)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Increased protective factors?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Reductions in underage alcohol use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Reductions in tobacco use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Reductions in youth illicit drug use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

45. This intervention is targeting which of the following age group(s)?
(Check all that apply.)

- 1. 0-6
- 2. 7-12
- 3. 13-17
- 4. 18-25
- 5. 26 and older

C. Comments:

**Please take a few minutes to review the SRCL to make sure you have followed all skip patterns and answered all questions applicable to you.
Thank you for completing this form.**