

Session Date: \_\_\_\_\_

### BodyWorks for Girls Session 1 Evaluation Form

Your feedback is important! Please share your opinions about Session 1 of the BodyWorks program by filling out this survey.

<b>I. Please rate each Session 1 activity according to: (1) how clear and easy to understand it was; (2) how interested you were in it; and (3) how much new information you learned from it. For each activity, check one box per question.</b>			
<b>Activities</b>	<b>1. How clear and easy to understand was this activity?</b>	<b>2. How interested were you in this activity?</b>	<b>3. How much new information did you learn from this activity?</b>
a. Introduction to BodyWorks—discussion and PowerPoint presentation	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
b. Introduction to girls' BodyWorks sessions	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
c. Getting to know each other game (ice breaker activity)	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information

<b>II. Please rate how confident you are that you can do the following tasks. Check one answer for each task.</b>	<b>Not Confident at all</b>	<b>Somewhat confident</b>	<b>Very Confident</b>
a. Describe the goals of the kit overall, and the specific components targeting various family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understand the goals and expectations of the nine follow-up sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Participate in creating a comfortable and trusting tone for the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Identify ground rules for discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>III. Please tell us what worked well and what needs to be improved.</b>
a. What worked well? _____ _____
b. What should be improved? _____ _____

Session Date: \_\_\_\_\_

### BodyWorks for Girls Session 2 Evaluation Form

Your feedback is important! Please share your opinions about Session 2 of the BodyWorks program by filling out this survey.

I. Please rate each Session 2 activity according to: (1) how clear and easy to understand it was; (2) how interested you were in it; and (3) how much new information you learned from it. For each activity, check one box per question.			
Activities	1. How clear and easy to understand was this activity?	2. How interested were you in this activity?	3. How much new information did you learn from this activity?
a. Discussion on setting goals and journaling	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
b. Work It Out! Physical activity List the activity you did: _____	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information

II. Please rate how confident you are that you can do the following tasks. Check one answer for each task.	Not Confident at all	Somewhat confident	Very Confident
a. Describe why goal setting and journaling helps people change their eating and physical activity habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Set goals to improve my bone health and overall health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use my journal to write down what I eat and the physical activities that I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do the physical activity we participated in during today's session on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please tell us what worked well and what needs to be improved.
a. What worked well? _____ _____
b. What should be improved? _____ _____

Session Date: \_\_\_\_\_

### BodyWorks for Girls 3 Session Evaluation Form

Your feedback is important! Please share your opinions about Session 3 of the BodyWorks program by filling out this survey.

<b>I. Please rate each Session 3 activity according to: (1) how clear and easy to understand it was; (2) how interested you were in it; and (3) how much new information you learned from it. For each activity, check one box per question.</b>			
<b>Activities</b>	<b>1. How clear and easy to understand was this activity?</b>	<b>2. How interested were you in this activity?</b>	<b>3. How much new information did you learn from this activity?</b>
a. Review of first week using the daily journals	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
b. Healthy smoothie demonstration	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
c. Discussion on the basics of healthy eating for children, teens, and adults	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information

<b>II. Please rate how confident you are that you can do the following tasks. Check one answer for each task.</b>	<b>Not Confident at all</b>	<b>Somewhat confident</b>	<b>Very Confident</b>
a. Assess the information in my journal in order to set goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe what foods make a healthy, balanced diet for children, teens, and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. List the nutrients girls need to grow strong and healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Describe the importance of breakfast for girls' bone and overall health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>III. Please tell us what worked well and what needs to be improved.</b>
a. What worked well? _____ _____
b. What should be improved? _____ _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-XXXX. The time required to complete this information collection is estimated to average ( ) hours (minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Session Date: \_\_\_\_\_

### BodyWorks for Girls 4 Session Evaluation Form

Your feedback is important! Please share your opinions about Session 4 of the BodyWorks program by filling out this survey.

I. Please rate each Session 4 activity according to: (1) how clear and easy to understand it was; (2) how interested you were in it; and (3) how much new information you learned from it. For each activity, check one box per question.			
Activities	1. How clear and easy to understand was this activity?	2. How interested were you in this activity?	3. How much new information did you learn from this activity?
a. Discussion on fast food	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
b. Serving size activity	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
c. Team Up! physical activity <b>List the activity you did:</b> _____	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information

II. Please rate how confident you are that you can do the following tasks. Check one answer for each task.	Not Confident at all	Somewhat confident	Very Confident
a. Know how to choose healthier foods and drinks at fast food restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe the difference between serving sizes and portion sizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Explain how portion sizes are related to reaching or keeping a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do the physical activity we participated in during today's session on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please tell us what worked well and what needs to be improved.
a. What worked well? _____ _____
b. What should be improved? _____ _____

Session Date: \_\_\_\_\_

### BodyWorks for Girls Session 5 Evaluation Form

Your feedback is important! Please share your opinions about Session 5 of the BodyWorks program by filling out this survey.

<b>I. Please rate each Session 5 activity according to: (1) how clear and easy to understand it was; (2) how interested you were in it; and (3) how much new information you learned from it. For each activity, check one box per question.</b>			
<b>Activities</b>	<b>1. How clear and easy to understand was this activity?</b>	<b>2. How interested were you in this activity?</b>	<b>3. How much new information did you learn from this activity?</b>
a. Discussion on physical activity barriers and benefits	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
b. Discussion on limiting screen time	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
c. Get Outdoors! physical activity <b>List the activity you did:</b> _____	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information

<b>II. Please rate how confident you are that you can do the following tasks. Check one answer for each task.</b>	<b>Not Confident at all</b>	<b>Somewhat confident</b>	<b>Very Confident</b>
a. Describe barriers to physical activity and how to overcome them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. List the benefits of physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Describe how much physical activity girls need, including resistance and bone-strengthening exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Explain why spending less time in front of the TV or the computer gives us more time to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do the physical activity we participated in during today's session on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>III. Please tell us what worked well and what needs to be improved.</b>
a. What worked well? _____ _____
b. What should be improved? _____ _____

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Session Date: \_\_\_\_\_

### BodyWorks for Girls Session 6 Evaluation Form

Your feedback is important! Please share your opinions about Session 6 of the BodyWorks program by filling out this survey.

<b>I. Please rate each Session 6 activity according to: (1) how clear and easy to understand it was; (2) how interested you were in it; and (3) how much new information you learned from it. For each activity, check one box per question.</b>			
<b>Activities</b>	<b>1. How clear and easy to understand was this activity?</b>	<b>2. How interested were you in this activity?</b>	<b>3. How much new information did you learn from this activity?</b>
a. Activity to set family goals	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
b. Activity to learn how to use the weekly planner	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
c. Discussion on involving the family in planning, shopping, and cooking	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information

<b>II. Please rate how confident you are that you can do the following tasks. Check one answer for each task.</b>	<b>Not Confident at all</b>	<b>Somewhat confident</b>	<b>Very Confident</b>
a. Set goals to eat healthier foods and become more physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help my parent or caregiver use the weekly planner magnet to plan healthy meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help my parent or caregiver make shopping lists based on the meals and snacks planned for the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Include foods with calcium and vitamin D in my meal planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help my parent or caregiver plan, shop for, and cook meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>III. Please tell us what worked well and what needs to be improved.</b>
a. What worked well? _____ _____
b. What should be improved? _____ _____

Session Date: \_\_\_\_\_

### BodyWorks for Girls Session 7 Evaluation Form

Your feedback is important! Please share your opinions about Session 7 of the BodyWorks program by filling out this survey.

I. Please rate each Session 7 activity according to: (1) how clear and easy to understand it was; (2) how interested you were in it; and (3) how much new information you learned from it. For each activity, check one box per question.			
Activities	1. How clear and easy to understand was this activity?	2. How interested were you in this activity?	3. How much new information did you learn from this activity?
a. Discussion on how to read nutrition labels on food packages	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
b. Nutrition label activity (scavenger hunt)	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
c. Get in the Groove! physical activity List the activity you did: _____	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information

II. Please rate how confident you are that you can do the following tasks. Check one answer for each task.	Not Confident at all	Somewhat confident	Very Confident
a. Read and understand nutrition labels on food packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help my parent choose healthy foods at the supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do the physical activity we participated in during today's session on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please tell us what worked well and what needs to be improved.
a. What worked well? _____ _____
b. What should be improved? _____ _____

Session Date: \_\_\_\_\_

### BodyWorks for Girls Session 8 Evaluation Form

Your feedback is important! Please share your opinions about Session 8 of the BodyWorks program by filling out this survey.

<b>I. Please rate each Session 8 activity according to: (1) how clear and easy to understand it was; (2) how interested you were in it; and (3) how much new information you learned from it. For each activity, check one box per question.</b>			
<b>Activities</b>	<b>1. How clear and easy to understand was this activity?</b>	<b>2. How interested were you in this activity?</b>	<b>3. How much new information did you learn from this activity?</b>
a. Discussion on body image, dieting, and eating disorders	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
b. Case study (story) about a girl with an eating disorder	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
c. Physical activity <b>List the activity you did:</b> _____	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information

<b>II. Please rate how confident you are that you can do the following tasks. Check one answer for each task.</b>	<b>Not Confident at all</b>	<b>Somewhat confident</b>	<b>Very Confident</b>
a. List the dangers of unhealthy dieting, especially for pre-teen and teen girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Define the eating disorders anorexia nervosa and bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Describe the health risks of eating disorders, including how they affect bone health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do the physical activity we participated in during today's session on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>III. Please tell us what worked well and what needs to be improved.</b>
a. What worked well? _____ _____
b. What should be improved? _____ _____



Session Date: \_\_\_\_\_

### BodyWorks for Girls Session 9 Evaluation Form

Your feedback is important! Please share your opinions about Session 9 of the BodyWorks program by filling out this survey.

I. Please rate each Session 9 activity according to: (1) how clear and easy to understand it was; (2) how interested you were in it; and (3) how much new information you learned from it. For each activity, check one box per question.			
Activities	1. How clear and easy to understand was this activity?	2. How interested were you in this activity?	3. How much new information did you learn from this activity?
a. "Reality Check" discussion	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
b. Physical activity List the activity you did: _____	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information

II. Please rate how confident you are that you can do the following tasks. Check one answer for each task.	Not Confident at all	Somewhat confident	Very Confident
a. Describe barriers to being physically active and eating healthy foods at home and at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe ways to make it easier to eat healthy foods and be physically active at my home and school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Choose healthier breakfast, lunch, and snack foods that also contain calcium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do the physical activity we participated in during today's session on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please tell us what worked well and what needs to be improved.
a. What worked well? _____ _____
b. What should be improved? _____ _____

Session Date: \_\_\_\_\_

### BodyWorks for Girls Session 10 Evaluation Form

Your feedback is important! Please share your opinions about Session 10 of the BodyWorks program by filling out this survey.

<b>I. Please rate each Session 10 activity according to: (1) how clear and easy to understand it was; (2) how interested you were in it; and (3) how much new information you learned from it. For each activity, check one box per question.</b>			
<b>Activities</b>	<b>1. How clear and easy to understand was this activity?</b>	<b>2. How interested were you in this activity?</b>	<b>3. How much new information did you learn from this activity?</b>
a. Media literacy quiz	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
b. Activity analyzing a tobacco ad	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
c. Handout and discussion on types of advertising techniques	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information
d. Activity analyzing a magazine ad	<input type="checkbox"/> Not at all clear <input type="checkbox"/> Somewhat clear <input type="checkbox"/> Very clear	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information

<b>II. Please rate how confident you are that you can do the following tasks. Check one answer for each task.</b>	<b>Not Confident at all</b>	<b>Somewhat confident</b>	<b>Very Confident</b>
a. Describe how the media affects the body image of girls and women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe how ads encourage people to buy unhealthy foods and engage in unhealthy lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Look at the ways ads influence what people buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Identify ways that I can maintain my new healthy habits, including being physically active for one hour each day and eating more foods with calcium and vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. List the most important actions that I have taken during BodyWorks to eat healthy foods and be physically active on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. Please tell us what worked well and what needs to be improved.**

a. What worked well? \_\_\_\_\_  
 \_\_\_\_\_

b. What should be improved? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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