

## Parent Follow-up Survey

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### 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.

#### I. Participation and Experiences in BodyWorks

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

- |  |                               |
|--|-------------------------------|
| <input type="checkbox"/> 2007                          | <input type="checkbox"/> 2010 |
| <input type="checkbox"/> 2008                          | <input type="checkbox"/> 2011 |
| <input type="checkbox"/> 2009                          | <input type="checkbox"/> 2012 |
| <input type="checkbox"/> Other (please specify): _____ |                               |

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

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> School/Teacher                       | <input type="checkbox"/> Community Organization               |
| <input type="checkbox"/> Friend/Neighbor                      | <input type="checkbox"/> Church/Temple/Other place of worship |
| <input type="checkbox"/> My child(ren)                        | <input type="checkbox"/> Newspaper, TV, or Radio Ad           |
| <input type="checkbox"/> Doctor or other health care provider | <input type="checkbox"/> Flyer/brochure                       |
| <input type="checkbox"/> Work place                           | <input type="checkbox"/> Other (please specify): _____        |

**4. 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): \_\_\_\_\_

& Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports  
Clearance Officer.

**5. What advice would you give the BodyWorks program to help get more people interested in joining the program?**

**6. Where was your BodyWorks program held?**

- |   |   |
|---|---|
| <input type="checkbox"/> Public School    | <input type="checkbox"/> Library                              |
| <input type="checkbox"/> Private School   | <input type="checkbox"/> Worksite/Business                    |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Church/Temple/Other place of worship |
| <input type="checkbox"/> Health Center    | <input type="checkbox"/> Other (please specify): _____        |
| <input type="checkbox"/> Hospital         |   |

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

- 1     2     3     4     5     6     7     8     9     10  
 Other (please specify): \_\_\_\_\_

**8. 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): \_\_\_\_\_

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

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

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

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

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

- Morning
- Afternoon
- Evening
- Other: \_\_\_\_\_

**12. 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): \_\_\_\_\_  
\_\_\_\_\_

**13. 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): \_\_\_\_\_  
\_\_\_\_\_

**14. 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): \_\_\_\_\_  
\_\_\_\_\_

**15. 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."

16. 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
a. Contacted you before a session to remind you to attend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Contacted you when you missed a session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gave you prizes such as coupons, gift cards, water bottles or t-shirts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Paid for you or your family to get a ride to BodyWorks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provided babysitting while you attended BodyWorks sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Other: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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17. What advice would you give BodyWorks to help keep people coming to the sessions once they signed up?

## II. Satisfaction with BodyWorks

18. Please rate how satisfied you were with the following:	Not At All Satisfied	A Little Satisfied	Satisfied	Very Satisfied
a. Where the BodyWorks sessions were held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When the BodyWorks sessions were held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How long each of the BodyWorks sessions lasted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Number of BodyWorks sessions offered to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Number of BodyWorks sessions offered to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The overall structure of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

19. Thinking about the BodyWorks program...	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The activities were interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The activities were fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I liked the session topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I liked the healthy snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I liked the physical activities or "energizers."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I felt comfortable in the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I would recommend it to a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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."

20. 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
a. Body Basics	<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"/>
c. Best Journal Ever! for girls	<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"/>
e. Weekly Planner	<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"/>
g. Shopping List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. BodyWorks for Teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. BodyWorks For Guys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

21. My BodyWorks Trainer(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Showed up on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was well prepared for each session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Knew a lot about the topics we discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Made me feel comfortable in the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Connected well with the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Included everyone in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Managed any problems that arose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### III. BodyWorks Program Outcomes

Please check how much BodyWorks helped you in these areas.

23. The BodyWorks program has helped me to...	No, not at all	No, not really	Yes, a little	Yes, a lot
a. Better understand healthy eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Better understand my physical activity needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Feel that eating a healthy diet is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feel that regularly exercising is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feel more confident about making healthy food choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feel more confident about exercising.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feel more confident talking about nutrition and physical activity with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat healthy, even when there are barriers in my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Be physically active, even when there are barriers in my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

24. 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
a. Participate in physical activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Make healthy food choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Set/work toward <u>physical activity and/or healthy eating</u> goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about my eating and/or physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

#### **IV. 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