GOVERNMENT OF WESTERN AUSTRALIA

healthway

Healthway Evaluation Framework

Measurement Toolkit

SEPTEMBER | 2024

Acknowledging Country

This document was prepared by health promotion researchers at The University of Western Australia in collaboration with colleagues at Healthway. We wish to begin this document with an acknowledgement that we are extremely fortunate to live and do our work on Noongar Whadjuk boodjar—the land of the Whadjuk people of the proud Noongar nation. We are also mindful that UWA's campus is situated on sacred and beautiful land—between the Derbarl Yerrigan (Swan River), Boorloo (Perth), and Kaarta Gar-up (Kings Park). Whenever we walk our campus, and whenever we travel out across our breathtaking State, we are grateful for the reminder of the truly special country upon which we live, play, and do our work.

We pay our deepest respects, and offer our thanks, to Noongar Elders past, present, and emerging. We value their wisdom and their guidance in the work that Healthway does to connect and improve the lives of Western Australians. We extend that respect to all Aboriginal, Torres Strait Islander, and First Nations Peoples.

Contents

Glossary

Term	Meaning
Project	A set of organised activities delivered over the course of a Healthway funding period.
Organisation	The organisation that is funded by Healthway and is responsible for delivering against project objectives.
Activity / Activities	The specific events designed to address your target outcome within the target population. In the question text below, you will often need to edit the text about activities to reflect the specific activities that took place as part of your project. And, if multiple different activities are delivered and are (separately) of interest for evaluation purposes, questions about each of these activities may be required.
Intermediaries	People involved in the delivery of the project, activity, or activities who are not staff within the organisation, and who are not recipients. Examples may include local club coaches, community club staff, instructors, and volunteers.
Recipients	Participants, spectators, audience members, or any other end user who "received" or was intended to benefit (in a health promotion sense) from the activity. Recipients are those people who participate in or are the target of the project, activity, or activities. For example, in a project funded to promote healthy eating at tennis clubs, the recipient group is the junior tennis players / club attendees. Or, in a project funded to raise awareness of the dangers of vaping through community sporting events, the recipients are attendees of those events. Or, as a final example, in a project designed explicitly to improve mental health literacy among an organisation's staff, the recipients are staff in the organisation.

Introduction

Healthway's Evaluation Framework (the Framework) has been developed to provide a consistent basis for planning and evaluating Healthy Partnership and Healthy Communities grants and plays an important role in guiding Healthway's investments to help achieve our vision for a healthier Western Australia (WA).

Healthway's Measurement Toolkit is intended for use by Healthway-funded organisations to support planning for project activities, evaluation, and reporting in alignment with the Framework. These resources are provided for organisations to flexibly choose the tools that best meet the needs of their project.

The Measurement Toolkit should be used in conjunction with the Framework.

The Measurement Toolkit resources include:

- An **overview of quantitative, qualitative, and community involvement** approaches to guide measurement of project objectives.
- A **detailed repository of survey measurement methods and information** to support organisations to align the Evaluation Framework elements with their project objectives. Assessment methods in this section can assist organisations or projects to address specific objectives or to obtain more detailed insight into specific outcomes. This section also provides some additional background information regarding the measurement of Evaluation Framework elements (e.g., citations, links to relevant sources).
- **Survey response templates, worked examples** outlining how organisations may use these resources, guidance for **effective use of qualitative research methods** (e.g., interview, open-ended survey responses), and information on community involvement within evaluation activity.

A note on citations and providing appropriate recognition when reporting evaluation activity:

The measurement materials included in the Toolkit are a mixture of:

A. Questions or surveys that have been **developed exclusively** for this Toolkit
B. Questions or surveys that are **modified from assessments previously used by Healthway**
C. Questions and surveys that are **taken or adapted from published sources**

With specific emphasis on the questions and surveys that are taken or adapted from published sources, we provide citations in text and a reference list at the end of the document. When reporting on evaluation work and describing the methodology, organisations are encouraged to recognise (e.g., cite, refer to) those original sources, and not simply this Measurement Toolkit.

Quantitative vs Qualitative Guidance

This Toolkit is focused on numerical (i.e., quantifiable) survey items—these items are well suited to measuring many project objectives. However, organisations are encouraged to consider the efficient use of qualitative methods in their evaluation plans when investigating experiences that cannot be captured through quantitative survey questions.

Quantitative methods are used when measuring change. When time and resources allow, quantitative survey items may be assessed at single and multiple timepoints to measure the change in key outcomes. For example, by measuring the same variable, such as recipient awareness of a health message before and after a program or activity, we can understand change over time. Alternatively, questions can be developed as direct "change-focused" questions, measured at a single timepoint after a program or activity. In that sense, numerical (quantitative) information is well suited to understanding ***'what'*** questions—what happened or changed across a project or activity, what level of knowledge, awareness, or confidence people have, what people think about the project or activity, and so on.

Quantitative methods are also useful for economic evaluation. While cost information may be collected by organisations as matter of course, this is also captured within some process and impact elements of the Toolkit. Should organisations wish to undertake more specific economic evaluation methods (for example, see SportWest (2022); Davies et al. 2019), Healthway can provide guidance for further consultation.

Qualitative methods are well suited to addressing 'how', 'why', or 'when' questions. For example, how we should overcome barriers to the uptake of an activity, why a project or activity achieved (or failed to achieve) intended outcomes, when an activity is likely to be most (or least) effective, why someone holds a certain belief, and how a project or activity might be improved. These kinds of questions and this type of data can provide rich insights that would not otherwise be possible to collect using quantitative questions. Qualitative data can provide rich insights about experiences, and learnings about why the project may have worked, or not worked. Importantly, qualitative methods also allow unexpected information to emerge—this kind of information often helps 'fill gaps' in our understanding and provide important ways to improve our projects and activities. This information can be used to successfully implement, improve, scale-up or inform future projects.

Qualitative approaches are excellent supplements to quantitative information and provide rich information that complements traditional (numerical) survey methods. Qualitative methods include:

- **Open-ended survey questions** are the easiest to implement from a time and resource perspective. They allow someone completing a survey to provide a brief sentence or paragraph to supplement their numerical answers. If, for example, an organisation asks how many activities someone attended, they might follow up with an open-ended question about why they decided to attend. Or, if they want to assess someone's mental health awareness (in numerical survey form), they might follow up with an open-ended question asking how and why their awareness has changed during the project or activities.
- **Short verbal 'sound bites'** might also be gathered by asking, for example, a brief question of individuals as they participate in or leave an activity or event (e.g., "tell us what you know about X", "how was your experience of Y", "why did you sign up for this activity").
- **Interviews and focus groups** target one-on-one or small group discussions lasting typically between 10 and 60 minutes—these approaches typically provide the richest qualitative data, but also require more time and resources to implement.
- **Observations** are when a trained evaluator visits an activity and records their observations around focal objectives or aspects of health promotion at those activities. For example, an observation approach might gauge how well someone implements a training program or identify the challenges when implementing an activity or event. Information gathered from these observations can result in quantitative (e.g., counts, frequencies, behaviour ratings) and qualitative (e.g., notes, comments) insight.

Each of these methods is typically created for the specific project, activity, or objective in question, and is guided by principles of:

- Asking open (instead of closed or yes / no) questions
- Not leading the respondents or making assumptions
- Providing assurances of anonymity
- Focusing on understanding respondents' perceptions, whatever they may be
- When conducting interviews or focus groups, allowing respondents the 'space' to describe their experience honestly and fully (e.g., not interrupting)
- When conducting interviews or focus groups, using probes to check for understanding where needed—for example, "Could you tell me more about…", "Can you give an example of…", "Can I just check my understanding of…"

While qualitative approaches are often excellent supplements to quantitative surveys, they may be more resource intensive and require appropriate expertise in data collection and interpretation.

Organisations are encouraged to talk with Healthway to consider the use of qualitative methods in their evaluation plans when investigating experiences that cannot be captured through quantitative survey questions.

For more information and ideas, look out for the call out boxes and for this symbol within this toolkit the call out boxes are designed to provide more information when needed, and this symbol is most commonly used to identify opportunities and methods for qualitative evaluation

Community Involvement

It is crucial to consider the unique experiences and preferences of individuals in the target population, regardless of the project or activities. Nowadays, those who develop and deliver community programs, health promotion campaigns, and various programming and evaluation efforts are realising the significance of involving the community in every aspect of the project (including evaluation planning). This ensures that the project is appropriate for and informed by the people who are most affected. For clarity, we use the term 'community members' in this section to refer to recipients, intermediaries, and any other group of people who share a common interest in your project or the outcomes of your project.

There are many frameworks that focus on the core principle of involving community members in research or programming efforts (see, for example, information on Participatory Action Research). No preferred framework is suggested for Healthway-funded projects or evaluation. All organisations are encouraged to seek opportunities to involve community members in the project and evaluation plan decision-making processes. Community members can be involved with projects at three levels, presented on a scale from least to most 'involved' below. Where possible, more collaborative involved is often considered optimal for project and evaluation effectiveness:

LEAST
Community involvement

MOST
Community involvement

1. The organisation **informs** community members about their plans for their Healthway-funded project.
2. The organisation **consults** community members about a project and seeks their views on it, taking **advice** on whether certain components are suitable.
3. The organisation ensures that community members are '**equal partners**' — meaning that direct and ongoing involvement by community members is built into the project.

Organisations are encouraged to incorporate aspects of community involvement using one (or more) of the following methods:

- **Individual community conversations, typically conducted through an interview:** This method is likely to provide you with the most in-depth information and feedback about your project, but can be time-consuming (given that only one community member is interviewed at a time).
- **Community conversations through focus groups:** This method will provide you with detailed information and feedback from community members, while also allowing them to interact with each other in a group discussion format.
- **Community advisory or reference groups:** Forming an advisory group will allow you to receive direct and ongoing feedback through regular meetings with the advisory group. An alternative to this method is including community members on the project board / working group / meetings.

These consultation methods are commonly used to inform project objectives or project strategies. For example, they might be used to inform the content or delivery of workshops or events, or they might be used to help shape the tone and nature of messaging efforts for a specific population. With particular relevance for this Toolkit, these consultation methods can also be used to inform and refine evaluation plans and activities. Specific examples might include consulting members of the target population about the nature of survey items (e.g., are they relevant and understandable?), discussing plans for qualitative questions, asking for feedback about language modifications to suit cultural or other specific considerations, and input as to the best time and way to collect evaluation data. These principles of community involvement can be applied in relation to any elements of the Framework or the measurement recommendations in this Toolkit.

The Healthway Evaluation Framework and Measurement Toolkit

The primary goal behind the Healthway Evaluation Framework and Measurement Toolkit is to enable organisations to conduct rigorous evaluation activity that documents their funded project's delivery and the full range of impact. These resources provide a practical and manageable approach to evaluation for organisations with limited time and other resources, and cater for a wide range of projects.

The Evaluation Framework helps to structure the planning, doing, and reflecting phases of a project lifecycle (see the next page). The Framework initially guides organisations to ***set individual program objectives***. Program objectives should be mapped as closely as possible to the 4 overarching ***Pillars*** in the Framework that broadly cover common aims of Healthway-funded projects. These Pillars are labelled "Activity", "Knowledge, Attitude, Behaviour", "Organisational", and "Sustainability", and each is comprised of three-to-four discrete elements. It is not expected that funded projects will include all elements in the Framework, but rather, organisations are encouraged to consider developing their objectives and evaluation plans in line with relevant elements of the Framework. Following project delivery, the Framework encourages organisations to ***reflect on overall project*** success and outcomes relative to the original objectives.

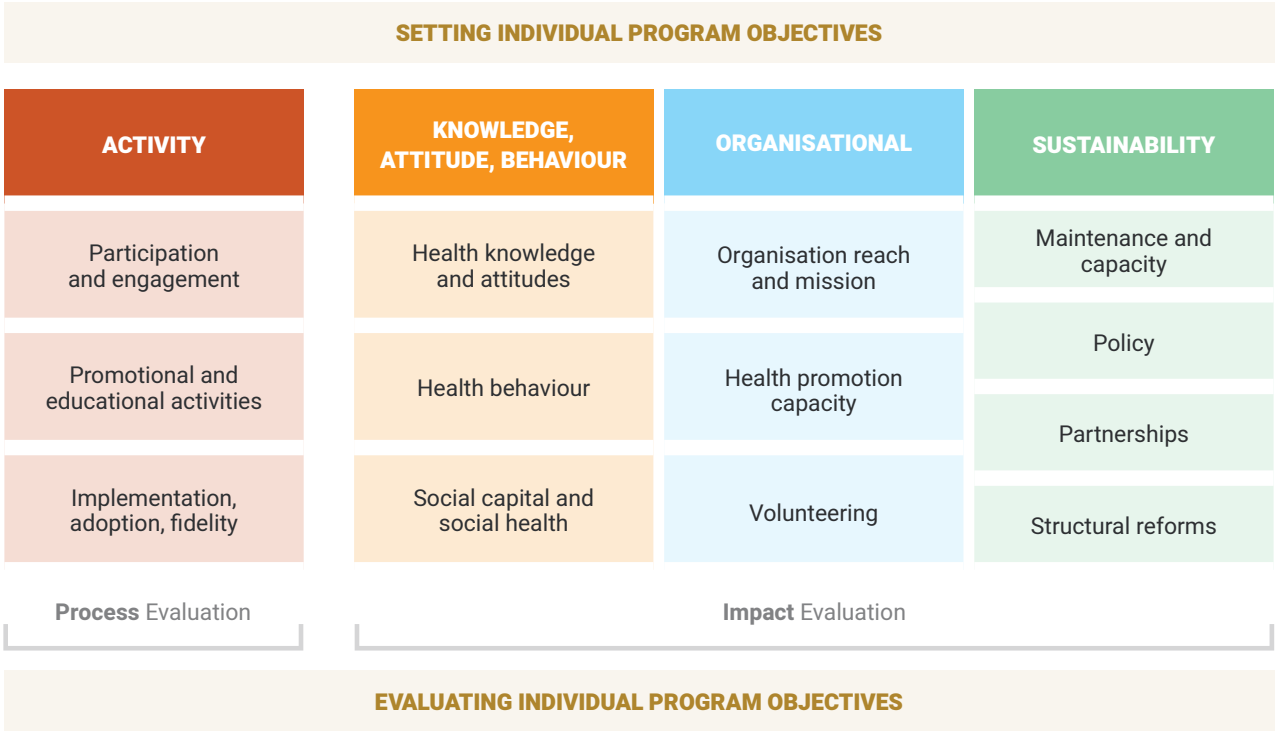
The Measurement Toolkit provides a 'deeper dive' into the Evaluation Framework elements, providing detailed assessment options for each of the elements that can be integrated into project evaluation plans, activity, and reporting. The detailed assessment methods included in the Toolkit will provide an effective evaluation solution for the vast majority of applications and projects, supporting organisations or projects to address specific objectives or to obtain detailed insight into specific outcomes. We expect that larger and more complex projects will require and benefit from detailed consultation with the measurement options in the Toolkit.

Given the all-purpose nature of this Toolkit and the diversity of Healthway's funded activity, please be mindful that survey questions are worded generally. We encourage organisations to look for opportunities to make contextual modifications to these items and surveys to ensure that they refer as closely as possible to your specific organisation, project, activity, and/or activities. For example, if you are asking recipients about their enjoyment of an activity, instead of leaving the question wording as it is currently presented (e.g., "the activity"), please modify to make specific reference to your activity or program (e.g., "the carnival", "the coaching session", "the community event"). Please also look out for the extra tips that are included throughout the Toolkit:

When there is additional information or specific suggestions about items and surveys, you'll see this kind of call out box. These boxes are most often used to highlight an opportunity for additional qualitative information to supplement the quantitative survey items that make up the Toolkit

We have embedded functionality into the figure below so that readers can click on each Element and be redirected to the accompanying assessment methods and considerations.

Overview - A Framework of Evaluation Measures For Healthy Partnerships / Communities



ACTIVITY

Participation and engagement

Promotional and educational activities

Implementation, adoption, fidelity

Evaluation Framework Pillar 1: **Activity**

This Pillar broadly captures aspects of project 'delivery' or process evaluation. This pillar of the Evaluation Framework includes the three elements opposite. Assessment of the elements within this Pillar is necessary for documenting aspects of project delivery against stated objectives and activities. Much of the data and measurement within this Pillar is collected and recorded by organisations during their project delivery (e.g., event details, attendance, participant info), however, more detailed measurement ideas for other key 'delivery' focused considerations that organisations may wish to consider are also presented in this section. Inclusion of these measures will be decided with the support of Healthway and will depend on resources, time and the project objectives.

1.0 Participation and Engagement

"Participation and Engagement" represents the number and type of people / groups that are participating in a funded activity—including those within the recipient organisation, those delivering activities on the ground, and the recipients or consumers of those activities. Below, we present items that can be used to assess key Participation and Engagement indicators from the perspective of (a) organisations, (b) intermediaries, and (c) recipients.

Items for Organisations

The following section includes items adapted from the previous Health Promotion Evaluation Unit's (HPEU) Healthway Sponsorship Evaluation Form (Q2-3, 5-6), and **Saunders et al. (2005)** (Q4). For context, HPEU was the primary evaluation support partner for Healthway projects for several years, and relevant HPEU assessment methods feature in this Measurement Toolkit.

Q1. Please estimate the number of people involved in your funded activities or health promotion initiatives within each of the following categories:

Organisational staff and representatives: ___

Volunteers: ___

Coaches / instructors / facilitators: ___

Health promotion officers: ___

Recipients / consumers / participants: ___

The wording in a question such as this one above may depend on whether you want to report on the project **as a whole**, or whether you want to report on specific / individual activities within the project.

Q2. Which, if any, of the following populations were a primary focus of your project? (please check all that apply)

- ☐ Children and young people
- ☐ Aboriginal and Torres Strait Islander people
- ☐ People living in rural and remote communities
- ☐ People experiencing disadvantage through economic, physical, cultural, social or educational factors

The populations listed in this question above refer to **Healthway's priority populations.**

Q3. Following Healthway funding, which, if any, of the following populations has your organisation been able to engage in funded activities? (please check all that apply)

- ☐ Children 0-5 years
- ☐ Children 6-12 years
- ☐ Young people 13-17 years
- ☐ Adults 18-54 years
- ☐ Older adults 55 years plus
- ☐ Aboriginal and Torres Strait Islander people
- ☐ Remote and rural communities
- ☐ People with disabilities
- ☐ People from culturally and linguistically diverse communities
- ☐ People experiencing disadvantage
- ☐ Low-income groups
- ☐ Groups with low education
- ☐ Other (please specify)

Q4. Please report your overall impression about the level of success your organisation had in engaging your target population with this project (following receipt of Healthway funding)?

- ☐ Not at all successful in engaging the target population
- ☐ Slightly successful in engaging the target population
- ☐ Moderately successful in engaging the target population
- ☐ Very successful in engaging the target population

Q5. Which of the following best describes the coaches, volunteers, or other intermediaries attending your organisation's activities?

- ☐ It was the same coaches/volunteers attending all of the activities
- ☐ Each activity day/event comprised new coaches/volunteers
- ☐ New coaches/volunteers as well as some returning coaches/volunteers attended activities

As a reminder, the term 'intermediaries' refers to people involved in the delivery of the project, activity, or activities who are not staff within the organisation, and who are not recipients.

Q6. Which of the following best describes the participants attending your organisation's activities?

- ☐ It was the same people attending all of the activities
- ☐ Each activity day/event comprised new participants
- ☐ New participants as well as some returning participants attended activities

Items for Intermediaries

The following section includes items adapted from the Independent Sector and United Nations Volunteers **Measuring Volunteering Toolkit** (Q7), and the Aligning Forces for Quality and National Partnership for Women and Families **Consumer Engagement Survey** (Q10).

Q7. Please identify why you became involved in this organisation's activities? (check all that apply)

- ☐ The organisation's activities directly affect me (for example, if you have been impacted by a condition or cause that the organisation supports)
- ☐ To give back to the community
- ☐ To advocate for social change
- ☐ I was interested in the activities taking place, but not necessarily the organisation
- ☐ To be with like-minded others
- ☐ Other (please specify)

Q8. Please indicate below which statement best describes your involvement with the organisation:

- ☐ I helped with or delivered activities on one occasion because that is all I was available for
- ☐ I helped with or delivered activities on one occasion because there was only one activity
- ☐ I helped with or delivered activities on one occasion, but decided to not to have further involvement
- ☐ I helped with or delivered activities on one occasion and want to continue my involvement in the future
- ☐ I helped with or delivered activities on multiple occasions

Q9. How satisfied are you with your involvement in activities for this project?

- ☐ Not at all satisfied
- ☐ Slightly satisfied
- ☐ Moderately satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

Q10. To what extent do you believe your involvement in this organisation's activities is contributing to the work of this organisation?

- ☐ No contribution
- ☐ A small contribution
- ☐ A moderate contribution
- ☐ A strong contribution
- ☐ A very strong contribution

Qualitative methods here could allow for a deeper understanding of deliverers' engagement with activities—if time allows, consider ways of discussing with deliverers ***why*** they engaged (or not) with the project or were satisfied (or not)

Items for Recipients

The following section includes items adapted from the United Nations Volunteers **Measuring Volunteering Toolkit** (Q7), and the Aligning Forces for Quality and National Partnership for Women and Families **Consumer Engagement Survey** (Q10).

Q11. How many activities did you attend?

Text box or choice selection

Q12. Please provide an estimate of how many hours you spent at each activity?

Text box or choice selection

Q13. How did you find out about this project?

Text box

Q12. Please report your level of satisfaction with the activity/ies you attended?

- ☐ Strongly dissatisfied
- ☐ Dissatisfied
- ☐ Slightly dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Slightly satisfied
- ☐ Satisfied
- ☐ Strongly satisfied

Qualitative methods here could allow for better understanding of recipients' engagement with activities — for example, asking some open-ended questions would allow recipients to describe why they were (or were not) satisfied, and ***why*** they chose to attend certain activities

2.0 Promotional and Educational Activities

"Promotion and Educational Activities" provide organisations with ideas about ensuring a comprehensive audit / record of the various activities, events, strategies, and initiatives provided within the funded project. Below, we present items that can be used to assess key indicators of this element. This section includes items adapted from HPEU's previous Healthway Sponsorship Evaluation Form. All items in this section are intended to be collected or answered by representatives from the funded organisation.

All items in this section are intended to be collected or answered by representatives from the funded organisation.

Q1. Please indicate the type of activity that best reflects your Healthway-funded project (check all that apply)

- ☐ One event or activity
- ☐ Series of events or activities
- ☐ A season of events or activities
- ☐ Clinics or workshops
- ☐ Other (please describe)

Q2. How many events/activities (or series of events/activities) took place since receiving funding from Healthway?

- ☐ Activity 1: Detail here
- ☐ Activity 2: Detail here
- ☐ Activity 3: Detail here
- ☐ Add as needed

Q3. On average how many hours did each event or activity last?

- ☐ Activity 1: Detail here
- ☐ Activity 2: Detail here
- ☐ Activity 3: Detail here
- ☐ Add as needed

Q4. Which of the following promotional activities were used to promote or deliver the Healthway-funded project (please check all that apply, and provide brief details)?

- ☐ Website (if checked, please provide details)
- ☐ Social media (if checked, please provide details)
- ☐ PA announcement at event/activity (if checked, please provide details)
- ☐ Radio (if checked, please provide details)
- ☐ Newspaper (if checked, please provide details)
- ☐ Project/event signage (if checked, please provide details)
- ☐ Television (if checked, please provide details)
- ☐ Flyers or information packets (if checked, please provide details)
- ☐ Mentors (if checked, please provide details)
- ☐ Workshops (if checked, please provide details)
- ☐ Community events (if checked, please provide details)
- ☐ Online learning platforms (if checked, please provide details)
- ☐ Staff training (if checked, please provide details)
- ☐ Other (please specify; if checked, please provide details)

Q5. Where in Western Australia were activities/events held? (check all that apply)

- ☐ Metropolitan Perth (please specify)
- ☐ Regional centre (please specify)
- ☐ Rural community (please specify)
- ☐ Remote community (please specify)
- ☐ Outside WA (please specify)

ACTIVITY

Participation and engagement

Promotional and educational activities

Implementation, adoption, fidelity

3.0 Implementation, Adoption, Fidelity

Some of the outcomes within this element of the Framework are already captured in the previous sections. But, in terms of measuring your project's delivery and process, there are some important factors below that are not covered in the previous elements. Those things include, for example, considerations around fidelity, feasibility, cost, and adoption. The recommended assessment methods below include items adapted from the HPEU Healthway Sponsorship Evaluation Form, **Weiner et al. (2017)** and **Luke et al. (2014)**. We highlight these specific 'implementation, adoption, fidelity' outcomes in a standalone element because these factors are taken directly from popular academic implementation frameworks—see, for example, **Mettert et al. (2020)**. The table below provides a breakdown of the items that map onto each implementation factor or outcome. Where relevant, we also break these factors up according to how organisations, intermediaries, or recipients might best assess them.

Implementation Outcome	Question
Fidelity	1, 2
Feasibility	3
Appropriateness (see also, Participation and Engagement)	4, 5, 12, 14
Acceptability (see also, Participation and Engagement)	15
Cost	6
Sustainability (see also, Sustainability)	7, 8
Penetration (see also, Participation and Engagement, Organisation Reach and Mission)	9, 10
Adoption	11, 13, 16

Items for Organisations

You do not need to include this **bolded coloured text** inside the brackets within any survey items -- this text is exclusively for those developing the survey to identify which implementation aspect is being assessed.

Q1. To what extent did you deliver the project as intended? (fidelity)

- ☐ Not at all
- ☐ Somewhat as intended
- ☐ Moderately as intended
- ☐ Mainly as intended
- ☐ Exactly as intended

Please outline significant deviations from original project plans: open text box

Q2. Were you able to deliver all of the planned activities within the project as intended? (fidelity)

- ☐ Not at all
- ☐ Somewhat as intended
- ☐ Moderately as intended
- ☐ Mainly as intended
- ☐ Exactly as intended

Please outline significant deviations from original project plans: open text box

This kind of question above offers an opportunity—when time and resources allow—to supplement with qualitative information where we might ask about what went well (or not), and why things happened as planned (or not).

The above questions can be broken down to refer to the different activities within a project. For example, if an organisation delivered workshops, fundraiser events, and program sessions, you can report on whether or not you were able to deliver each of those activities as intended.

Q3. Please indicate your level of agreement with the statement: "We were able to implement the project successfully" (feasibility)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

To find out more about feasibility, qualitative information might help to understand barriers to implementation for the project as a whole and for specific activities or people—this kind of information is often valuable in working out ***how*** to change or improve things going forward (or prior to expansion or relocation of a project).

Q4. Please indicate your level of agreement with the statement: "Our activities were suitable for our target population" (appropriateness)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q5. Please indicate your overall level of satisfaction with your project (appropriateness)

- ☐ Strongly dissatisfied
- ☐ Dissatisfied
- ☐ Slightly dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Slightly satisfied
- ☐ Satisfied
- ☐ Strongly satisfied

Q6. Which of the following statements about the project cost is most true? (cost)

- ☐ The financial cost to deliver this project was far less than expected
- ☐ The financial cost to deliver this project was a little less than expected
- ☐ The financial cost to deliver this project was as expected
- ☐ The financial cost to deliver this project was a little more than expected
- ☐ The financial cost to deliver this project was far more than expected

Q7. Please indicate your response to the statement: "It is possible for my organisation to deliver the funded project beyond Healthway funding" (sustainability)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

More detailed measures of sustainability, and components that support or hinder sustainability, are provided in the Sustainability Pillar later. The Sustainability Pillar reflects the importance Healthway places on funded projects to have a platform for sustainability, and ensures that direct reporting of sustainability considerations becomes standard practice.

Q8. Please indicate your response to the statement: "My organisation has adequate sustainability planning and resources to continue the project goal and activities" (sustainability)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Qualitative information here (supporting the types of questions above) would help organisations provide evidence about whether, for example, there is public / community support for the project, funding stability and sources, partnerships, communication, and other strategies that help or hinder the project's sustainability.

Q9. Please indicate the extent to which your organisation delivered activities to people within your target population? (penetration)

- ☐ Not at all successful
- ☐ Slightly successful
- ☐ Moderately successful
- ☐ Very successful
- ☐ Unsure

Q10. Please indicate your response to the statement: "With this Healthway funding, the organisation was able to make a significant portion of our target population aware of the project". (penetration)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Another opportunity here to follow-up the above questions with some open-ended information that helps to understand ***why*** the organisation was (or was not) able to access the population, and what strategies might be used going forward to maintain or improve penetration into key populations

Q11. To what extent do you agree with the following statement: "Our intended delivery sites or clubs adopted and delivered activities as planned"? (adoption)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

For clarity, 'sites or clubs' refers to external organisations (i.e., other than the funded organisation) who play a role in the delivery of a project. These can be considered as ***intermediary organisations.*** For example, if your organisation provides training on mental health literacy to staff at a local sports club, and then asks the staff of that club to deliver mental health literacy-related activities, this question is concerned with the extent to which that club adopted and delivered the activities as planned.

Items for Intermediaries

Q12. Please indicate your level of agreement with the statement: "The activities were a good match for the target population" (appropriateness)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q13. To what extent do you agree with the following statement: "Intended members of the community adopted the activities"? (adoption)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Items for Recipients

Q14. Please indicate your level of agreement with the statement: "The activities I attended were suitable for me" (appropriateness)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q15. Please indicate your level of agreement with the statement: "The activities I attended were of value to me" (acceptability)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q16. Please indicate the extent to which, if at all, you felt motivated to attend the activities? (adoption)

- ☐ Not at all
- ☐ A little
- ☐ Sometimes
- ☐ A lot
- ☐ All the time

KNOWLEDGE, ATTITUDE, BEHAVIOUR

Health knowledge and attitudes

Health behaviour

Social capital and social health

Evaluation Framework Pillar 2: **Knowledge, Attitude, Behaviour**

This Pillar captures the varied possible health outcomes associated with a project. This pillar of the Evaluation Framework includes three elements opposite. Assessment of the elements within this Pillar may be focused on organisational staff, intermediaries, and/or recipients. This is the most detailed Pillar in the repository, given (a) the varied health promotion objectives and messages that fall within Healthway's funding priorities (e.g., nutrition, alcohol, smoking / vaping, mental health, physical activity, sun protection), and (b) the potential for effects to occur for organisational staff, intermediaries, and/or recipients. Detailed measurement options for these elements are provided in the following sections.

It is important to consider not only what to assess, but also when to assess elements of this pillar. Although measuring at baseline (or before an activity) and again following a project / activity might be ideal, it is often not possible or practical. One-off assessments at carefully chosen time points during or following the project / activities may be sufficient, especially when those assessments are worded as outlined below.

Questions should be framed according to whether they are being measured at one time-point or multiple time points. For example, you might only be able to measure at one time point, and might be interested in trying to infer project-induced changes on a specific item or survey. In this case, you may consider changing the way a question is framed. For example, you may change from, "right now, how much do you know about healthy eating?", to "how much has this project changed your knowledge of healthy eating?". The latter question has the concept of "change" built in to the wording, whereas the former requires assessment at multiple timepoints to measure or infer change. You will see within the Health Status element that some questions are provided with this aspect of change built into them.

We also indicate throughout that it is worth considering how to set up qualitative insight within the Knowledge, Attitude, and Behaviour elements—focusing on the 'how' and 'why'.

4.0 Health knowledge and attitudes

"Health knowledge and attitudes" outcomes reflect awareness of a health message (or issue), attitudes toward a health message (or issue), knowledge and confidence regarding that message (or issue), and a person's ability to understand and apply health messages or strategies. In the Framework, we consider these things to be the knowledge, confidence, and attitude-related factors that support engagement in health behaviour or that result in unhealthy behaviours (but that are not assessments of the behaviours themselves; see next element). All items in the following sections are intended for recipients to answer unless otherwise indicated.

4.1 Cognitive Impact of a Health Message

Cognitive impact of a health message should be measured in all project evaluations that include activities where health messages are promoted. This is relevant for instances where it is important to measure participants' health message awareness (Q1), comprehension (Q2), acceptance (Q3), intentions (Q4, Q5), and actions (Q6).

The following questions are designed for organisations to provide to recipients. This includes items used previously in Healthway evaluation work, adapted from **Rosenberg and Ferguson (2014)**. The items are general and may require modification to your specific health message / priority of interest. For example, you may need to specify the health message or information you refer to.

Cognitive Impact of a Health Message

The questions below can be modified to be provided to intermediaries instead of recipients, if you seek specific information on the impact of activities on intermediaries.

Q1a. Do you recall seeing or hearing any health messages or information at today's / tonight's / the recent activity or event (unprompted recall / awareness)

☐ Yes / no (and name / label?)

▼ **If the recipient answers 'yes' to being aware of the health message or info, ask Q2; if the answer is 'no', you can ask Q1b**

The wording for the question above can and should be modified depending on whether you provide, for example, a "one-off" event" (as per current wording), a single activity which includes a series of sessions, or multiple different events or activities. And, the time stamp within the question (e.g., "today", "tonight", "the recent") can also be modified to suit your assessment timing.

Q1b. Do you recall seeing or hearing any of the following messages at today's / tonight's / the recent activity or event? (prompted recall / awareness)

☐ Incorrect option A

☐ Incorrect option B

☐ Correct option C <<< insert the correct answer here >>>

☐ Incorrect option D

☐ Incorrect option E

Options to present may include Find 30, Alcohol Think Again, Think Mental Health, Smarter than Smoking, Go for 2&5, Drug Aware, Make Smoking History, LiveLighter, SunSmart.

▼ **If the recipient answers 'yes' to being aware of the health message or info (Q1), or identifies the correct message in Q1b, then ask Q2**

There is an opportunity to find out cognitive impact for different health messages, if (a) there were multiple health messages promoted within a project, and (b) the recipient identifies more than one message in Q1. If this is the case, organisations can ask Q2 through Q6 for each different message.

Q2. What do you think the message or information means? In your words, what is it actually saying?

Text box

▼ **If the recipient is deemed correct or partially correct, ask Q3**

Q3. Do you agree, disagree, or have no feelings toward the content in the message or information?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

▼ **If the recipient agrees or strongly agrees with (i.e., accepts) the message, ask Q4**

Q4. As a result of seeing or hearing the message or information, have you thought about doing something?

- ☐ Yes / no

▼ **If the recipient answers 'yes' to having an intention to adopt a behaviour, ask Q5 & Q6**

Q5. What action do you intend to undertake as a result of seeing or hearing this message or information?

Text box

Q6. What action have you undertaken as a result of seeing or hearing this message or information at today's / tonight's / the recent activity or event?

Text box

The questions above are a nice example as to how survey questions can help us understand 'what' has or hasn't happened—there is a valuable follow-up opportunity for open-ended (qualitative) questions here that may help us understand why people have or have not taken action

4.2 General Health Literacy (not domain specific)

The following section includes health literacy items adapted from the **ABS National Health Survey: Health Literacy**. The items in this section are presented as they would be if being provided to recipients following their participation in one or more of your project's activities. However, if you would like to assess change in health literacy before and after participation in your project's activities, you may need to remove or modify the underlined text.

General Health Literacy (not domain specific)

Standard instruction: Please indicate the extent to which you agree with the following statements about your health. Please think about your physical health and your mental health when answering these questions.

Following my attendance at the activities*...

* If you have the time and resources, and are looking to assess these things at multiple time points (e.g., before and after a project or specific activity), you can remove this text and replace with, (for example): "At this moment in time..."

More detailed assessment options for Healthway's health priorities are listed in the section below; however, these questions can also be modified to specific priorities. For example, instead of "need to do to be healthy", the wording could be modified to "need to do to be physically active", or "need to do to eat recommended serves of fruit and vegetables"

Q1. I make plans for what I need to do to be healthy

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q2. I spend quite a lot of time actively managing my health

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q3. I have strong support from family or friends (in regard to my health)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q4. I am able to ask healthcare providers questions to get the health information I need

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q5. I have all the information I need to look after my health

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

These questions can be modified to be asked of intermediaries as well. This question above could be modified, for example, to something like "I have the information I need to be able to support other people's health".

Q6. I know how to find out if the health information I receive is right or not

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q7. I find it easy to understand health information

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

The questions above provide quantitative information about recipients' health literacy, however qualitative methods could be applied here to gain insight into how your activities may have led to people developing a greater self-perception of their health literacy.

4.3 **Specific Domains of Health Literacy** (Healthway's Priority Health Areas)

The following items are categorised according to Healthway's priority health areas (see image below). If focusing on a specific health issue, we recommend finding the priority area (or areas) that is (are) most closely related to your project. Then, consider selecting health literacy outcomes that align with your objectives. In the following sections, we present items designed to assess knowledge and awareness, confidence (or self-efficacy), and plans (or intentions). For all items, we indicate which variable is being targeted. Items are presented below with recipients (e.g., community members, end users) in mind—however, all instructions and items can be used to ask organisation staff or intermediaries (e.g., volunteers, coaches, instructors) about the same issues.

The questions in the sections following will help quantify participants' health literacy for specific health behaviours—open-ended (qualitative) methods can again be used alongside these items when organisations want to understand ***why*** literacy levels may have changed during a project or activity, or to understand ***how*** to bring about the greatest change through future projects or activities

Increasing Healthy Eating

The following section contains items adapted from **Dewar et al. (2012)** (Q4-8).

The bolded and coloured text is simply to indicate what variable is being assessed with the item. Do not include the bolded /coloured text in your survey.

Q1. How confident are you right now in your knowledge about the National Health and Medical Research Council Australian Dietary Guidelines? (knowledge and awareness)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q2. In general, how well do you think you know the guidelines that exist around healthy eating? (knowledge and awareness)

- ☐ Not well at all
- ☐ A little
- ☐ Somewhat
- ☐ Very well

Q3. Please indicate your level of awareness of the impact healthy eating can have on preventing chronic diseases such as type 2 diabetes or cardiovascular disease? (knowledge and awareness)

- ☐ Not at all aware
- ☐ Slightly aware
- ☐ Moderately aware
- ☐ Very aware
- ☐ Entirely aware

Please note--if your project or activities are designed to address a specific aspect of someone's awareness, knowledge, or self-efficacy, you are encouraged to modify the questions here to focus in on your specific target issue or topic.

Q4. Which of the following statements about healthy eating is / are true?
(true answers = 1, 3, 4) **(knowledge and awareness)**

1. There are five food groups that I should be eating from every day
2. Sugary foods are one of the five recommendation daily food groups
3. I should be avoiding adding salt to foods
4. Low fat diets are not suitable for children under the age of 2 years
5. Butter is okay to consume regularly because it has low saturated fats

Information in brackets is for administrator purposes only and not to be included in the question.

Q5. Please indicate your level of agreement with the following statement: "I believe I have the knowledge and ability to choose / prepare healthy snacks" (knowledge and awareness)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Disagree slightly
- ☐ Agree slightly
- ☐ Agree
- ☐ Strongly agree

Q6. I think healthy eating on a regular basis is… (knowledge and awareness)

- ☐ Not at all important for my overall health
- ☐ A little important for my overall health
- ☐ Moderately important for my overall health
- ☐ Very important for my overall health

Q7. To me, healthy eating on a regular basis is… (knowledge and awareness)

- ☐ Extremely unenjoyable
- ☐ Unenjoyable
- ☐ Neither enjoyable nor unenjoyable
- ☐ Enjoyable
- ☐ Extremely enjoyable

Q6 and Q7 assess people's attitudes toward healthy eating. We have placed them in the "knowledge and awareness" category for simplicity, but these items assess people's perception about the value of healthy eating (Q5) and whether eating healthily is enjoyable or not for them (Q6).

Attitudes have been shown to predict intentions and behaviour, and these two types of attitudes are often considered the most important to assess. Q6 is an example of an "instrumental" attitude item, and Q7 is an example of an "affective" attitude item. Although many people hold a positive instrumental attitude for healthy eating, our afftective attitude--which is important for encouraging us to engage in a health behaviour--may be less positive.

For projects where a change to either attitude is likely, interested readers may wish to consult the Theory of Planned Behaviour for more background.

Q8. Are you able to eat healthily when you feel stressed? (self-efficacy)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Q9. Do you check the nutritional labels of products for calories, fat, sugar, or salt content? (self-efficacy)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Q10. After attending the activities for this project, do you intend to eat at least four servings of vegetables or salad each day? (intentions)

- ☐ Not at all true for me
- ☐ Not very true for me
- ☐ Somewhat true for me
- ☐ Very true for me

If you are asking this question in a general sense, or perhaps asking before and after involvement in an activity or project, simply ask "do you intend to each at least four servings of vegetables or salad each day?" The same applies to Q11.

Q11. After attending the activities for this project, do you intend to choose drinks and foods that are low in added sugar whenever you have a choice? (intentions)

- ☐ Not at all true for me
- ☐ Not very true for me
- ☐ Somewhat true for me
- ☐ Very true for me

Increasing Physical Activity

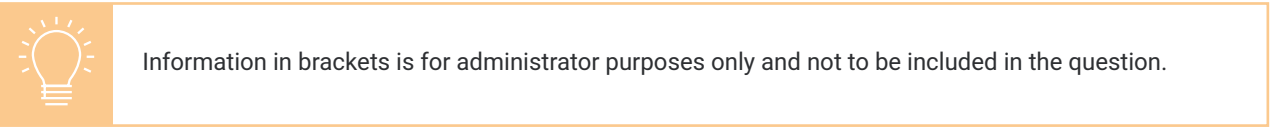
The following sections contains items adapted from **Padin et al. (2017)** (Q4-5), **Gonzalez et al. (2012)** (Q6), and **Hagger et al. (2005)** (Q7), and **Silva et al. (2020)** (Q8).

Q1. How confident are you right now in your knowledge about recommended levels of physical activity within the Australian Physical Activity and Sedentary Behaviour Guidelines? (knowledge and awareness)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q2. How much moderate intensity physical activity do you think adults are recommended to complete each week, according to the Australian Physical Activity and Sedentary Behaviour Guidelines? (answer = 150-300 minutes) **(knowledge and awareness)**

- ☐ 0-50 minutes
- ☐ 50-100 minutes
- ☐ 75-150 minutes
- ☐ 150-300 minutes
- ☐ 300+ minutes



Q3. Please indicate which of the following activities are likely to be considered 'moderate intensity', according to the Australian Physical Activity and Sedentary Behaviour Guidelines? (correct answers = golf, brisk walk, mowing lawn, swimming) **(knowledge and awareness)**

- ☐ Golf
- ☐ Running
- ☐ A brisk walk
- ☐ Soccer
- ☐ Netball
- ☐ Mowing the lawn
- ☐ Swimming
- ☐ Fast cycling

Q4. In general, how well do you think you know the guidelines that exist around physical activity participation? (knowledge and awareness)

- ☐ Not well at all
- ☐ A little
- ☐ Somewhat
- ☐ Very well

Q5. I think exercise is… (knowledge and awareness)

- ☐ Very unhealthy
- ☐ Somewhat unhealthy
- ☐ Neither healthy nor unhealthy
- ☐ Somewhat healthy
- ☐ Very healthy

Q6. I think exercise is… (knowledge and awareness)

- ☐ Extremely unenjoyable
- ☐ Unenjoyable
- ☐ Neither enjoyable nor unenjoyable
- ☐ Enjoyable
- ☐ Extremely enjoyable

Q5 and Q6 assess people's attitudes toward physical activity. We have placed them in the "knowledge and awareness" category for simplicity, but these items assess people's perception about the value of exercise (Q4) and whether exercise is enjoyable or not for them (Q5).

Physical activity attitudes have been shown to often predict intentions and behaviour, and these two types of attitudes are often considered the most important to assess in a physical activity sense. Q5 is an example of an "instrumental" attitude item, and Q6 is an example of an "affective" attitude item. Although many people hold a positive instrumental attitude for physical activity, our afftective attitude--which is important for promoting engagement in physical activity--is often less positive.

For projects where a change to either attitude is likely, interested readers may wish to consult the Theory of Planned Behaviour for more background.

Q7. To what extent do you agree with the statement, "I am confident I can be physically active on a regular basis, even if I have limited time"? (self-efficacy)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Slightly disagree
- ☐ Neither disagree nor agree
- ☐ Slightly agree
- ☐ Agree
- ☐ Strongly agree

Q8. To what extent do you agree with the statement, "I am confident I can overcome any barriers so that I can be physically active on a regular basis"? (self-efficacy)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Slightly disagree
- ☐ Neither disagree nor agree
- ☐ Slightly agree
- ☐ Agree
- ☐ Strongly agree

Q9. To what extent do you agree with the statement, "I will make an effort to exercise enough in the next two weeks to meet the recommended amount of physical activity"? (intentions)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Slightly disagree
- ☐ Neither disagree nor agree
- ☐ Slightly agree
- ☐ Agree
- ☐ Strongly agree

Q10. To what extent do you agree with the statement, "I intend to be regularly physically active in the next month"? (intentions)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Slightly disagree
- ☐ Neither disagree nor agree
- ☐ Slightly agree
- ☐ Agree
- ☐ Strongly agree

Improving Mental Health

The following section contains items adapted from **O'Connor & Casey (2015)** (Q1-4) and **Evans-Lacko et al. (2010)** (Q5).

A reminder to modify questions as needed to fit the aims / objectives of the organisation. For example, if an element of your work is focused on upskilling your own staff, or the knowledge of intermediaries, then an item like the first question might be included along with a second similar question along the lines of, "I am confident that I know where to direct people to get information and support around mental illness".

Throughout this section, you might see questions that feel suitable but that require some modifications to fit your project. If, for example, you need to change "mental illness" to "mental health" or "wellbeing", you are encouraged to make that change.

Q1. Please indicate to what extent you agree with the following statements: (knowledge and awareness; and self-efficacy)

I am confident that I know where to seek information about mental illness

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

It's important to provide a little context here. It's rare that Healthway funds community projects focused specifically on mental illness. Most often, Healthway is looking to promote mental health and wellbeing, rather than reduce or prevent mental illness. But, it's possible that projects and activities that are designed to promote mental health and wellbeing will also have effects on people's awareness, knowledge, and confidence around mental illness issues too.

By providing activities, education, or workshops around mental health, it's possible in some cases that folks may improve their knowledge of mental illness. And, an improved knowledge about mental illness is likely to mean an improved knowledge about mental health overall.

This is why we have coverage of mental illness knowledge in this section. As with all repository content, it is not essential to include, but is here in case it aligns with your project aims. We do also have several questions focused on mental health and wellbeing later in this section (see questions 6 to 13).

I am aware of the mental health support services, agencies, or resources available in my local area

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I am confident using the computer or telephone to seek information about mental illness

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q2. To what extent do you think it would be helpful for someone to improve their quality of sleep if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed)? (knowledge and awareness)

- ☐ Very unhelpful
- ☐ Unhelpful
- ☐ Helpful
- ☐ Very helpful

(note: the answer that indicates higher mental health literacy is 'very helpful')

Q3. To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions? (knowledge and awareness)

- ☐ Very unhelpful
- ☐ Unhelpful
- ☐ Helpful
- ☐ Very helpful

(note: the answer that indicates higher mental health literacy is 'very unhelpful')

Q4. To what extent do you agree with the following statements: (knowledge and awareness)

A mental illness is a sign of personal weakness

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

People with a mental illness are dangerous

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

If I had a mental illness I would not tell anyone

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

A mental illness is not a real medical illness

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q5. Please indicate whether you think each condition below is a type of mental illness: (knowledge and awareness)

For the purpose of the following items, which are scored on a scale of 1 to 5, "don't know" is scored the same as "neither agree nor disagree". So, for example, if you use a response scale where 1 = Strongly disagree, and 5 = Strongly agree, then a 3 could be used to score "Neither agree nor disagree" and "Don't know". Please see the end of this document for Survey Format and Response Scale Templates to provide further guidance on this issue.

Depression

- ☐ Strongly disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Strongly agree
- ☐ Don't know

(a higher score indicates a better understanding of mental illness)

Stress

- ☐ Strongly disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Strongly agree
- ☐ Don't know

(a lower score indicates a better understanding of mental illness)

Schizophrenia

- ☐ Strongly disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Strongly agree
- ☐ Don't know

(a higher score indicates a better understanding of mental illness)

Bipolar disorder (manic depression)

- ☐ Strongly disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Strongly agree
- ☐ Don't know

(a higher score indicates a better understanding of mental illness)

Drug addiction

- ☐ Strongly disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Strongly agree
- ☐ Don't know

(a higher score indicates a better understanding of mental illness)

Grief

- ☐ Strongly disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Strongly agree
- ☐ Don't know

(a lower score indicates a better understanding of mental illness)

Q6. Following participation in the activity, to what extent do you feel your understanding of mental health has changed? (knowledge and awareness)

- ☐ Large decrease in understanding
- ☐ Slight decrease in understanding
- ☐ No change
- ☐ Slight improvement in understanding
- ☐ Large improvement in understanding

These items can be amended to reflect a project, an activity, or activities, and they can be asked of staff, intermediaries, or recipients as needed. And, please amend in any other ways too--for example, if your focus is specifically on "wellbeing", feel free to use that term in place of "mental health".

Q7. Do you consider yourself to be aware of mental health issues? (knowledge and awareness)

- ☐ Not at all aware
- ☐ Slightly aware
- ☐ Moderately aware
- ☐ Very aware
- ☐ Extremely aware

Q8. How confident are you in your ability to accurately monitor your own mental health? (self-efficacy)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

f your project aims are focused specifically around wellbeing, feel free to use “wellbeing” instead of “mental health” here and in questions 9 to 13 below.

Q9. How confident are you in your ability to accurately monitor other people’s mental health? (self-efficacy)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q10. How confident are you in your ability to effectively manage your own mental health? (self-efficacy)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q11. How confident are you in your ability to support other people’s mental health? (self-efficacy)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q12. How confident are you in your ability to spot the signs that someone is or is not mentally healthy? (self-efficacy)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q13. To what extent do you agree with the statement, "I intend to pay close attention to my mental health in the next month"? (intentions)

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Slightly disagree
- ☐ Neither disagree nor agree
- ☐ Slightly agree
- ☐ Agree
- ☐ Strongly agree

Preventing Harm from Alcohol

Q1. How confident are you right now in your knowledge about the National Health and Medical Research Council Alcohol Guidelines? (knowledge and awareness)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q2. In general, how well do you think you know the guidelines that exist around alcohol consumption? (knowledge and awareness)

- ☐ Not well at all
- ☐ A little
- ☐ Somewhat
- ☐ Very well

Q3. Which of the following are recommendations in the National Health and Medical Research Council Alcohol Guidelines to reduce health risks from drinking alcohol?
(answers 3, 4, & 6 are true) **(knowledge and awareness)**

- ☐ Adults should drink no more than 2 standard drinks per day
- ☐ Adolescents over age 16 can have a beer or wine with a meal and when supervised by a parent or guardian
- ☐ Adults should drink no more than 10 standard drinks per week and no more than 4 standard drinks on any one day (the less you drink, the lower your risk of harm from alcohol)
- ☐ Children and people under the age of 18 years of age should not drink alcohol
- ☐ There are no guidelines for women planning a pregnancy
- ☐ Women who are pregnant or planning a pregnancy should not drink alcohol

Information in brackets is for administrator purposes only and not to be included in the question.

Q4. I think that drinking alcohol is… (knowledge and awareness)

- ☐ Very bad for my overall health
- ☐ Bad for my overall health
- ☐ Neither bad nor good for my overall health
- ☐ Good for my overall health
- ☐ Very good for my overall health

Q5. To me, drinking alcohol is… (knowledge and awareness)

- ☐ Extremely unpleasant
- ☐ Unpleasant
- ☐ Neither pleasant nor unpleasant
- ☐ Pleasant
- ☐ Extremely pleasant

Q4 and Q5 assess people's attitudes toward drinking alcohol. We have placed them in the "knowledge and awareness" category for simplicity, but these items assess people's perception about the health implications of drinking alcohol (Q4) and whether drinking alcohol is pleasant or not for them (Q5).

For more information on these types of attitudes, see comments within the specific sections above.

Q6. Right now, how confident are you in your ability to limit your alcohol consumption to, on average, less than or equal to one standard drink per day? (self-efficacy)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q7. Right now, how confident are you that you can say no to an alcoholic drink even if you are in a social situation where others are drinking alcohol? (self-efficacy)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q8. Please select the response below that best represents your position right now: "At times when I have one alcoholic drink…" (self-efficacy)

- ☐ It is very likely I will have more, even if I hadn't planned to
- ☐ It is likely I will have more, even if I hadn't planned to
- ☐ I am not sure whether I would have more or not
- ☐ It is likely that I will be able to stop
- ☐ It is very likely that I will be able to stop

(greatest confidence is indicated by selecting that it is 'very likely' the person will be able to stop)

Q9. To what extent do you intend to reduce your alcohol consumption in the near future? (intentions)

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ A lot
- ☐ Completely
- ☐ I do not consume alcohol

Q10. To what extent do you intend on drinking in moderation (within or under the recommended limits according to the National Health and Medical Research Council Alcohol Guidelines) in the near future? (intentions)

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ A lot
- ☐ Completely
- ☐ I do not consume alcohol

Creating a Smoke-Free WA

Q1. How confident are you right now in your knowledge regarding the public health recommendations about smoking / vaping? (knowledge and awareness)

- ☐ Not at all confident
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Here and below, please delete as appropriate depending on whether your project is focused on smoking or vaping. Or, if your work is targeting both, use separate items for "smoking" (Q1) and "vaping" (Q2).

Q2. In general, how well do you think you know the guidelines that exist around smoking / vaping? (knowledge and awareness)

- ☐ Not well at all
- ☐ A little
- ☐ Somewhat
- ☐ Very well

Q3. In which of the following areas do you think it is illegal to smoke in Western Australia? (all answers are true) **(knowledge and awareness)**

- ☐ In enclosed public places (e.g., shopping centres, cinemas, pubs, clubs)
- ☐ In outdoor eating areas, unless in a designated smoking area in a liquor licensed premises
- ☐ Between the flags at patrolled beaches
- ☐ In taxis, on buses, and other public transport that is available to or being used by the public
- ☐ In vehicles carrying children under age 17
- ☐ Near playground equipment

Information in brackets is for administrator purposes only and not to be included in the question.

Q4. To what extent do you agree with the statement, "e-cigarettes (vapes) should be regulated in the same way as cigarettes"? (knowledge and awareness)

- ☐ Strongly disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Strongly agree

Q5. To me, smoking / vaping regularly is… (knowledge and awareness)

- ☐ Not relevant for my overall health
- ☐ A little damaging for my overall health
- ☐ Moderately damaging for my overall health
- ☐ Very damaging for my overall health

Q6. To me, the thought of smoking / vaping regularly is… (knowledge and awareness)

- ☐ Extremely unpleasant
- ☐ Unpleasant
- ☐ Neither pleasant nor unpleasant
- ☐ Pleasant
- ☐ Extremely pleasant

Q5 and Q6 assess people's attitudes toward smoking / vaping. We have placed them in the "knowledge and awareness" category for simplicity, but these items assess people's perception about the health implications of smoking / vaping (Q5) and whether smoking / vaping is pleasant or not for them (Q6).

For more information on these types of attitudes, see comments within the specific sections above.

Questions 7 to 9 are adapted from **Spek et al. (2013).**

Q7. You are feeling agitated or tense. Are you confident that you will not smoke or vape? (self-efficacy)

- ☐ It's likely that I will smoke or vape
- ☐ I don't know if I will smoke or vape
- ☐ I have some confidence I will not smoke or vape
- ☐ I have complete confidence that I will not smoke or vape
- ☐ Not applicable—I do not smoke or vape

Q8. You are at a party, nightclub, or pub. Are you confident that you will not smoke or vape? (self-efficacy)

- ☐ It's likely that I will smoke or vape
- ☐ I don't know if I will smoke or vape
- ☐ I have some confidence I will not smoke or vape
- ☐ I have complete confidence that I will not smoke or vape
- ☐ Not applicable—I do not smoke or vape

Q9. Someone offers you a cigarette of your preferred brand, or a vape of your preferred flavour. Are you confident that you will not smoke or vape? (self-efficacy)

- ☐ It's likely that I will smoke or vape
- ☐ I don't know if I will smoke or vape
- ☐ I have some confidence I will not smoke or vape
- ☐ I have complete confidence that I will not smoke or vape
- ☐ Not applicable—I do not smoke or vape

Q10. If you have smoked or vaped in the past week, please indicate the extent to which you intend to reduce your smoking or vaping habits in the next month? (intentions)

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ A lot
- ☐ Completely
- ☐ Not applicable—I have not smoked or vaped in the past week

5.0 Health Behaviour

"Health Behaviour" outcomes reflect levels of, or changes in, the health indicators that are relevant to project aims. These health outcomes include a range of physical and mental health (and wellbeing) indicators—they may be assessed at a very broad level (e.g., overall health or wellbeing) or may instead or as well be assessed in relation to specific behaviours or issues (e.g., physical activity levels, smoking or vaping behaviour). We provide both options below—the choice of specific health status outcome should be determined by your specific project's objectives. Below, we present items with a view to them being measured with recipients, but there may be instances when these items are assessed with organisations (e.g., staff) and/or intermediaries (e.g., volunteers, coaches).

5.1 General Health Status

The first question on the next page is a well-used, simple self-report physical health assessment that has been adapted from **Furzer et al. (2021)** and **DeSalvo et al. (2006)**. This question may be used as a quick assessment of recipients' perceptions of their overall physical health. In Q2 and Q3, we have also applied the same wording to illustrate the measurement of mental health and wellbeing—in cases where a project objectives are focused on mental health or wellbeing, these items may be useful to provide a quick assessment of project outcomes (note: these items are also included in the mental health domain below).

General Health Status and Behaviour

There are more detailed options below for specific health priorities. However, if you want just one brief / broad item for your specific priority behaviour/s, you might use these kinds of questions, or might also use this general method to create your own item. For example, this question could be modified to "in general, would you say your levels of physical activity are…"

Q1. In general, would you say your physical health is…?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q2. In general, would you say your mental health is…?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q3. In general, would you say your wellbeing is…?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

5.2 Specific Health Status and Behaviour Domains (Healthway's Priority Focus Areas)

The following items are again categorised according to Healthway's priority health targets (see image below). We recommend finding the priority area (or areas) that is (are) most closely related to your project. Then, consider selecting health outcomes that align with your objectives. Items are presented below with recipients (e.g., community members, end users) in mind—however, should project objectives require, all instructions and items can be used to ask organisation staff or intermediaries (e.g., volunteers, coaches, instructors) about the same issues. We provide items below that assess the extent to which someone is or is not meeting guidelines (where relevant), the level or amount of the factor (or behaviour) in question, and any changes in that factor specifically associated with involvement in the project or activity.

The questions in the sections below will help quantify participants' health behaviour or status for specific health behaviours—open-ended (qualitative) methods can again be used alongside or following these items when organisations want to understand ***why*** health behaviours or status may have changed during a project or activity, or to understand ***how*** to bring about the greatest change through future projects or activities

Increasing Healthy Eating

The following section contains items adapted from **Dewar et al. (2012)** (Q1) and the **ABS National Health Survey** (Q2-4). Where there is underlined text, change the wording if necessary to fit your project, activities, or timeline.

The bolded and coloured text is simply to indicate what variable is being assessed with the item. Do not include the bolded /coloured text in your survey.

Q1. On how many days in the last week did you eat enough vegetables to fill two teacups? (meeting guidelines)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

Q2. On how many days in the last week did you eat at least two serves of fruit? (meeting guidelines)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

Q3. In the past month, how often did you… (healthy eating behaviour)

Choose reduced-fat options when they were available (e.g. "lite" milk, reduced-fat cheese and yoghurt)?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

(a higher score indicates healthier eating habits)

Choose water or sugar-free drinks such as diet soft drink instead of sugary drinks such as fruit juice or soft drink?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

(a higher score indicates healthier eating habits)

Leave food on your plate once you felt full during a meal?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

(a higher score indicates healthier eating habits)

Q4. On average, how many days per week do you usually drink soft drink, cordials, sports drinks, or caffeinated energy drinks? Please do not include diet or no sugar varieties. (healthy eating behaviour)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

Q5. To what extent do you feel you choose food that is healthy for you? (healthy eating behaviour

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Q6. In the last week, how many fast food meals did you eat—including breakfast, lunch, dinner, or snacks? (healthy eating behaviour)

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four or more

Q7. Since your participation in the activity, has the amount of vegetables you usually consume increased, decreased, or stayed the same? (project-related change)

- ☐ Decreased a lot
- ☐ Slightly decreased
- ☐ Stayed about the same
- ☐ Slightly increased
- ☐ Increased a lot

Q8. Since your participation in the activity, has the amount of fruit you usually consume increased, decreased, or stayed the same? (project-related change)

- ☐ Decreased a lot
- ☐ Slightly decreased
- ☐ Stayed about the same
- ☐ Slightly increased
- ☐ Increased a lot

Q9. Since attending the activity, to what extent do you feel you have changed your healthy eating behaviours? (project-related change)

- ☐ Significantly reduced
- ☐ Slightly reduced
- ☐ Have made no change
- ☐ Slightly improved
- ☐ Significantly improved

Please remember that these questions can be modified based on your project. For example, this question could be modified to "since participating in…"

There are other ways to measure indicators of eating habits at your activities, which may require less recipient recall—including, for example, auditing food options at the activity (e.g., canteen, food truck offerings) or tracking purchases of food items at the activity

Increasing Physical Activity

The following sections contains items adapted from **Milton et al. (2011)** (Q1), and the **ABS National Health Survey** (Q2).

The bolded and coloured text is simply to indicate what variable is being assessed with the item. Do not include the bolded /coloured text in your survey.

Q1. On how many days in the last week have you accumulated at least 30 minutes of moderate or vigorous physical activity related to leisure or transport? (meeting guidelines)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

Q2. In the past week / month, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate. This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job: (physical activity behaviour)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

Feel free to modify the timeframe referred to in this (or other similar) question(s) to make it most suitable for your project / activities / objectives. Additionally, if measuring at multiple timepoints, please keep the timeframe in the question consistent.

And, please consider modifications should your project be focused on promoting specific types of physical activity. For example, if you are explicitly interested in promoting walking or active transport, then modify wording to suit that focus. Or, if you are specifically interested in a particular sport or activity, you may consider asking about involvement in that specific setting.

Q3. In the last week, did you do any exercise which caused a large increase in your heart rate or beathing (vigorous exercise, for example, jogging, cycling, aerobics, competitive tennis)? If yes, please estimate the total amount of time you spent doing vigorous exercise in the last week? (physical activity behaviour)

- ☐ No
- ☐ Yes

  Total time spent doing vigorous exercise: _____

Q4. Since participating in the activity, to what extent have you become more or less physically active? (project-related change)

- ☐ A lot less physically active
- ☐ A little less physically active
- ☐ My physical activity has remained about the same
- ☐ A little more physically active
- ☐ A lot more physically active

Q4a. If you indicated any change in your physical activity in response to the question above, please estimate the weekly change in terms of minutes per week

____ minutes increase / decrease

There are other ways to measure indicators of physical activity at or around your activities, which may require less recipient recall—including, for example, asking recipients to provide you with step count (or other) information from their smart devices, or direct observation (counts) of people exercising at light, moderate, and vigorous intensity during your activity.

Improving Mental Health (& Wellbeing)

The following section contains items adapted from **Anwar-Mchenry et al. (2012)** (Q1), **Ahmad et al. (2014)** (Q2-3), the **World Health Organisation** (Q4-5), the **International Wellbeing Group** (Q6), and **Tennant et al. (2007)** (Q7).

Q1. In the past four weeks, did you deliberately do anything to keep yourself 'mentally healthy'? (mental health status)

- ☐ Yes (if so, please briefly describe)
- ☐ No
- ☐ Can't remember

Q2. In general, would you say your mental health is: (mental health status)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q3. In general, would you say your wellbeing is…? (wellbeing status)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

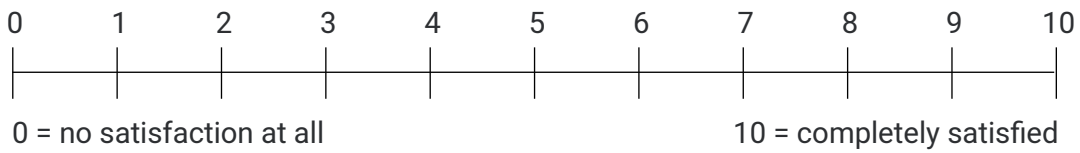
Q4. How would you rate your quality of life? (quality of life status)

- ☐ Very poor
- ☐ Poor
- ☐ Neither poor nor good
- ☐ Good
- ☐ Very good

Q5. How often do you have negative feelings such as blue mood, despair, anxiety or depression? (mental health status)

- ☐ Never
- ☐ Infrequently
- ☐ Sometimes
- ☐ Frequently
- ☐ Always

Q6. Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole? (mental health status)



Q7. Please indicate below which of the following statements reflect your experience in the last two weeks. In the last two weeks… (mental health status)

I've been feeling optimistic about the future

- ☐ None of the time
- ☐ Rarely
- ☐ Some of the time
- ☐ Often
- ☐ All of the time

I've been feeling good about myself

- ☐ None of the time
- ☐ Rarely
- ☐ Some of the time
- ☐ Often
- ☐ All of the time

I've been feeling useful

- ☐ None of the time
- ☐ Rarely
- ☐ Some of the time
- ☐ Often
- ☐ All of the time

I've been feeling cheerful

- ☐ None of the time
- ☐ Rarely
- ☐ Some of the time
- ☐ Often
- ☐ All of the time

I've had energy to spare

- ☐ None of the time
- ☐ Rarely
- ☐ Some of the time
- ☐ Often
- ☐ All of the time

Q8. Have you done or tried to do something for your mental health as a result of becoming aware of or taking part in this project? If yes, what did you do? (project-related change)

- ☐ No
- ☐ Yes

With text box available for people to describe if they click yes

Q9. Since attending the activity, to what extent do you feel your mental health has changed? (project-related change)

- ☐ My mental health has significantly declined
- ☐ My mental health has slightly declined
- ☐ My mental health has remained relatively the same
- ☐ My mental health has slightly improved
- ☐ My mental health has significantly improved

Please be reminded that these questions can be modified based on your project. For example, this question could be modified to "since participating in…"

And, if the focus of your project is more closely related to wellbeing or quality of life, you can replace "mental health" in the question and response options with those terms.

Here and throughout, it is important to pause to consider the specific population you are interested in. For example, you may need specific modifications and considerations if you want to assess outcomes from children, Aboriginal or Torres Strait Islander people, culturally or linguistically diverse people, or people living with disadvantage. For example, the **Personal Wellbeing Index for School Children** may be more suitable for evaluating project impact on mental health and wellbeing in children. And, if you are unsure, then we encourage consultation with members of your target population to determine whether (and what) changes are needed.

Preventing Harm from Alcohol

The following section contains items adapted from **Bush et al. (1998)** (Q1-3).

Q1. On how many days in the last week have you consumed more than two standard drinks? (meeting guidelines)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

Q2. On average, how often do you drink more than four standard drinks on a single occasion? (meeting guidelines)

- ☐ Never
- ☐ Monthly or less frequently
- ☐ Two to four times a month
- ☐ Two to three times per week
- ☐ Four or more times per week

Q3. In the past week, did you consume more or less than 10 drinks containing alcohol? (meeting guidelines)

- ☐ More than 10 drinks containing alcohol
- ☐ Less than 10 drinks containing alcohol
- ☐ Unsure

Q4. How often do you have a drink containing alcohol? (alcohol consumption behaviour)

- ☐ Never
- ☐ Monthly or less frequently
- ☐ Two to four times a month
- ☐ Two to three times per week
- ☐ Four or more times per week

Q5. How many drinks containing alcohol do you have on a typical day when you are drinking? (alcohol consumption behaviour)

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more

Q6. How often do you have four or more drinks on one occasion? (alcohol consumption behaviour)

- ☐ • Never
- ☐ • Less than monthly
- ☐ • Monthly
- ☐ • Two to three times per week
- ☐ • Four or more times per week

Q7. Since attending the activity, to what extent have you changed the amount you drink alcohol? (project-related change)

- ☐ • Significantly reduced
- ☐ • Slightly reduced
- ☐ • Have made no change
- ☐ • Slightly increased
- ☐ • Significantly increased

Q7a. If you indicated any change in your alcohol consumption in response to the question above, please estimate the weekly change below

____ fewer drinks per week

____ more drinks per week

Please be reminded that these questions can be modified based on your project. For example, this question could be modified to "since participating in…"

There are other ways to measure indicators of alcohol consumption at or around your activities, which may require less recipient recall—including, for example, counting empty bottle or cans of alcohol in waste collection at activities, or tracking alcoholic beverage purchases.

Creating a Smoke-Free WA

The following section contains items adapted from the **ABS National Health Survey** (Q3-4).

Q1. Which of the following best describes your cigarette smoking status? (smoking behaviour)

- ☐ I smoke daily
- ☐ I smoke occasionally
- ☐ I don't smoke now, but I used to
- ☐ I've tried smoking a few times, but never smoked regularly
- ☐ I've never smoked

Q2. Which of the following best describes your e-cigarette smoking ('vaping') status? (vaping behaviour)

- ☐ I vape daily
- ☐ I vape occasionally
- ☐ I don't vape now, but I used to
- ☐ I've tried vaping a few times, but never vaped regularly
- ☐ I've never vaped

Q3. In the past month, have you smoked cigarettes or vaped (used e-cigarettes)? (smoking / vaping behaviour)

- ☐ Smoked cigarettes
- ☐ Vaped / used e-cigarettes
- ☐ Both
- ☐ Neither

Q4. On average, how many days do you smoke per week? (smoking behaviour)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

Q5. On average, how many days do you vape per week? (vaping behaviour)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

Q6. Since attending the activity, to what extent have you changed the amount you smoke or vape? (project-related change)

- ☐ Significantly reduced
- ☐ Slightly reduced
- ☐ Have made no change
- ☐ Slightly increased
- ☐ Significantly increased
- ☐ I didn't smoke or vape before, and still don't

Q6a. If you indicated any change in your smoking or vaping behaviour in response to the question above, please estimate the daily change below

Open text response

Please be reminded that these questions can be modified based on your project. For example, this question could be modified to "since participating in…"

There are other ways to measure indicators of smoking or vaping behaviours at or around your activities, which may require less recipient recall—including, for example, counting cigarette butts in ash trays and on the ground at your venue/s, counting the number of people vaping during the event, counting the number of visits to designated smoking areas.

6.0 Social Capital and Social Health

"Social capital and Social Health" refers to the social outcomes—including strengthened social norms, connections, networks, cohesion, trust, and/or supports—that underpin cooperation, provide resources and development opportunities, and add value to our experience. If a project's objectives or activities may boost people's social connection and support, consider items in this section for measuring levels of, or changes in, these important social factors. Social capital is a complex and important concept, but may be challenging to measure directly and concisely (see **Claridge, 2017**, for an overview). Below are some example items you might use to measure certain aspects of social capital and social health. The following section contains items adapted from **Wang et al., 2014** and **Chen et al., 2009.**

Social capital outcome	Question
Bonding capital (relationships between *similar* persons)	
Network size	1
Trust	2, 3
Reciprocity	4, 5, 6
Bridging capital (relationships between *dissimilar* persons)	
Network size	7
Trust	8
Reciprocity	9

Social Capital and Social Health

Please be reminded that the questions following can be modified based on the project, or you can provide multiple items for different activities.

Q1. How do you rate the number of friends you had with you <u>at the activity?</u> (network size)

- ☐ A lot
- ☐ More than average
- ☐ Average
- ☐ Less than average
- ☐ A few

Q2. Among your friends at the activity, how many can you trust? (trust)

- ☐ All
- ☐ Most
- ☐ Some
- ☐ Few
- ☐ None

Q3. Among the people in your community at this activity, how many can you trust? (trust)

- ☐ All
- ☐ Most
- ☐ Some
- ☐ Few
- ☐ None

Q4. How many of your family members or relatives will definitely help you upon your request? (reciprocity)

- ☐ All
- ☐ Most
- ☐ Some
- ☐ Few
- ☐ None

Q5. How many of the people in your community will definitely help you upon your request? (reciprocity)

- ☐ All
- ☐ Most
- ☐ Some
- ☐ Few
- ☐ None

Q6. How many of your friends will definitely help you upon your request? (reciprocity)

- ☐ All
- ☐ Most
- ☐ Some
- ☐ Few
- ☐ None

Q7. How do you rate the number of cultural, recreational, and leisure groups / organisations in your community? (for example, religious, sport, music, alumni, or activity groups) (network size)

- ☐ A lot
- ☐ More than average
- ☐ Average
- ☐ Less than average
- ☐ A few

Q8. How many of the cultural, recreational, and leisure groups/organisations in your community represent your interests? (trust)

- ☐ All
- ☐ Most
- ☐ Some
- ☐ Few
- ☐ None

Q9. How many of the cultural, recreational, and leisure groups/organisations in your community will help you upon your request? (reciprocity)

- ☐ All
- ☐ Most
- ☐ Some
- ☐ Few
- ☐ None

The following items are simple measures of social engagement, social support, and social connectedness, and are adapted from the **Australian Bureau of Statistics (2004)** (Q10-13) and **Orpana et al. (2019)** (Q14).

Q10. In which of the following social activities have you participated in the past three months? (please tick all that apply)

- ☐ Recreation group
- ☐ Cultural group
- ☐ Community or special interest group activities
- ☐ Sport or physical activities
- ☐ Religious or spiritual activities
- ☐ Visited library, museum or art gallery
- ☐ Went out to a restaurant/café/bar/club
- ☐ Attended sporting event as a spectator
- ☐ Visited park, zoo, or theme park
- ☐ Cinema, theatre, or concert
- ☐ Doing continuing education courses or classes
- ☐ Visiting friends or being visited by friends
- ☐ Going out with a group of friends
- ☐ Other (please specify)

Q11. To what extent are you satisfied with your access to social activities within your community?

- ☐ Extremely dissatisfied
- ☐ Dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Satisfied
- ☐ Extremely satisfied

Q12. Have you participated in voluntary work for organisations in any of the following categories? (please tick all that apply)

- ☐ Sport / Recreation / Hobby
- ☐ Welfare / Community
- ☐ Health
- ☐ Emergency services
- ☐ Education / Training / Youth development
- ☐ Religious
- ☐ Environmental / Animal welfare
- ☐ Business / Professional union
- ☐ Law / Justice / Political
- ☐ Arts / Culture
- ☐ Foreign / International (excluding work done overseas)
- ☐ Other organisation (please specify)

Q13. To what extent are you satisfied with your level of closeness with friends?

- ☐ Extremely dissatisfied
- ☐ Dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Satisfied
- ☐ Extremely satisfied

Q14. To what extent do you agree with the following statements regarding the social support you receive?

I have close relationships that provide me with a sense of emotional security and well-being

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

There is someone I could talk to about important decisions in my life

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I have relationships where my competence and skill are recognised

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

I feel part of a group of people who share my attitudes and beliefs

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

There are people who admire my talents and abilities

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

Q15. To what extent do you feel connected to your local community?

- ☐ Very disconnected
- ☐ Disconnected
- ☐ Neither disconnected nor connected
- ☐ Connected
- ☐ Very connected

Q16. To what extent do you feel connected to your club / organisation?

- ☐ Not at all integrated
- ☐ Slightly integrated
- ☐ Moderately integrated
- ☐ Well integrated
- ☐ Very well integrated

Where time and resources allow, qualitative questions could be used here to understand ***why*** a project or activity has (or has not) supported someone's social connections and quality of social relationships.

ORGANISATIONAL

Organisation reach and mission

Health promotion capacity

Volunteering

Evaluation Framework Pillar 3: **Organisational**

This Pillar focuses on outcomes from the project that relate to the funded organisation as a part of impact evaluation. This pillar of the Evaluation Framework includes the three elements opposite. Assessments within this Pillar provide insight into the impact of the funded project / activities on the organisation's reach, mission, capacity, and people. Detailed measurement options are provided in this section and should be considered in situations where project objectives are (at least in part) focused on promoting any aspect of organisational mission or capacity.

Organisation Reach and Mission

Whether and how the funded project and activities supported the organisation's reach and mission—and, in a secondary sense, Healthway's reach and mission

Health Promotion Capacity

The short-, medium-, and longer-term benefits of investment achieved through lasting change to the organisation's capacity for designing and delivering health promotion and evidence-building activities

Volunteering

Considering and, where possible, assessing all benefits and costs to organisations regarding volunteers (and to volunteers themselves)

7.0 Organisation Reach and Mission

"Organisation Reach and Mission" refers to whether, and how, a funded project supported an organisation's ability to reach Healthway's priority populations. Additionally, this section refers to whether the project advanced or contributed to the organisation's (and Healthway's) mission. Items following are adapted from the previously-used HPEU Healthway Sponsorship Evaluation Form (Q1-3).

Organisation Reach and Mission

Q1. As a result of receiving Healthway funding, were any of the following groups provided with greater opportunities for active participation in your activities? (please select all that apply)

- ☐ Children and young people
- ☐ Aboriginal and Torres Strait Islander people
- ☐ People living in rural and remote communities
- ☐ People experiencing disadvantage through economic, physical, cultural, social or educational factors (please specify)

Q2. For each target population group below, please estimate the number of participants engaged in your Healthway sponsorship activities. If you are unable to provide an estimate of participants, please enter "N/A" in the box next to that target population.

- ☐ Children and young people
- ☐ Aboriginal and Torres Strait Islander people
- ☐ People living in rural and remote communities
- ☐ People experiencing disadvantage through economic, physical, cultural, social or educational factors (please specify)

Q3. What effect did receiving this Healthway funding have on the number of participants in your organisation's activities?

- ☐ Large decrease in participants
- ☐ Moderate decrease in participants
- ☐ Slight decrease in participants
- ☐ No effect on participants
- ☐ Slight increase in participants
- ☐ Moderate increase in participants
- ☐ Large increase in participants

Q4. How satisfied are you as an organisation with the reach you achieved into priority populations through this project?

- ☐ Strongly dissatisfied
- ☐ Dissatisfied
- ☐ Slightly dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Slightly satisfied
- ☐ Satisfied
- ☐ Strongly satisfied

Qualitative information can be provided here to add insight here—including, for example, how the organisation was able to increase participant numbers (or not), ***how*** the organisation targeted the priority group(s), ***why*** the organisation was satisfied (or not) with the project's reach, the ***barriers*** the organisation faced, or ***how*** the organisation has learned from the project. Qualitative information could also be used to identify other priority target groups that were reached, or to understand any unintended consequences—for example, did the focus on one priority target group in this project come at a cost by reducing involvement of other target groups?

Q4. Which of the following statements about this project and your organisation's mission is most accurate?

- ☐ The Healthway funding did not help advance our organisation mission at all
- ☐ The Healthway funding made a small advancement to our organisation mission
- ☐ The Healthway funding made a moderate advancement to our organisation mission
- ☐ The Healthway funding significantly advanced our organisation mission

Qualitative information may be most appropriate in reflecting on the project's contribution to your organisation's mission—for example, ***how*** the mission was advanced and in what ways, ***how*** the project advanced Healthway's mission (and ***why***), and ***how*** the mission could be expanded upon in the future.

8.0 Health Promotion Capacity

"Health Promotion Capacity" refers to any short-, medium-, or longer-term impacts of the activity on the organisation's capacity for designing and delivering health promotion and evidence-building activities. This might be achieved, for example, when staff are provided with workshops or training, or when the organisation's processes are changed to improve health promotion capacity (see also Policy and Structural Reform in the 4th Pillar, "Sustainability"). Items in this following section have been created for the purpose of this evaluation resource; however, they were informed by **Rwafa-Ponela et al. (2021)** and **DeCorby-Watson et al. (2018)**.

Health Promotion Capacity

Q1. As a result of this funding, please indicate the change (if any) to your organisation's capacity to deliver health promotion activities in the following areas? (please answer all priorities that are relevant to your project)

Increasing healthy eating

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Increasing physical activity

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Improving mental health

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Preventing harm from alcohol

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Creating a smoke-free WA

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Q2. Please indicate for each statement below the impact that this Healthway funding had on your organisation (if any):

Your organisation's overall level of activity

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's ability to offer programs in rural and remote areas

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's ability to offer programs to people experiencing disadvantage through economic, physical, cultural, social or educational factors

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's ability to offer programs to children and young people

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's ability to offer programs to Aboriginal and Torres Strait Islander people

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

The range and/or number of programs offered by your organisation

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's staffing levels

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's funding capacity for sponsorship from sources other than Healthway

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your members or subscriber / 'friends' numbers

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your audience / spectator numbers

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your participant numbers

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's commitment to promoting health within the community

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's capacity to promote health within the community

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's partnerships & collaboration with other agencies to achieve common goals

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's capacity to introduce health related policies

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Knowledge of staff / volunteers regarding health promotion activities

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Confidence of staff / volunteers to deliver health promotion activities

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's ability to plan and conduct evaluation activities

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Your organisation's ability to report on evaluation activities

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase
- ☐ Not applicable

Organisations are encouraged here to consider and report—using survey or qualitative methods—any other organisational health promotion capacity outcomes achieved through the Healthway funding (beyond those above). And, to consider whether qualitative information may provide insight into why and how the organisation's capacity has changed.

9.0 Volunteering

The “Volunteering” element in this Pillar is designed to capture the level of involvement of volunteers within the funded project, as well as assessment of the benefits and costs to those volunteers.

Items for Organisations

Q1. Please indicate below the approximate number of volunteers involved with delivering activities for this project?

Open text box for organisations to fill out (provide separate numbers for separate activities if applicable)

Q2. Please indicate below the approximate number of hours contributed by volunteers involved with delivering activities for this project?

Open text box for organisations to fill out (provide separate numbers for separate activities if applicable)

Q3. Please indicate the level of change, if any, in the number of volunteers following receiving Healthway funding

- ☐ A large decrease
- ☐ A moderate decrease
- ☐ Little or no change
- ☐ A moderate increase
- ☐ A large increase

Q4. How important was the involvement of volunteers to the delivery and success of the project?

- ☐ Not at all important
- ☐ Low importance
- ☐ Moderate importance
- ☐ High importance
- ☐ Not applicable (no volunteers needed)

Q5. How difficult was the recruitment of volunteers for the project?

- ☐ Very easy (required minimal effort)
- ☐ Easy (required low effort)
- ☐ Moderately difficult (required sustained effort)
- ☐ Very difficult (required significant effort)
- ☐ Impossible or not achieved (please comment)
- ☐ Not applicable (no volunteers needed)

Q6. How involved was any training of volunteers for the project?

- ☐ No training required
- ☐ Minimal training required (up to 3 hours)
- ☐ Moderate training required (up to a day)
- ☐ Substantial training required (more than a day)
- ☐ Not applicable (no volunteers needed)

Qualitative methods may be used to supplement the questions above with information about the activity (or activities) in which volunteers were involved, their roles, the support or incentives they received, and the likely benefits of the role.

Items for Volunteers

The following sections contains items adapted from **Milton et al. (2011)** (Q1), and the **ABS National Health Survey** (Q2).

Please be reminded that questions such as these can be modified to reflect your project, or if necessary, specific activities.

Q1. Please indicate your responses to the following statements about your experience volunteering for [the organisation / project].

My role as a volunteer placed a significant amount of stress on me

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

I was time-poor while volunteering for [organisation]

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

I feel that my role as a volunteer was difficult

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

I feel that I was provided with adequate training to complete my role

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

I was unclear about the expectations of my role

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

I feel the burdens associated with the volunteering role were heavy

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

I benefitted from volunteering for [organisation]

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

I feel the benefits of volunteering for [organisation] outweighed the burden or cost

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

The above question can be refocused to other contributors to the project. For example, you could replace “volunteer” to “organisation staff member”, “coach”, “instructor”, and so on, to get insight into the contribution of these people within your project.

If volunteering is still ongoing, the questions following should be changed to present tense. For example “felt bursting with energy” should be replaced with “feel bursting with energy”, “inspired” to “inspires”, and so on.

Q2. Please indicate the extent to which the following statements about volunteering are true to you

While volunteering, I felt bursting with energy

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

Volunteering for [organisation] inspired me

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

I am proud of volunteering for [organisation]

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

I am immersed in my volunteering for [organisation]

- ☐ Very untrue for me
- ☐ Somewhat untrue for me
- ☐ Neutral
- ☐ Somewhat true for me
- ☐ Very true for me

Qualitative methods may be used to provide information about volunteers' (or other contributors and intermediaries) experiences and perceptions about the volunteering role—they may be able to give specific recommendations and information that cannot be obtained through these survey questions alone.

SUSTAINABILITY

Maintenance and capacity

Policy

Partnerships

Structural reforms

Evaluation Framework Pillar 4: **Sustainability**

This Pillar focuses on the elements that support (or limit) the sustainability of a project following the

Healthway funding period. This pillar of the Evaluation Framework includes the four elements opposite. Planning for and evaluating sustainability capacity should be a core consideration in all Healthway funded projects regardless of the scope and size of investment. Assessment of the elements within this Pillar will provide insight into the ways through which sustainability may be achieved, and will help identify strategies to support (as well as barriers that may limit) sustainability. Detailed measurement options for these elements are provided in the following section.

Maintenance and Capacity
An organisation's overall capacity to maintain the funded project or initiative beyond its initial funding window.

Policy
The development, implementation, and sustainability of any (internal or external) policy change resulting directly or indirectly (e.g., through a change in organisational capacity) from the funded project.

Partnerships
The quality and nature of partnerships with external organisations that are necessary to support program sustainability and (if applicable) scalability.

Structural Reforms
Physical, structural, and organisational changes made within the organisation (or the organisation's reach) that contribute to project sustainability.

10.0 Maintenance and Capacity

"Maintenance and Capacity" represents an organisation's overall capacity to maintain the funded project or initiative beyond its initial funding window. Planning for and evaluating sustainability capacity is critical from the early stage of funded projects—successful projects not only deliver on health objectives, they also provide a platform for programs and activities to be sustained. When considered at the organisational level, this element refers to the capacity of an organisation to continue the health promotion initiative beyond the initial funding window. The following section contains items adapted from the **Program Sustainability Assessment Tool** and the HPEU Healthway Sponsorship Evaluation Form.

Maintenance and Capacity

Q1. Please indicate the extent to which the following statements about organisation sustainability are true

This project has leadership support from within the organisation

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

This project has strong public support

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

There are policies and strategies in place to help ensure sustained funding

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

There are adequate staff assigned to the project going forward to achieve the project goals

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

This project has the capacity for high-quality evaluation

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

Evaluation results inform project planning and implementation

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

This project is adaptable (for example, our organisation can easily change how the project is delivered if required)

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

There are communication strategies in place to secure and maintain public support

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

The value of this project has been demonstrated to the public

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

There is a long-term financial plan for this project

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

The project goals are understood by key partners and stakeholders

- ☐ Very untrue
- ☐ Untrue
- ☐ Neither true nor untrue
- ☐ True
- ☐ Very true
- ☐ Not applicable

Q2. How likely is your organisation to continue each of the following activities currently funded by Healthway after the funding ceases?

Activities developed as part of Healthway funding will be ongoing

- ☐ Unlikely to continue
- ☐ Likely to continue on a smaller scale
- ☐ Likely to continue on a similar scale
- ☐ Likely to continue on a larger scale
- ☐ Don't know
- ☐ Not applicable

Health-related policies from this project will remain in place and implemented

- ☐ Unlikely to continue
- ☐ Likely to continue on a smaller scale
- ☐ Likely to continue on a similar scale
- ☐ Likely to continue on a larger scale
- ☐ Don't know
- ☐ Not applicable

Structural changes, such as healthy food options or restrictions on alcohol consumption, will be maintained?

- ☐ Unlikely to continue
- ☐ Likely to continue on a smaller scale
- ☐ Likely to continue on a similar scale
- ☐ Likely to continue on a larger scale
- ☐ Don't know
- ☐ Not applicable

Targeting and reach into priority population groups

- ☐ Unlikely to continue
- ☐ Likely to continue on a smaller scale
- ☐ Likely to continue on a similar scale
- ☐ Likely to continue on a larger scale
- ☐ Don't know
- ☐ Not applicable

Promoting a healthy lifestyle culture through your events/activities

- ☐ Unlikely to continue
- ☐ Likely to continue on a smaller scale
- ☐ Likely to continue on a similar scale
- ☐ Likely to continue on a larger scale
- ☐ Don't know
- ☐ Not applicable

Refusing sponsorship funds from fast food / soft drink companies

- ☐ Unlikely to continue
- ☐ Likely to continue on a smaller scale
- ☐ Likely to continue on a similar scale
- ☐ Likely to continue on a larger scale
- ☐ Don't know
- ☐ Not applicable

Refusing sponsorship funds from companies producing or selling alcohol

- ☐ Unlikely to continue
- ☐ Likely to continue on a smaller scale
- ☐ Likely to continue on a similar scale
- ☐ Likely to continue on a larger scale
- ☐ Don't know
- ☐ Not applicable

Q3. For each of the following items, please indicate your level of agreement regarding how well your organisation is set up to deliver the project going forward:

Our organisation is set up to deliver the project going forward without additional investment from Healthway

- ☐ Strongly agree
- ☐ Slightly agree
- ☐ Neither agree nor disagree
- ☐ Slightly disagree
- ☐ Strongly disagree

Our organisation is set up to deliver the project going forward without additional investment from other funding bodies

- ☐ Strongly agree
- ☐ Slightly agree
- ☐ Neither agree nor disagree
- ☐ Slightly disagree
- ☐ Strongly disagree

Our organisation is set up to deliver the project going forward without significant volunteer support

- ☐ Strongly agree
- ☐ Slightly agree
- ☐ Neither agree nor disagree
- ☐ Slightly disagree
- ☐ Strongly disagree

Our organisation is set up to deliver the project going forward without other contributions from outside of organisation staff

- ☐ Strongly agree
- ☐ Slightly agree
- ☐ Neither agree nor disagree
- ☐ Slightly disagree
- ☐ Strongly disagree

Qualitative information could be provided to supplement the survey responses above—open-ended responses could be used to provide commentary about barriers to sustainability, or to provide context that helps explains the answers above.

Note: Maintenance may also be measured from the perspective of recipients rather than the organisation. This refers to the long-term effects of a program on recipient health outcomes or status—perhaps 6 months or more after the most recent contact or program exposure. For example, for a project aimed at smoking cessation, a measure of Maintenance among recipients is to follow-up with those who reported cessation initially after the project, and assess whether they maintained their healthier behaviour over a longer period. For measurement ideas around this kind of Maintenance issue, and when time and resources allow, we recommend adapting measurement tools reported in the Knowledge, Attitude, and Behaviour Pillar.

11.0 Policy

"Policy" reflects the development, implementation, and sustainability of any (internal or external) policy change resulting directly or indirectly from the funded project. A project might directly result in policy change when an organisation implements new principles as a result of a project (or its outcomes). A project might also indirectly result in policy change if (for example) staff receive training as part of a project, and consequently, one or more of these staff members develops related or unrelated health promotion policy change. A project might also be responsible for creating policy change external to the organisation—for example, by demonstrating evidence that results in Local or State Government policy change in the area of the project. The items below are adapted from the HPEU Healthway Sponsorship Evaluation Form.

Policy

Q1. For each of the following, please indicate "yes", "no" or "not applicable"

Healthy food and drinks options were available at activities

- ☐ Yes
- ☐ No
- ☐ Not applicable

Free drinking water was available at activities

- ☐ Yes
- ☐ No
- ☐ Not applicable

Safe warm-up practices for physical activity were adhered to at activities

- ☐ Yes
- ☐ No
- ☐ Not applicable

Alcohol (or vouchers for same) were not provided as prizes or awards

- ☐ Yes
- ☐ No
- ☐ Not applicable

Low strength alcohol and non-alcoholic choices were available at activities

- ☐ Yes
- ☐ No
- ☐ Not applicable

All indoor and outdoor areas under the control of the funded organisation were smoke free

- ☐ Yes
- ☐ No
- ☐ Not applicable

E-cigarettes and vaping were prohibited at activities

- ☐ Yes
- ☐ No
- ☐ Not applicable

Adequate sun shade was available at activities

- ☐ Yes
- ☐ No
- ☐ Not applicable

Q2. Has there been any policy change within your organisation as a result of the funded project?

- ☐ Yes (if so, please describe)
- ☐ No
- ☐ Not yet, but it can be realistically expected (if so, please describe)
- ☐ Not applicable

Q3. Has this project been responsible (wholly or in part) for any policy change outside your organisation that is focused on same health promotion priority as this project?

- ☐ Yes (if so, please describe)
- ☐ No
- ☐ Not yet, but it can be realistically expected (if so, please describe)
- ☐ Not applicable

Consider opportunities here to elaborate on any other policy change or review that has taken place as a result of this project, or to provide detail ('lessons learned') as to ***how*** policy change came about or ***why*** policy change has not happened.

12.0 Partnerships

Sustainability often relies on medium- and longer-term contributions and commitment from external partners and stakeholders (i.e., outside the immediate organisation or team delivering the funded project). The "Partnerships" element of the Framework provides an opportunity for organisations to provide evidence of the number, nature, and strength of partner relationships that support project sustainability. The following section includes items adapted from the HPEU Healthway Sponsorship Evaluation Form (Q1, 3).

Partnerships

Q1. Which of the following best describes Healthway's relationship with your organisation?

- ☐ Sponsor
- ☐ Funding agency
- ☐ Partner

Q2. Does your organisation believe Healthway sponsorships are:

- ☐ A good fit for the organisation
- ☐ A poor fit for the organisation
- ☐ Neither a good nor poor fit for the organisation

Q3. Did your organisation work in partnership to deliver Healthway-related activities with any of the following? (please select all that apply)

- ☐ Local governments (please name them)
- ☐ Community groups (please name them)
- ☐ Community centres (please name them)
- ☐ Local recreation centres (please name them)
- ☐ Non-government organisations (please name them)
- ☐ State government agencies (please name them)
- ☐ Local schools (please name them)
- ☐ Other (please specify)

Where time allows, consider providing additional detail here that describes the nature of the relationship with these partner organisations (e.g., role, commitment).

Q4. To what extent have your partner organisations demonstrated commitment to supporting your project? For each partner organisation selected in Q3 above, please indicate:

- ☐ Almost no commitment
- ☐ Very little commitment
- ☐ Moderate commitment
- ☐ Strong commitment

Q5. What 'types' of partner organisation do you believe would be most beneficial to support the project in the future? (please select all that apply)

- ☐ Local governments
- ☐ Community groups
- ☐ Community centres
- ☐ Local recreation centres
- ☐ Non-government organisations
- ☐ State government agencies
- ☐ Local schools
- ☐ Other (please specify)

Q6. And, how confident are you that these partner organisations will provide the support necessary to sustain the project in the medium- to long-term? For each partner organisation selected in Q3 above, please indicate:

- ☐ No confidence
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Where time allows, consider providing additional detail here that describes the reasons ***why*** these partners are key, ***why*** there is confidence (or not) regarding partner commitments going forward, or ***how*** you intend to engage with key partners

13.0 Structural Reforms

Varied "Structural Reforms" may occur as a result of a project, often stemming from policy change (see above). If maintained and effective, these reforms may contribute to project sustainability. Reforms might include, for example, physical, structural, and/or operational changes made within the organisation (or the organisation's reach) that contribute to project sustainability. The following items have been adapted from the previously-used HPEU Healthway Sponsorship Evaluation Form.

Structural Reforms

Q1. As a result of Healthway funding, has your organisation included additional health promotion activities or personnel in your budget or strategic plan?

- ☐ Yes (if so, please describe)
- ☐ No
- ☐ Not yet, but it can be realistically expected (if so, please describe)
- ☐ Not applicable

Q1B. If applicable—in your opinion, how effective have these reforms been? (please answer separately for each reform if multiple reforms captured in Q1)

- ☐ Too early to tell
- ☐ Not very effective
- ☐ Moderately effective
- ☐ Very effective

Q1C. If applicable—are you confident that these reforms are sustainable in the medium- and longer-term?

- ☐ Too early to tell
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q2. As a result of Healthway funding, has your organisation made lasting changes or reforms to any physical sites or locations (e.g., provision of alcohol areas, smoke-free venues, physical activity aids, nutrition changes)?

- ☐ Yes (if so, please describe)
- ☐ No
- ☐ Not yet, but it can be realistically expected (if so, please describe)
- ☐ Not applicable

Q2A. If applicable—in your opinion, how effective have these reforms been? (please answer separately for each reform if multiple reforms captured in Q2)

- ☐ Too early to tell
- ☐ Not very effective
- ☐ Moderately effective
- ☐ Very effective

Q2B. If applicable—are you confident that these reforms are sustainable in the medium- and longer-term?

- ☐ Too early to tell
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q3. As a result of Healthway funding, has your organisation made changes or reforms to any organisational processes (e.g., creating new roles, redistributing workloads, creating new working groups or committees, restructuring organisational chart/s)?

- ☐ Yes (if so, please describe)
- ☐ No
- ☐ Not yet, but it can be realistically expected (if so, please describe)
- ☐ Not applicable

Q3A. If applicable—in your opinion, how effective have these reforms been? (please answer separately for each reform if multiple reforms captured in Q3)

- ☐ Too early to tell
- ☐ Not very effective
- ☐ Moderately effective
- ☐ Very effective

Q3B. If applicable—are you confident that these reforms are sustainable in the medium- and longer-term?

- ☐ Too early to tell
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Q4. Please describe any other structural, operational, physical, or other reforms stemming from policy changes or any other aspect of this project:

Text response

Q4A. If applicable—in your opinion, how effective have these reforms been? (please answer separately for each reform if multiple reforms captured in Q4)

- ☐ Too early to tell
- ☐ Not very effective
- ☐ Moderately effective
- ☐ Very effective

Q4B. If applicable—are you confident that these reforms are sustainable in the medium- and longer-term?

- ☐ Too early to tell
- ☐ Low confidence
- ☐ Moderate confidence
- ☐ High confidence
- ☐ Complete confidence

Evaluating Individual Program Objectives

"Individual Program Objectives" are included as an explicit step at the beginning and end of the evaluation process to:

1. Encourage organisations during project application and preparation stages to reflect on their specific project objectives and to align as closely as possible to the Pillars in the Framework (e.g., Activity; Knowledge, Attitude, Behaviour).
2. To encourage organisations to reflect on overall project success and outcomes relative to original objectives.

Assessment for this element of the Framework is likely to be captured within the measurement of other Framework elements. However, below are some items which can be used to reflect on whether an organisation met their specific program objectives.

Items for Organisations

Q1. Which of the following is true when reflecting on your project delivery and outcomes against your original project goals?

- ☐ Exceeded our original goals
- ☐ Achieved our original goals as planned
- ☐ Partially achieved our original goals
- ☐ Did not achieve any of our original goals

Q2. Which of the following is true when reflecting on your project as a whole against your original expectations?

- ☐ Significantly exceeded our expectations
- ☐ Exceeded our expectations
- ☐ Met our expectations
- ☐ Failed to meet some of our expectations
- ☐ Fell a long way short of our expectations

There is an opportunity when reflecting on this type of question to provide open-ended information to supplement your response—this may include information about ***how*** and ***why*** the organisation was able to deliver on key component of the project within these Framework elements, or why expectations were (or were not) met

Q3. When reflecting on your original project objectives, which of these statements is most representative of your feelings? (please select only one)

- ☐ Our original project objectives were complete and appropriate
- ☐ Our original project objectives were incomplete or not appropriate (if so, please describe how / why)

Items for Recipients

The following item will require modification for your organisation and your specific program objectives. Modify the underlined text with your organisation / program / project name, and the specific objective. And, in cases where there were several objectives, you can include repeat versions of this item that refer to each objective in turn.

Q4. To what extent do you agree with the statement: "[The organisation] was able to provide me with a valuable opportunity to [enter program objective here]"?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

For clarity, an example of this question could be: "Black Swans Football Club was able to provide me with a valuable opportunity to increase my mental health awareness"

Survey Format & Response Scale Templates

For all of the following templates, change the column headers and row text as required.

For a 3-Point Response Scale

You can add the question text here, or above the table	Yes	No	Not Applicable
Example question here	1	2	NA
Example question here	1	2	NA
...			

For a 4-Point Response Scale

You can add the question text here, or above the table	Not at all	Slightly	Moderately	A lot
Example question here	1	2	3	4
Example question here	1	2	3	4
...				

For a 5-Point Response Scale

You can add the question text here, or above the table	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Example question here	1	2	3	4	5
Example question here	1	2	3	4	5
...					

For a 6-Point Response Scale

You can add the question text here, or above the table	Very Untrue	Untrue	Neither True nor Untrue	True	Very True	Not Applicable
Example question here	1	2	3	4	5	NA
Example question here	1	2	3	4	5	NA
...						

For a 7-Point Response Scale

You can add the question text here, or above the table	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
Example question here	1	2	3	4	5	6	7
Example question here	1	2	3	4	5	6	7
...							

Worked Examples

The following section contains two hypothetical examples of how this Measurement Toolkit may be utilised.

Worked Example #1: A Healthy Eating Project

EatWellWA is a (hypothetical) small not-for-profit organisation with a mission to reduce fast food consumption in young adults in Western Australia. The organisation is applying for a Healthway Healthy Communities Grant to provide a number of free activities for young adults as part of their Healthy Hearts Project. EatWellWA is required to develop an evaluation plan as part of their funding application, but the organisation does not have resources (staff, time, or money) or the expertise to independently plan and conduct a robust evaluation. EatWellWA wants (and is expected) to plan and conduct evaluation activity for the Healthy Hearts Project that aligns with Healthway's Evaluation Framework—their evaluation plan should have sufficient detail to document the process and impact of the work and to demonstrate that the organisation and project are suitable for further funding (from Healthway or other agencies) in the future.

The organisation is particularly interested in gathering information about (a) whether their activities have a positive impact on the healthy eating intentions and behaviours of young adults, (b) whether their activities are well-received by young adults, and (c) the sustainability of the Healthy Hearts Project.

EatWellWA begin their evaluation planning by consulting the Evaluation Framework and Measurement Toolkit. Given their desire to assess intentions and behaviours, they consult the Knowledge, Attitudes and Behaviours Pillar of the Toolkit. The organisation selects the cognitive impact measures within the Health Knowledge and Attitudes Element to assess young adults' awareness, comprehension, acceptance, intentions, and actions in relation to healthy eating. They modify the items if needed to focus on their priority population, priority health issue, and their project. This will allow them to report on the overall proportion of people whose healthy eating behaviours have changed following attending the activities for their Healthy Hearts Project. They also want to provide some additional questions around their healthy eating focus, and by mapping the Toolkit items to their developing objectives, they select three relevant questions from the Increasing Healthy Eating Section of the Health Knowledge and Attitudes Element. In preparing their application, they briefly consult with their Youth Advisory Group to discuss the items and check for understanding or concerns about the evaluation plan—any recommended changes are made and documented for the application process.

To address their question about activities being well-received, EatWellWA consults the Activity Pillar. They add an item for the Organisation to complete from the Participation and Engagement Element, exploring their success in reaching their target population. They also included three relevant questions from the Participation and Engagement Element, which asks recipients / participants to highlight their engagement with activities in the Healthy Hearts Project. Finally, they include two further questions from the Implementation, Adoption, Fidelity Element—to help them understand whether the activities were appealing to their population.

Their final key objective and accompanying goal for their evaluation plan was focused on the sustainability of the Healthy Hearts Project. With that focus, EatWellWA includes questions from the Maintenance and Capacity Element, and questions from the Partnerships Element to capture the most relevant sustainability and capacity issues for their project. To keep the evaluation surveys they used consistent, they format these surveys using the scale templates provided, and fill in their own text into the tables. They also identify opportunities for qualitative / open-ended information gathering, and place these key opportunities within their evaluation plan against specific objectives.

Worked Example #2: A Mental Health Project

Healthy Minds WA is a (hypothetical) non-profit organisation with the aim of improving mental health and wellbeing outcomes in people in rural and remote communities in Western Australia. Healthy Minds WA are applying for Healthway Healthy Partnership funding to expand one of their projects into the Kimberley and Pilbara regions. The organisation is applying for funding to support their project for three years, providing services and activities to increase mental health and wellbeing in the regions. Healthy Minds WA is required to develop an evaluation plan as part of their funding application, and as they intend on pursuing a three-year funded project, they need to include a comprehensive evaluation outline. After consulting the Evaluation Framework, Healthy Minds WA decide to approach their evaluation by collecting data at multiple timepoints. That is, they will report on elements within the Activity, Organisational, and Sustainability Pillars toward the end of the project, as is standard practice—however, they will also report annually on elements of the Knowledge, Attitude, and Behaviour Pillar.

Healthy Minds WA are aware of the specific cultural considerations surrounding their project. They decide to consult on-country with Elders and community members prior to submitting their application to Healthway, to receive feedback on their project and evaluation plan. Following contact with community leaders, they establish a community advisory group, with whom they meet once a month to discuss the needs of the community. Within these meetings, they present to the community advisory group the evaluation measurement tools they intend on using. The advisory group suggests modifying the tool to be more sensitive for use in their community, and provide insight into how evaluation activities should be conducted in a sensitive and appropriate manner.

Healthy Minds WA wishes to comprehensively address all three elements within the Activity Pillar. To address the Participation and Engagement element, they select questions that allow them to report on the number of recipients and their priority groups, as well as their success in reaching those groups. To address the Promotional and Educational Activities element, they select all questions from this part of the Toolkit, which allows them to describe the activities delivered as part of the project. Healthy Minds WA also aim to report on Implementation, Adoption, and Fidelity outcomes—however, given their in-depth evaluation plan, they choose to focus on the elements that are not covered in other elements of the Framework. Therefore, they select relevant questions from the “For Organisations” section. Additionally, they want to capture recipients’ perspectives on the appropriateness, acceptability, and adoption of the program, and choose relevant questions from this part of the Toolkit.

Healthy Minds WA are aware that the Organisational Pillar is important for reporting to Healthway, and want to include as much information as possible to highlight the importance of their project. They modify two questions to reflect their own project objectives, and provide to recipients following their participation in the activities. To demonstrate the impact of Healthway funding on Healthy

Minds WA's reach, they also use questions in the Organisation Reach and Mission element. They include in their evaluation plan two questions from the Health Promotion Capacity element, which allows them to assess whether various domains of the organisation (and whether their capacity to deliver programs in the future) have changed following receiving Healthway funding. Healthy Minds WA elect not to include any of the Volunteering element items in their evaluation plan, as their project did not involve volunteers.

Healthy Minds WA want to comprehensively address sustainability considerations for their project. To do this, they elect to report on all questions from the Maintenance and Capacity, Policy, Partnerships, and Structural Reforms. This will give Healthway a detailed understanding of the sustainability of the project and provide Healthy Minds WA with evidence of the feasibility of continuation of the project.

The above considerations in the organisation's evaluation plan were for end-of-project reporting to Healthway—however, Healthy Minds WA are planning to conduct an annual 'census'-style data collection of aspects within the Knowledge, Attitudes, and Behaviour Pillar. They are most interested in changes in wellbeing in the community over time—their first timepoint for data collection will be prior to any activities being delivered in the community. This will allow Healthy Minds WA to compare levels of wellbeing in the community before and after their activities have been delivered. They select relevant questions from the Improving Mental Health and Wellbeing section of the Health Status element and modify them so that they specifically refer to "wellbeing". They will provide recipients with these questions each year. Additionally, they are interested in whether people in the community are aware of how to access mental health support—they select relevant questions from the Improving Mental Health section of the Health Knowledge and Attitudes element, which they modify to reflect their project's aims. They will also provide these questions for recipients to answer each year, to assess whether their project has an impact on people's confidence in seeking support. Finally, Healthy Minds WA are interested in reporting on cognitive impact measures, which will allow them to assess recipients' awareness, comprehension, acceptance, intentions and actions toward messaging around mental health and wellbeing in their project. Again, prior to administering any of these questions, they consult their community advisory group to understand any sensitivities or cultural considerations that should be taken into account.

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