

## **CATCH My Breath**

### **Fidelity Instrument**

The following instrument is designed to provide information about how you are implementing Making Proud Choices. This information will be used as part of the Making Proud Choices evaluation for both program improvement (e.g., to modify sessions that are not well received or add to sessions that may be lacking in content) and to provide a context for interpreting the pre-posttest survey results.

Please complete this form after every program session. It is important that you complete the instrument as soon after each session as possible. Completing the instrument immediately after each session will help ensure that information about the session is still fresh in your mind.

Thank you very much for taking the time to provide this important information.

NOTE: The Adult Interview is optional, as we try to avoid requiring homework as a part of community-based programs.

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## Session Number 1

Program code: \_\_\_\_\_

Instructor's name: \_\_\_\_\_

Community organization: \_\_\_\_\_

Session date: \_\_\_\_\_

Number of participants: \_\_\_\_\_

- How long did the session last? \_\_\_\_\_
- Please check all of the topics addressed/activities completed during this session.

5 <sup>th</sup> grade curriculum	6 <sup>th</sup> grade curriculum	7 <sup>th</sup> /8 <sup>th</sup> grade curriculum	high school curriculum
<input type="checkbox"/> Index cards: What you've heard	<input type="checkbox"/> Index cards: What you've heard	<input type="checkbox"/> Understand the Choice	<input type="checkbox"/> Tobacco product overview
<input type="checkbox"/> DeNoble Files video	<input type="checkbox"/> Nicotine Addiction Isn't Pretty video	<input type="checkbox"/> Vapor definition	<input type="checkbox"/> E-cig use consequences
<input type="checkbox"/> E-cig facts	<input type="checkbox"/> Vapor definition	<input type="checkbox"/> Do Vapes Contain Toxic Metals? video	
<input type="checkbox"/> Vapor definition	<input type="checkbox"/> Flavor facts	<input type="checkbox"/> Aerosol Analysis	
<input type="checkbox"/> JUUL definition	<input type="checkbox"/> Ingredient Investigations	<input type="checkbox"/> E-cig use consequences	
<input type="checkbox"/> Flavor facts	<input type="checkbox"/> E-cig use consequences	<input type="checkbox"/> My Vaping Mistake video	
<input type="checkbox"/> Ingredient Investigations			
<input type="checkbox"/> E-cig use consequences			

Other (list): \_\_\_\_\_

- Please indicate to what extent you addressed the session components.

Not at all     
  Somewhat     
  Mostly     
  Completely

- Based on your responses to Question 3, above, if there are components of the session that were NOT addressed "completely" (i.e., addressed "not at all," "somewhat," or "mostly"), please help us understand why.

- Are there topics that you covered during this session that are not part of the curriculum?

No     
  Yes (If you check "Yes," please identify each topic and the activities (e.g., discussion, role plays, invited speakers) used to address each one.)

6. Is there anything else you would like to tell us about the challenges and successes you experienced while implementing the session?

7. Did any of the participants come forward to seek help, get additional information, or ask questions after the session? If yes, please explain.

## Session Number 2

Instructor's name: \_\_\_\_\_  
 Community organization: \_\_\_\_\_  
 Session date: \_\_\_\_\_  
 Number of participants: \_\_\_\_\_

- How long did the session last? \_\_\_\_\_
- Please check all of the topics addressed/activities completed during this session.

5 <sup>th</sup> grade curriculum	6 <sup>th</sup> grade curriculum	7 <sup>th</sup> /8 <sup>th</sup> grade curriculum	high school curriculum
<input type="checkbox"/> 30-day use facts	<input type="checkbox"/> 30-day use facts	<input type="checkbox"/> 30-day use facts	<input type="checkbox"/> Index cards: What you've heard
<input type="checkbox"/> Index cards: Alternatives to use	<input type="checkbox"/> Index cards: Alternatives to use	<input type="checkbox"/> Nicotine facts	<input type="checkbox"/> Six word stories
<input type="checkbox"/> Refusal skills and exit strategies	<input type="checkbox"/> Refusal skills and exit strategies	<input type="checkbox"/> Signs of addiction	
	<input type="checkbox"/> Quiz Quiz Trade	<input type="checkbox"/> My Vaping Mistake video	
		<input type="checkbox"/> Pressures All Around	
		<input type="checkbox"/> Talk to Yourself	

Other (list): \_\_\_\_\_

- Please indicate to what extent you addressed the session components.

Not at all     
  Somewhat     
  Mostly     
  Completely

- Based on your responses to Question 3, above, if there are components of the session that were NOT addressed "completely" (i.e., addressed "not at all," "somewhat," or "mostly"), please help us understand why.

- Are there topics that you covered during this session that are not part of the curriculum?

No       Yes (If you check "Yes," please identify each topic and the activities (e.g., discussion, role plays, invited speakers) used to address each one.)

6. Is there anything else you would like to tell us about the challenges and successes you experienced while implementing the session?

7. Did any of the participants come forward to seek help, get additional information, or ask questions after the session? If yes, please explain.

### Session Number 3

Instructor's name: \_\_\_\_\_  
 Community organization: \_\_\_\_\_  
 Session date: \_\_\_\_\_  
 Number of participants: \_\_\_\_\_

1. How long did the session last? \_\_\_\_\_

2. Please check all of the topics addressed/activities completed during this session.

5 <sup>th</sup> grade curriculum	6 <sup>th</sup> grade curriculum	7 <sup>th</sup> /8 <sup>th</sup> grade curriculum	high school curriculum
<input type="checkbox"/> E-cig advertisements	<input type="checkbox"/> Direct and indirect pressure	<input type="checkbox"/> Old Friends, New Habits	<input type="checkbox"/> Law overview
<input type="checkbox"/> Appeal strategies	<input type="checkbox"/> E-cig advertisements	<input type="checkbox"/> Avoid-Refuse-Exit	<input type="checkbox"/> Law investigation
<input type="checkbox"/> Direct and indirect advertising	<input type="checkbox"/> Appeal strategies	<input type="checkbox"/> Practice Scenarios	
<input type="checkbox"/> Magic Tricks video	<input type="checkbox"/> Direct and indirect advertising	<input type="checkbox"/> 4 P's of Targeting Teens	
<input type="checkbox"/> E-cig advertising appeals	<input type="checkbox"/> Born Through video	<input type="checkbox"/> Implied Messages	
<input type="checkbox"/> Warning labels	<input type="checkbox"/> E-cig advertising appeals	<input type="checkbox"/> Ads	
		<input type="checkbox"/> #BeVapeFree campaign	

Other (list): \_\_\_\_\_

3. Please indicate to what extent you addressed the session components.

Not at all       Somewhat       Mostly       Completely

4. Based on your responses to Question 3, above, if there are components of the session that were NOT addressed "completely" (i.e., addressed "not at all," "somewhat," or "mostly"), please help us understand why.

5. Are there topics that you covered during this session that are not part of the curriculum?

No       Yes (If you check "Yes," please identify each topic and the activities (e.g., discussion, role plays, invited speakers) used to address each one.)

6. Is there anything else you would like to tell us about the challenges and successes you experienced while implementing the session?

7. Did any of the participants come forward to seek help, get additional information, or ask questions after the session? If yes, please explain.

## Session Number 4

Instructor's name: \_\_\_\_\_  
 Community organization: \_\_\_\_\_  
 Session date: \_\_\_\_\_  
 Number of participants: \_\_\_\_\_

1. How long did the session last? \_\_\_\_\_

2. Please check all of the topics addressed/activities completed during this session.

5 <sup>th</sup> grade curriculum	6 <sup>th</sup> grade curriculum	7 <sup>th</sup> /8 <sup>th</sup> grade curriculum	high school curriculum
<input type="checkbox"/> Tested on Humans video	<input type="checkbox"/> Your Brain video	<input type="checkbox"/> My Vaping Mistake video	<input type="checkbox"/> Electronic Cigarettes and Vaping video
<input type="checkbox"/> Your Life. Your Choice.	<input type="checkbox"/> Your Life. Your Choice.	<input type="checkbox"/> The DeNoble Files video	<input type="checkbox"/> Let Your Voice Be Heard
		<input type="checkbox"/> Your Life. Your Choice.	

Other (list): \_\_\_\_\_

3. Please indicate to what extent you addressed the session components.

Not at all       Somewhat       Mostly       Completely

4. Based on your responses to Question 3, above, if there are components of the session that were NOT addressed "completely" (i.e., addressed "not at all," "somewhat," or "mostly"), please help us understand why.

5. Are there topics that you covered during this session that are not part of the curriculum?

No       Yes (If you check "Yes," please identify each topic and the activities (e.g., discussion, role plays, invited speakers) used to address each one.)

6. Is there anything else you would like to tell us about the challenges and successes you experienced while implementing the session?

7. Did any of the participants come forward to seek help, get additional information, or ask questions after the session? If yes, please explain.