

BodyWorks Parent/Caregiver Post-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. 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

2. 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

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

| 3a. 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"/> |
| 3b. 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). 4. Think back to the last month. How hard was it for you to overcome these barriers so you could exercise? | Very hard (1) | Somewhat hard (2) | Not very hard (3) | This is not a barrier for me at all (4) |
|--|--------------------------|--------------------------|--------------------------|--|
| 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"/> |

This set of questions asks what you know about healthy eating and exercise.

5. 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.)
 5 yrs 13 yrs 18 yrs 30 yrs 55 yrs

6. What, if anything, can pre-teen and teen girls do to build strong bones? (Choose one or more.)
 Drink soda daily
 Consume foods and drinks high in calcium and vitamin D daily
 Exercise daily for the recommended amount of time
 Get a lot of rest daily
 Avoid smoking, alcohol, and caffeine

7. When reading a food label you should look for the serving size to determine how much is an appropriate amount to eat. (Choose one.)
 True False

8. Eating smaller portion sizes is one way to reach or keep a healthy weight. (Choose one.)
 True False

9. The dangers of unhealthy dieting for pre-teen and teen girls can be: (Choose one.)
 Not getting enough nutrients to grow and develop
 Greater risk for weaker bones and osteoporosis later in life
 Greater risk for an eating disorder
 All of the above
 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 | Not Very Sure | Sure | Very Sure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. How sure are you that you can ... | (1) | (2) | (3) | (4) |
| 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"/> |
| i. Describe about how the media (TV, Radio, Internet) may affect my health habits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| |
|---|
| <p>11. How many minutes of DAILY physical activity are recommended for pre-teen and teen girls to stay healthy? (Choose one.)</p> <p><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</p> |
| <p>12. How many days per week of bone-strengthening activity are recommended for pre-teen and teen girls to build strong bones? (Choose one.)</p> <p><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</p> |
| <p>13. How many milligrams (mg) of calcium are recommended DAILY for pre-teen and teen girls to build strong bones and stay healthy? (Choose one.)</p> <p><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</p> |
| <p>14. 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.)</p> <p><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</p> |

| 15. 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"/> |

| 16. 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 chip 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"/> |

| For each statement, choose one response on a scale of 1 (strongly disagree) to 4 (strongly agree). | Strongly Disagree (1) | Disagree (2) | Agree (3) | Strongly Agree (4) |
|---|--------------------------------------|--------------------------|--------------------------|-----------------------------------|
| 17. During the next month, I plan to... | | | | |
| a. Make healthy food choices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Consume more foods and drinks high in calcium and vitamin D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Exercise more often. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Exercise more often with my daughter. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Set/work toward nutrition and physical activity goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Plan for, shop, and prepare healthy meals and snacks for my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Eat a healthy breakfast every day. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Eat meals together with my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Help my daughter work toward her physical activity and nutrition goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. How many sessions did you attend? (circle one)

1 2 3 4 5 6 7 8 9 10 More than 10

19. What got in the way of your attending all of the sessions? (Choose one or more.)

- I attended all of the sessions
- Transportation
- Childcare
- Work
- Schedule conflicts
- Time of day sessions were held
- Not able to/did not do the assignment from the previous week
- Not interested in the topic of the specific session
- Topic didn't seem important to me
- I did not like the trainer
- I did not like the other group members
- Other: _____

20. Below is a list of the items in the BodyWorks Toolkit. In columns I and II, please check only those items that you used alone, and only those items that you used with your daughter.

In column III, only for the items you DID use, please tell us how helpful they were on a scale of 1 (Not at all Helpful) to 4 (Very Helpful).

| BodyWorks Toolkit Items | Column I | Column II | Column III | | | |
|--|--------------------------|------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| | I used this on my own | I used this with my daughter | How helpful was this item? | | | |
| | | | Not at all Helpful (1) | Not Very Helpful (2) | Helpful (3) | Very Helpful (4) |
| a. Body Basics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Family Food and Fitness Journal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Best Journal Ever! for girls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Bodyworks DVD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Weekly Planner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Recipe Book | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Shopping Lists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. BodyWorks 4Teens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Act Now: A Parent's Guide to Girls' Bone Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. BodyWorks For Guys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. If parts of the BodyWorks Toolkit were not helpful, what could make them better?

(Write your answer in the space below.)

| For each statement, choose one response on a scale of 1 (strongly disagree) to 4 (strongly agree). | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|-------------------|----------|-------|----------------|
| 22. The Trainer(s)... | | | | |
| a. Showed up on time | 1 | 2 | 3 | 4 |
| b. Was well organized | 1 | 2 | 3 | 4 |
| c. Was a positive role model | 1 | 2 | 3 | 4 |
| d. Communicated well with the group | 1 | 2 | 3 | 4 |
| e. Treated me with respect | 1 | 2 | 3 | 4 |
| f. Included everyone in activities | 1 | 2 | 3 | 4 |
| g. Managed any problems that arose | 1 | 2 | 3 | 4 |
| h. Knew about the topics we discussed | 1 | 2 | 3 | 4 |

23. Overall, how satisfied were you with the BodyWorks program sessions? (Choose one.)

Not at all satisfied
 Not very satisfied
 Satisfied
 Very satisfied

24. What would make the program sessions better (i.e., shorter lessons, more activities)? (Write your answer in the space below.)

25. Have you participated in any health education programs about nutrition or physical activity other than BodyWorks within the last 10 weeks?

No Yes

If you checked "yes," please, please describe the program:

26. Have you seen or participated in the following Best Bones Forever (BBF) campaign activities within the last 10 weeks? (Choose one or more.)

Website Publications Events or presentations None Other: _____