Parent Follow-up Survey

# Tell us what you think about BodyWorks!

**This survey is being used to get your feedback about the BodyWorks program. There are no right or wrong answers. Please take your time and answer each question based on what you really think. Your answers are private.**

# Participation and Experiences in BodyWorks

1. **When did you participate in the BodyWorks program?**

|  |  |
| --- | --- |
| □ 2007 | □ 2010 |
| □ 2008 | □ 2011 |
| □ 2009 | □ 2012 |
| □ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_ |  |

1. **Where did you participate in the BodyWorks program?**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| □ School/Teacher | □ Community Organization |
| □ Friend/Neighbor | □ Church/Temple/Other place of worship |
| □ My child(ren) | □ Newspaper, TV, or Radio Ad |
| □ Doctor or other health care provider | □ Flyer/brochure |
| □ Work place | □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What made you want to come to 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 child/children’s health and/or weight.
* I was concerned about my own health and/or weight.
* I wanted to participate in an activity with my child/children.
* I wanted group support to help me in my efforts to change the way my family eats and exercises.
* Other (please specify):

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1. **What advice would you give the BodyWorks program to help get more people interested in joining the program?**
2. **Where was your BodyWorks program held?**

|  |  |
| --- | --- |
| * Public School * Private School * Community Center * Health Center * Hospital | * Library * Worksite/Business * Church/Temple/Other place of worship * Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **How many sessions were included in your BodyWorks program?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | □ 6 | □ 7 | □ 8 | □ 9 | □ 10 |

□ Other (please specify):

1. **How many of the BodyWorks sessions were your child(ren) invited to attend?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| □ 0 | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | □ 6 | □ 7 | □ 8 | □ 9 | □ 10 |

□ Other (please specify):

1. **About how long did each session last?**

* Less than 1 hour
* 1 hour
* 1.5 hours
* 2 hours
* More than 2 hours

1. **When were most of your BodyWorks sessions held?**

* Weekday (Mon – Fri)
* Weekend (Sat or Sun)
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **At what time of the day were most of your BodyWorks sessions held?**

* Morning
* Afternoon
* Evening
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Who participated in your BodyWorks program? (Choose one or more.)**

* Parents of children *younger than* 9 years old
* Parents of children *between* 9 and 14 years old
* Parents of children *older than* 14 years old
* Children *younger than* 9 years old
* Children *between* 9 and 14 years old
* Children *older than* 14 years old
* Other (please describe):

1. **About how many of the offered sessions did *you* attend? (Check one.)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | □ 6 | □ 7 | □ 8 | □ 9 | □ 10 |

□ Other (please specify):

1. **About how many of the offered sessions did *your child(ren)* attend?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| □ 0 | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | □ 6 | □ 7 | □ 8 | □ 9 | □ 10 |

□ Other (please specify):

1. **If *you* missed one or more sessions, what were the reasons? (Choose one or more.)**

□ I was busy with something else (for example: responsibilities at school, work, or home)

□I was sick

□I did not have a ride (transportation)

□ I did not like the location

□I did not like the group members

□I did not finish the homework

□ Other (please specify):

**Below is a list of things that trainers might have done to encourage people to keep coming to BodyWorks. If *your* trainer did these things, please check how much they encouraged *you* to keep coming to BodyWorks. If your trainer did NOT do this activity, please check *“My trainer did NOT do this activity.”***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **How much did it encourage you to keep coming to the BodyWorks sessions when your trainer…** | **My trainer did NOT do this activity.** | **Not At All** | **A Little** | **Some** | **A Lot** |
| 1. Contacted you before a session to remind you to attend? | □ | □ | □ | □ | □ |
| 1. Contacted you when you missed a session? | □ | □ | □ | □ | □ |
| 1. Gave you prizes such as coupons, gift cards, water bottles or t-shirts? | □ | □ | □ | □ | □ |
| 1. Paid for you or your family to get a ride to BodyWorks? | □ | □ | □ | □ | □ |
| 1. Provided babysitting while you attended BodyWorks sessions? | □ | □ | □ | □ | □ |
| 1. Other: \_\_\_ | □ | □ | □ | □ | □ |

1. **What advice would you give BodyWorks to help keep people coming to the sessions once they signed up?**

# Satisfaction with BodyWorks

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Please rate how satisfied you were with the following:** | **Not At All Satisfied** | **A Little Satisfied** | **Satisfied** | **Very Satisfied** |
| 1. Where the BodyWorks sessions were held | □ | □ | □ | □ |
| 1. When the BodyWorks sessions were held | □ | □ | □ | □ |
| 1. How long each of the BodyWorks sessions lasted | □ | □ | □ | □ |
| 1. Number of BodyWorks sessions offered to parents | □ | □ | □ | □ |
| 1. Number of BodyWorks sessions offered to children | □ | □ | □ | □ |
| 1. The overall structure of the program | □ | □ | □ | □ |

**Please check how much you agree with these descriptions of your BodyWorks program.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Thinking about the BodyWorks program…** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. The activities were interesting. | □ | □ | □ | □ |
| 1. The activities were fun. | □ | □ | □ | □ |
| 1. I liked the session topics. | □ | □ | □ | □ |
| 1. I liked the healthy snacks. | □ | □ | □ | □ |
| 1. I liked the physical activities or “energizers.” | □ | □ | □ | □ |
| 1. I felt comfortable in the group. | □ | □ | □ | □ |
| 1. I would recommend it to a friend. | □ | □ | □ | □ |

**Below is a list of the items in the BodyWorks Toolkit. Please check how helpful they were to you. If you did NOT use a particular toolkit item, please check *“I did NOT use this toolkit item.”***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **How helpful were the following BodyWorks Toolkit items?** | **I did NOT use this toolkit item.** | **Not At All Helpful** | **A Little Helpful** | **Helpful** | **Very Helpful** |
| 1. Body Basics | □ | □ | □ | □ | □ |
| 1. Family Food and Fitness Journal | □ | □ | □ | □ | □ |
| 1. Best Journal Ever! for girls | □ | □ | □ | □ | □ |
| 1. Bodyworks DVD | □ | □ | □ | □ | □ |
| 1. Weekly Planner | □ | □ | □ | □ | □ |
| 1. Recipe Book | □ | □ | □ | □ | □ |
| 1. Shopping List | □ | □ | □ | □ | □ |
| 1. BodyWorks for Teens | □ | □ | □ | □ | □ |
| 1. BodyWorks For Guys | □ | □ | □ | □ | □ |

**Please indicate how much you agree or disagree with the following statements.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **My BodyWorks Trainer(s)…** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. Showed up on time | □ | □ | □ | □ |
| 1. Was well prepared for each session | □ | □ | □ | □ |
| 1. Knew a lot about the topics we discussed | □ | □ | □ | □ |
| 1. Made me feel comfortable in the group | □ | □ | □ | □ |
| 1. Treated me with respect | □ | □ | □ | □ |
| 1. Connected well with the group | □ | □ | □ | □ |
| 1. Included everyone in activities | □ | □ | □ | □ |
| 1. Managed any problems that arose | □ | □ | □ | □ |

1. **What advice do you have for improving the BodyWorks curriculum and materials?**

# BodyWorks Program Outcomes

**Please check how much BodyWorks helped you in these areas.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **The BodyWorks program has helped me to…** | **No, not at all** | **No, not really** | **Yes,**  **a little** | **Yes,**  **a lot** |
| 1. Better understand healthy eating. | □ | □ | □ | □ |
| 1. Better understand my physical activity needs. | □ | □ | □ | □ |
| 1. Feel that eating a healthy diet is important. | □ | □ | □ | □ |
| 1. Feel that regularly exercising is important. | □ | □ | □ | □ |
| 1. Feel more confident about making healthy food choices. | □ | □ | □ | □ |
| 1. Feel more confident about exercising. | □ | □ | □ | □ |
| 1. Feel more confident talking about nutrition and physical activity with my family. | □ | □ | □ | □ |
| 1. Eat healthy, even when there are barriers in my way. | □ | □ | □ | □ |
| 1. Be physically active, even when there are barriers in my way. | □ | □ | □ | □ |

**Please indicate how much LESS or MORE you engage in the following activities as a result of your participation in BodyWorks.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Because you participated in the BodyWorks program, how much LESS or MORE do you now…** | **LESS Than Before** |  | **Same as Before** |  | **MORE Than Before** |
| **1** | **2** | **3** | **4** | **5** |
| 1. Participate in physical activities? | □ | □ | □ | □ | □ |
| 1. Make healthy food choices? | □ | □ | □ | □ | □ |
| 1. Set/work toward physical activity and/or healthy eating goals? | □ | □ | □ | □ | □ |
| 1. Write in a journal about my eating and/or physical activity habits? | □ | □ | □ | □ | □ |

1. **What would make the BodyWorks program better for participants in the future? *(Write your answer in the space below.)***

# About You

**You're almost done! This last section includes demographic questions.**

**Are you…**

□ Male

□ Female

**How old are you?**

□ 18 – 24 years

□ 25 – 29 years

□ 30 – 39 years

□ 40 – 49 years

□ 50 – 59 years

□ 60+ years

**Are you Hispanic or Latino?**

□ Yes

□ No

**What is your race? (Choose one or more.)**

□ Black/African American

□ White

□ American Indian or Alaska Native

□ Asian

□ Native Hawaiian or Pacific Islander