

Session Date: _____

Parent BodyWorks Session 1 Evaluation Form

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

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.			
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. 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. Discussion on the benefits and barriers to change	<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 behavior change	<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 on how to set 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

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 the goals of the kit overall, and the specific components that target 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"/>

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

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- . 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: _____

Parent BodyWorks 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 how participants presented BodyWorks to their families	<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 healthy weight and the risks of overweight	<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 eating and emotions	<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. Demonstration on how to use the BodyWorks 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"/> 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. Understand my role as a parent in promoting healthy lifestyles for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Define what a healthy weight is for teens and describe the health risks of being overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Identify the risks of osteoporosis for my daughter(s) and describe how I can manage my own risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Identify practical alternatives to eating to deal with negative emotions such as sadness, depression, stress, and boredom, particularly for teen girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use the "Family Food and Fitness Journal" and help my daughter(s) use the "Best Journal Ever!" for girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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- . 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: _____

Parent BodyWorks Session 3 Evaluation Form

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

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.			
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. 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

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. Use the BodyWorks journals every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assess the information in my journals in order to set goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Describe the components of a healthy, balanced diet for children, teens, and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. List the nutrients girls need to grow strong and healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Describe the importance of breakfast for girls' bone and overall health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Session Date: _____

Parent BodyWorks Session 4 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. 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
b. Review of serving size information	<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. Review of facts about fat	<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. Discussion on making healthy lunch choices	<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
e. Discussion on making healthy fast food and beverage choices	<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. Identify how much food equals a serving size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identify the different types of fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Know how to make healthy lunch food choices for myself and my family, including foods that are good sources of calcium and vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Know how to choose healthier foods and drinks at fast food restaurants	<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? _____

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- . 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: _____

Parent BodyWorks Session 5 Evaluation Form

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

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.			
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 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 types of physical 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. Limiting screen time--discussion and case study	<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. Understand barriers to physical activity and how to overcome them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe the physical activity recommendations for adolescents and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Identify which physical activities strengthen bones, and why these types of activities are important to their daughter's bone health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do stretching exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Limit my children's screen time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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- . 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: _____

Parent BodyWorks Session 6 Evaluation Form

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

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.			
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. 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 magnet	<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

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. Set family goals to eat healthier foods and become more physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use the weekly planner magnet to plan healthy meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Make shopping lists based on the meals and snacks planned for the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encourage my daughter(s) to help plan meals, shop, and cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use the daily journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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- . 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: _____

Parent BodyWorks 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. "Let's Shop, Cook, and Eat Together" DVD—viewing and 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. Review of how to read nutrition labels	<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. Use the BodyBasics tools to shop for healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Read and understand nutrition labels on food packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Make informed, healthy food choices for my family	<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: _____

Parent BodyWorks Session 8 Evaluation Form

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

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.			
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. Viewing of the "Let's Shop, Cook, and Eat Together" DVD	<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 DVD content about cooking healthy meals and the BodyWorks recipe book	<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 DVD and BodyBasics content about the importance of eating together as a family	<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. Use the BodyWorks recipe book to prepare healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Locate resources for other healthy recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Prepare foods in healthier ways, including preparing foods with calcium and vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. List the benefits of eating meals together as a family and overcoming barriers to doing this	<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: _____

Parent BodyWorks 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. Environmental checklist 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. Goal setting for environmental issues 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

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. Identify barriers to being physically active and healthy eating at home, in the community, and in schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Come up with workable strategies to address barriers to physical activity and healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Become an activist at school and in the community to improve environmental issues related to physical activity and healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Identify other resources that support healthy environments and foster physical activity and healthy eating for girls	<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? _____ _____

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: _____

Parent BodyWorks Session 10 Evaluation Form

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

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.			
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. 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

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 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 live unhealthy lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Examine the ways that ads influence what people buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Identify ways my family can maintain the healthy habits they have already adopted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. List the most important actions that I have taken during BodyWorks for myself and my family to eat healthy foods and be physically active on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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