

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.

| 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. 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 |

| 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 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"/> |

| 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 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.

| 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. 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"/> |

| 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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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 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. 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.

| 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 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 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 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"/> |

| 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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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.

| 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 | <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 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"/> |

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 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.

| 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. 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 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. 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"/> |

| 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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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.

| 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 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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