

T.R.A.I.L. Quarterly Progress Report Guidance

The following information is to be used as guidance to complete your site(s)'s quarterly progress reports for the On the T.R.A.I.L. to Diabetes Prevention program. Each question includes what format an answer should be submitted in and what details are expected in the answer. Remember that all narrative answers should be presented in complete sentences with proper grammar and punctuation. The reviewer of your progress report should be able to understand the who, what, when, where, and how of your T.R.A.I.L. program after reading your progress report.

Important reminders:

- Be sure to save your work often as you complete the report by clicking the "Save" button at the bottom of the page. This will allow you to return to the report at a later date or time if you need to step away for any reason.
- All reports should be in **complete sentences** and written in a professional manner. Define all acronyms and explain who people are (i.e., do not say "Sally Smith visited the Club." Define who Sally Smith is nurse, local historian, etc.). It is okay to use the acronym for T.R.A.I.L. You are not expected to write the full name each time you use the term.
- Save each page of your report in the online reporting system before moving on to the next page.
- The information in your reports is used to report to the Indian Health Service (IHS) and support efforts to sustain the T.R.A.I.L grant in the long term. Please complete your report in a timely manner to ensure you have time to make edits as requested by FirstPic, Inc. or NCAI prior to the deadline.

Implementation Reporting	
Curriculum Implementation	
1a. Total number of T.R.A.I.L. youth who participated in the T.R.A.I.L. curriculum lessons as of the end this quarter (including all	Answer Format: Number This is the number of T.R.A.I.L. participants that have participated in curriculum sessions since the beginning of the grant year.
previous quarters).	Please Note: this number should never be greater than the number of youth awarded for the grant year. All youth over the LOA awarded amount should be included in 1d. This number should also never be lower than the response for the previous quarter.

1b. Of the number answered in 1a, how many youth have never participated in any T.R.A.I.L. programming in previous years? 1c. Are you serving more youth than required in your LOA?	Answer Format: Number This is the number of T.R.A.I.L. participants that have never participated in T.R.A.I.L. curriculum lessons in previous years. Answer Format: Yes/No/Not currently implementing
1d. If so, how many Club youth in addition to the number required by the LOA participated in	Answer Format: Number Only answer if "Yes" for 1b.
T.R.A.I.L. curriculum lessons as of the end of this quarter (including all previous quarters)?:	Example: If you are required to serve 15 youth and 20 youth have been consistently attending T.R.A.I.L. lessons, your answer would be 5.
1e. How many T.R.A.I.L. participants have completed the pre-test (including all previous quarters)?	Answer Format: Number Include the number of participants who have completed the pretest. This answer should ideally be the same as 1a. Remember, the pre-test is a part of Chapter 1 in the curriculum.
	Please note: If a T.R.A.I.L. participant has not completed the pretest but has participated in curriculum lessons beyond Chapter 1, please explain why and what your plans are to have the participant make up the test in the challenges section.
1f. How many T.R.A.I.L. participants have completed the post-test (including all previous quarters)?	Answer Format: Number Include the number of participants who have completed the post-test with chapter 12. This answer should ideally be the same as 1a unless you had any participants who completed the pre-test but stopped participating or attending before finishing the curriculum and the post-test.
1g. As of the end of this quarter, how many chapters and rounds of implementation have been completed?	Answer Format: Narrative Please include which chapters have been completed with the T.R.A.I.L. participants. If you are implementing multiple rounds of the curriculum concurrently or throughout the grant year, please specify the rounds of implementation and which chapters were completed for the respective rounds.
1h. Describe the T.R.A.I.L. program activities that your Club accomplished, hosted and/or participated in during this reporting period including activities above and beyond LOA requirements.	Answer Format: Narrative Include activities or events your Club hosted that promoted the key components of T.R.A.I.L. in your organization and/or community. Activities and events that might be included are parent/guardian/caretaker nights, healthy lifestyle information sessions, or special events with your Community Health Partner. Please describe these events in detail using full sentences instead of simply listing them.
1i. Describe how your Club has adapted the T.R.A.I.L. curriculum to be locally and culturally relevant to the community.	Answer Format: Narrative Include how your organization has included local Tribe(s)' traditions into the T.R.A.I.L. program. Highlight any partnerships

	with Tribal departments, Elders, or local Tribal members if applicable.
1j. Describe how your Club has implemented hands-on, healthy snack preparations or cooking demonstrations for T.R.A.I.L. participants. If you have not implemented your required amount of the hands-on, healthy snack demonstrations, what are	Answer Format: Narrative Include the number of hands-on snack preparations or cooking demonstrations that have occurred during your curriculum implementation. Your narrative should include what the snacks were, and who assisted with the demonstration. If you have not completed any demonstrations, detail what you will do to complete the requirement and when.
your plans to accomplish this requirement?	Please Note: Two healthy snack demos are required for each round of implementation.
1k. Describe how your Club has integrated elements of the T.R.A.I.L program into scheduled Club activities including healthy food and beverage choices for T.R.A.I.L. participants and other Club members.	Answer Format: Narrative Include what components of T.R.A.I.L. have been integrated into other areas of the Club. In this answer, you may include activities or programs that T.R.A.I.L. participants and other Club members take part in including additional healthy snack demonstrations above and beyond the two required as part of curriculum implementation.
Physical Activity Challenges	·
2a. Number of youth who participated in the T.R.A.I.L. Physical Activity Challenges as of the end this quarter:	Answer Format: Number This is the number of T.R.A.I.L. participants who have completed one or more Physical Activity Challenges as of the end of this quarter. This number should not be greater than the number provided in 1a and ideally should be the same.
	Please Note: Each odd numbered chapter should be accompanied by 1 PA challenge and each even numbered chapter should be accompanied by 2 PA challenges.
2b. How many PA Challenges did T.R.A.I.L. youth participate in this quarter?	Answer Format: Number Please include the number of PA Challenges completed by T.R.A.I.L. Participants for this quarter.
	For example, if you have completed Chapter 3, youth should have completed 4 PA Challenges - 2 Endurance Challenges as part of Chapters 1 and 3 and the two Strength Challenges as part of Chapter 2.
	Please Note: Remember the Challenges are the Strength and Endurance Challenges provided by the curriculum. You do not create the Challenges.
Daily Physical Activity	
3. Describe the type of Club-wide daily physical activity youth participated in.	Answer Format: Narrative Include details about what type of activity or activity programs were provided at your Club during this quarter. This can include sports leagues, Triple Play, SMART Moves, or other physical activity initiatives integrated into your Club programming.

Caretaker Involvement	
4a. Number of caretakers (parents/guardians) who volunteered with your T.R.A.I.L. program: 4b. Describe how caretakers became involved as volunteers.	Answer Format: Number This is the number of caretakers (parents/guardians) that volunteered one or more times with your T.R.A.I.L. program. If you did not have any parents or guardians volunteer then enter 0. Answer Format: Narrative This answer should detail what methods your organization used to advertise or let caretakers know that volunteers were needed. Include who recruited, how they recruited, when, and where. If you did not have caretaker volunteer, you still need to include what recruitment efforts were made.
4c. Describe what type of activities caretakers participated in.	Answer Format: Narrative Detail what the parents/guardians did to help with the T.R.A.I.L. program. This can include activities such as assistance with administrative tasks, program facilitation, supplemental activity implementation, or preparing materials. If you did not have any parents/guardians volunteer, then you need to enter the answer "Not applicable".
Individual Volunteer Involvement	
5a. Number of individual volunteers recruited to volunteer with your T.R.A.I.L. program: 5b. Describe how individual volunteers were recruited.	Answer Format: Number This is the number of individuals who volunteered one or more times with your T.R.A.I.L. program. If you did not have any volunteers during this quarter then enter 0. Answer Format: Narrative This answer should detail what methods your organization used to advertise or let individuals know that volunteers were needed.
	Include who recruited, how they recruited, when, and where. If you did not have any volunteers, you still need to include what recruitment efforts were made.
5c. Describe what type of volunteer activities individual volunteers participated in.	Answer Format: Narrative Detail what the individual volunteers did to help with the T.R.A.I.L. program this can include activities such as assistance with administrative tasks, program facilitation, supplemental activity implementation, or preparing materials. If you did not have any additional individuals volunteer, then you need to enter the answer "Not applicable".
Community Health Partner	
6a. Does your Club have a signed, active a Memorandum of Agreement (MOA) with at least one Community Health Partner for the current grant year?	Answer Format: Yes or No If the answer is no, please detail who you have been working with to secure a MOA and the projected date of securing the agreement.

6b. Name your Community Health Partner and describe what type of collaborative involvement they will have/has with your T.R.A.I.L. program.	Answer Format: Narrative Enter the name of your Community Health Partner. If you are working with one specific person from an organization then please include their name, their title, and what organization they are with. Detail what your Community Health Partner provided assistance
	with in this quarter and what they will continue to help with in future quarters. This should also include activities such as administrative meetings, chapters the partner assisted with, and supplemental resources the partner has provided.
Additional Community Partner Invo	plvement
7a. Number of additional community partners recruited to support and/or volunteer with your T.R.A.I.L. program:	Answer Format: Number This is the number of additional community partners or organizations that have agreed to support your T.R.A.I.L. program. If you did not have any additional partners during this quarter then enter 0.
7b. Describe how the additional community partners were recruited to support and/or volunteer with the T.R.A.I.L. program.	Answer Format: Narrative This answer should detail what methods your organization used to advertise or let organizations know support was welcomed. Include who recruited, how they recruited, when, and where. If you did not have any additional organizations, you still need to include what recruitment efforts were made.
7c. List the name of the community partner and what they are doing to support the program. Describe what type of support and/or volunteer activities additional community partners' participated in.	Answer Format: Narrative Detail what events and/or activities the additional partner organization did to help with the T.R.A.I.L. program. This can include activities such as assistance with administrative tasks, program facilitation, supplemental activity implementation, or preparing materials. If you did not have any additional partners, then you need to enter the answer "Not applicable".
Community Education Project	
8a. What is the status of your T.R.A.I.L. participants' Community Education Project? Describe what steps have been	Answer Format: Narrative This answer should detail what steps have been taken to plan and complete the Community Education Project.
taken to plan and implement the Community Education Project.	Please Note: the Community Education Project should coincide with implementation of Chapter 11. This should be a participant-led project and involve a component where the youth share what they have learned from the program with the community. Activities related to project completion might include participant brainstorming sessions, partner recruitment, administrative tasks, or advertisement creation.
8b. Describe how your planned Community Education Project shares the central components of	Answer Format: Narrative This answer should clearly detail how your T.R.A.I.L. participants' Community Education Project shared with the community how to

T.R.A.I.L. (i.e. healthy lifestyles,	prevent type 2 diabetes, make healthy decisions, or integrate
type 2 diabetes prevention,	physical activity/proper nutrition into their daily lives.
nutrition) with individuals	
outside of the program.	
Additional Info and Comments	
Additional Information and/or Cor	nments
9a. What are participants,	Answer Format: Narrative
families, staff, volunteers, or	Include feedback, both positive and negative, that individuals
community members saying	who have been involved with program have given.
about the T.R.A.I.L program?	
Describe any feedback you have	
received.	
9b. Describe the successes your	Answer Format: Narrative
T.R.A.I.L. program experienced.	Provide at least one sentence detailing what has gone well with
	your T.R.A.I.L. program. Successes can be big or small. When
	applicable, share specific stories about T.R.A.I.L. participants who
	have been positively influenced by the program.
9c. Describe the challenges your	Answer Format: Narrative
T.R.A.I.L. program experienced.	Provide at least one sentence stating what has been a challenge
	in implementing your T.R.A.I.L. program. Challenges might be
	related to participant recruitment, curriculum implementation,
	participant/volunteer retention, data collection, and/or data
	reporting.
9d. Share any feedback on the	Answer Format: Narrative
T.R.A.I.L. program curriculum.	Provide at least one sentence detailing feedback about the
	curriculum include activities the participants enjoyed, chapters
	that had the most impact on participants, or activities that have
	been difficult to implement.
9e. What are your plans for	Answer Format: Narrative
continuing the T.R.A.I.L. program	
into the next quarter?	NOTE: In Quarter 4 this response should be NA.
	Include which chapters will be implemented in the next quarter,
	additional activities that will be incorporated, facilitation of snack
	demonstrations, or any other T.R.A.I.L. related activity.

Reviewing Past Data Submissions

Remember, you are able to view your report after it is submitted, as well as other submitted data, by clicking on Progress Reports in the online reporting site and filtering the results by Status.