

## BodyWorks Parent/Caregiver Pre-Test Survey

The Office on Women's Health is trying to find out how well the BodyWorks program helps you, your daughter(s), and the rest of your family. You will help improve the program by taking this survey.

This survey will take you about 30 minutes to complete. It includes questions about health habits and the *BodyWorks* program that relate to you, your daughter(s), and your family. When the survey asks you about "your daughter", please think of your daughter who will be participating in *BodyWorks for Teens* as you answer. If you have more than one daughter participating, ***please think of the oldest.*** Your survey answers are confidential.

### Parent/Caregiver Initials

Please write down your FIRST and LAST Initials:  
[Example: Jane Smith would write J.S.]

\_\_\_\_\_  
First Initial

\_\_\_\_\_  
Last Initial

### Date of Birth of Daughter(s) in BodyWorks Program

Please write down the DATE of BIRTH of your daughter(s) participating in the BodyWorks Program with you.  
[Example: If your daughter was born on May 22, 1995, write: 05/22/95]

DAUGHTER #1:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

DAUGHTER #2 (IF APPLICABLE):

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

DAUGHTER #3 (IF APPLICABLE):

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

### Location

In what city do you live? (Choose one.) ☐ City 1 ☐ City 2 ☐ City 3

### 1. How did you hear about *BodyWorks*? (Choose one or more.)

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> School         | <input type="checkbox"/> Teacher  | <input type="checkbox"/> Public announcement                  |
| <input type="checkbox"/> Work place     | <input type="checkbox"/> Friend   | <input type="checkbox"/> Doctor or other health care provider |
| <input type="checkbox"/> Flyer/Brochure | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Other: _____                         |

### 2. What, if anything, interested you in the *BodyWorks* program? (Choose one or more.)

- ☐ I wanted to learn more about nutrition and/or preparing healthier meals for my family
- ☐ I wanted to learn more about being physically active
- ☐ I was concerned about my daughter's health and/or weight
- ☐ I was concerned about my own health and/or weight
- ☐ I wanted to participate in an activity with my daughter
- ☐ I wanted group support to help me make nutritional and/or physical activity changes for my family
- ☐ Other: \_\_\_\_\_

**3. Which of the statements below best describes how you feel right now about making changes to your eating and exercise habits? (Choose one)**

- ☐ I have not given any thought to making changes
- ☐ I am thinking about making changes in the future, perhaps six months from now
- ☐ I am getting ready to make changes soon, perhaps within the next month
- ☐ I am making changes right now
- ☐ I have already made changes and am working on maintaining my new habits

**4. How motivated are you to make changes to your eating and exercise habits? (Choose one.)**

- ☐ Not motivated at all
- ☐ Somewhat motivated
- ☐ Motivated
- ☐ Very motivated
- ☐ I do not need to make changes

5a. For each activity, choose one response on a scale of 1 (not at all a priority) to 4 (high priority). How much of a priority to YOU is...	Not At All A Priority (1)	Low Priority (2)	Priority (3)	High Priority (4)
a. Consuming foods and drinks that are high in calcium and vitamin D as part of regular meals and snacks every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doing different kinds of physical activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exercising for the amount of time recommended for adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Setting goals and writing in a journal about my eating and activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Planning, shopping, and making healthy meals and snacks for my family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preventing osteoporosis later in life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. For each activity, choose one response on a scale of 1 (not at all a priority) to 4 (high priority). How much of a priority to you as a PARENT/ CAREGIVER is it that your daughter....	Not At All A Priority (1)	Low Priority (2)	Priority (3)	High Priority (4)
a. Consume foods and drinks that are high in calcium and vitamin D as part of regular meals and snacks every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do different kinds of physical activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exercise for the amount of time recommended for children and teens every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Set goals and write in a journal about her eating and activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, and make healthy meals and snacks with me?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Build strong bones during childhood and adolescence to prevent osteoporosis later in life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a list of common reasons, or barriers, why people say they do not exercise. For each barrier, choose one response on a scale of 1 (very hard) to 4 (this is not a barrier for me at all).	Very hard (1)	Somewhat hard (2)	Not very hard (3)	This is not a barrier for me at all (4)
6. Think back to the last month. How hard was it for you to overcome these barriers so you could exercise?				
a. I am too tired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't have time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I don't like to exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I don't like the way I look or feel in exercise clothes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I don't have a place to exercise or the right equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I don't feel safe exercising outdoors where I live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I don't have anyone to exercise with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>This set of questions asks what you know about healthy eating and exercise.</b>
<b>7. By age ____, females have built most of their bone mass (how solid and strong bones are from the inside) for the rest of their lives. (Choose one.)</b> <input type="checkbox"/> 5 yrs <input type="checkbox"/> 13 yrs <input type="checkbox"/> 18 yrs <input type="checkbox"/> 30 yrs <input type="checkbox"/> 55 yrs
<b>8. What, if anything, can pre-teen and teen girls do to build strong bones? (Choose one or more.)</b> <input type="checkbox"/> Drink soda daily <input type="checkbox"/> Consume foods and drinks high in calcium and vitamin D daily <input type="checkbox"/> Exercise daily for the recommended amount of time <input type="checkbox"/> Get a lot of rest daily <input type="checkbox"/> Avoid smoking, alcohol, and caffeine
<b>9. When reading a food label you should look for the serving size to determine how much is an appropriate amount to eat. (Choose one.)</b> <input type="checkbox"/> True <input type="checkbox"/> False
<b>10. Eating smaller portion sizes is one way to reach or keep a healthy weight. (Choose one.)</b> <input type="checkbox"/> True <input type="checkbox"/> False
<b>11. The dangers of unhealthy dieting for pre-teen and teen girls can be: (Choose one.)</b> <input type="checkbox"/> Not getting enough nutrients to grow and develop <input type="checkbox"/> Greater risk for weaker bones and osteoporosis later in life <input type="checkbox"/> Greater risk for an eating disorder <input type="checkbox"/> All of the above <input type="checkbox"/> None of the above. There is no such thing as an unhealthy diet.

For each activity, choose one response on a scale of 1 (not sure at all) to 4 (very sure).	Not At All Sure (1)	Not Very Sure (2)	Sure (3)	Very Sure (4)
<b>12. How sure are you that you can ...</b>				
a. Talk with my family about how we can eat healthier foods and be more physically active each day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Choose healthier foods and drinks at home including foods with calcium and vitamin D?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Choose healthier food and drinks at restaurants, including fast food restaurants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Limit computer and TV time for my family so that we can spend more time being active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Plan what physical activities my family will do for the week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Plan for, shop, and make healthy meals for my family each week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Understand nutrition labels on food packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exercise, including bone-strengthening physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>13. How many minutes of DAILY physical activity are recommended for pre-teen and teen girls to stay healthy? (Choose one.)</b> <input type="checkbox"/> 20 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 45 minutes <input type="checkbox"/> 60 minutes <input type="checkbox"/> 90 minutes
<b>14. How many days per week of bone-strengthening activity are recommended for pre-teen and teen girls to build strong bones? (Choose one.)</b> <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days
<b>15. How many milligrams (mg) of calcium are recommended DAILY for pre-teen and teen girls to build strong bones and stay healthy? (Choose one.)</b> <input type="checkbox"/> 200 mg <input type="checkbox"/> 500 mg <input type="checkbox"/> 750 mg <input type="checkbox"/> 900 mg <input type="checkbox"/> 1300 mg
<b>16. How many international units (IU) of vitamin D are recommended DAILY for pre-teen and teen girls to build strong bones and stay healthy? (Choose one.)</b> <input type="checkbox"/> 100 IU <input type="checkbox"/> 200 IU <input type="checkbox"/> 300 IU <input type="checkbox"/> 400 IU <input type="checkbox"/> 500 IU

17. Thinking about the past 7 days, on how many days did YOU... (Choose one response for each activity.)	0 Days	1-2 Days	3-4 Days	5-7 Days
a. Write in a journal what you ate and how much physical activity you did?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work toward goals you set for yourself /your family to eat healthy foods and be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Consume daily recommended amounts of calcium and vitamin D?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Plan healthy meals and snacks for the week ahead for your family, including making a shopping list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shop for healthy foods and beverages for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ensure that healthy meals were prepared for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ensure that healthy snacks were prepared for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat a healthy breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Eat a meal together with family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Exercise for the amount of time recommended for adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Exercise with your daughter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Do bone-strengthening exercises?				
m. Choose to be active instead of watching TV and/or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Thinking about what you eat on a NORMAL DAY, how many times do you eat or drink... (Choose one response for each item.)	0 Times	1 Time	2 Times	3 Times	4 Times	5+ Times
a. Milk or milk products (yogurt, cheese) or milk substitutes (soy).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Soda or pop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fruits (including 100% fruit juice).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Meat and beans (meat, fish, chicken, tofu, egg, peanut butter, cooked beans, nuts, seeds).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Potato chips or French fries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Vegetables (including those in mixtures: soup, stir fry, gumbo, stew, casserole, taco, omelets).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Candy, cookies and/or cake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Grains (bread, cereal, rice, pasta).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### About You

<b>19. What is your gender? (Choose one.)</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>20. How old are you? (Choose one.)</b> <input type="checkbox"/> 18 - 21 <input type="checkbox"/> 22 - 30 <input type="checkbox"/> 31 - 40 <input type="checkbox"/> 41 - 50 <input type="checkbox"/> 51 - 60 <input type="checkbox"/> 60+	
<b>21. Are you Hispanic or Latino? (Choose one.)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>22. What is your race? (Choose one or more.)</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<b>23. What is the highest level of education you have completed? (Choose one.)</b> <input type="checkbox"/> Elementary school (grades 1-8) <input type="checkbox"/> Associate degree (2-year) <input type="checkbox"/> Some high school (grades 9-11) <input type="checkbox"/> College graduate (4-year) <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Graduate degree	
<b>24. Please check the category that represents your annual income. (Choose one.)</b> <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$50,000-\$75,000 <input type="checkbox"/> \$15,000-\$35,000 <input type="checkbox"/> Over \$75,000 <input type="checkbox"/> 35,000-\$50,000	
<b>25. Number of children: (Choose one.)</b> <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
<b>26. Have you participated in any health education programs about nutrition or physical activity other than BodyWorks?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked "yes," please, please describe the program: _____	
<b>27. Have you seen or participated in the following Best Bones Forever (BBF) campaign activities? (Choose one or more.)</b> <input type="checkbox"/> Website <input type="checkbox"/> Publications <input type="checkbox"/> Events or presentations <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
<b>28. How would you describe your health? (Choose one.)</b> <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	
<b>29. How tall are you?</b> _____ Feet and inches	<b>30. How much do you weigh?</b> _____ Pounds

The following questions are about the daughter(s) that came with you to BodyWorks. If only one daughter attended BodyWorks with you, please only complete the section labeled "Daughter #1"

**Daughter #1**

<b>31. What is your relationship to the girl who is participating in the BodyWorks program with you? (Choose one.)</b> <input type="checkbox"/> Mother or stepmother <input type="checkbox"/> Father or stepfather <input type="checkbox"/> Grandmother or aunt <input type="checkbox"/> Grandfather or uncle <input type="checkbox"/> Other: _____	
<b>32. How many days does she live with you on average during the week? (Choose one.)</b> <input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5-6 days <input type="checkbox"/> 7 days	
<b>33. How old is she? (Choose one.)</b> <input type="checkbox"/> 9 or less <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 and above	<b>34. What grade is she in? (Choose one.)</b> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> +
<b>35. How tall is she?</b> _____ Feet and inches	<b>36. How much does she weigh?</b> _____ Pounds

**Daughter #2 (if applicable)**

<b>37. What is your relationship to the girl who is participating in the BodyWorks program with you? (Choose one.)</b> <input type="checkbox"/> Mother or step mother <input type="checkbox"/> Father or step father <input type="checkbox"/> Grandmother or aunt <input type="checkbox"/> Grandfather or uncle <input type="checkbox"/> Other: _____	
<b>38. How many days does she live with you on average during the week? (Choose one.)</b> <input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5-6 days <input type="checkbox"/> 7 days	
<b>39. How old is she? (Choose one.)</b> <input type="checkbox"/> 9 or less <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 and above	<b>40. What grade is she in? (Choose one.)</b> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> +
<b>41. How tall is she?</b> _____ Feet and inches	<b>42. How much does she weigh?</b> _____ Pounds

**Daughter #3 (if applicable)**

<b>43 What is your relationship to the girl who is participating in the BodyWorks program with you? (Choose one.)</b> <input type="checkbox"/> Mother or step mother <input type="checkbox"/> Father or step father <input type="checkbox"/> Grandmother or aunt <input type="checkbox"/> Grandfather or uncle <input type="checkbox"/> Other: _____	
<b>44. How many days does she live with you on average during the week? (Choose one.)</b> <input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5-6 days <input type="checkbox"/> 7 days	
<b>45. How old is she? (Choose one.)</b> <input type="checkbox"/> 9 or less <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 and above	<b>46. What grade is she in? (Choose one.)</b> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> +
<b>47. How tall is she?</b> _____ Feet and inches	<b>48. How much does she weigh?</b> _____ Pounds