

## Participant Exit 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. Please do NOT put your name on this survey. Your answers are private.

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PARTICIPATION IN BODYWORKS

#### 1. Where did you take your BodyWorks Program?

\_\_\_\_\_  
Location City State  
*(Name of School, Community Center, Organization)*

#### 2. I am a:

- Child/Teen BodyWorks Participant
- Parent/Caregiver BodyWorks Participant
- Other: \_\_\_\_\_

#### 3. About how many BodyWorks sessions did you attend?

- 1    2    3    4    5    6    7    8    More than 8

#### 4. 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."

5. How much did it encourage you to keep coming to the BodyWorks sessions when your trainer...	My trainer did <u>NOT</u> do this activity.	Not At All	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"/>
b. Contacted you when you missed a session?	<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"/>
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"/>
e. Provided babysitting while you attended BodyWorks sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (please specify): _____	<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."

6. How HELPFUL were the following BodyWorks Toolkit Items?	I did <u>NOT</u> use this toolkit item.	Not At All Helpful	Somewhat Helpful	Very Helpful
a. Body Basics	<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"/>
c. Best Journal Ever! for girls	<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"/>
e. Weekly Planner	<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"/>
g. Shopping List	<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"/>
i. BodyWorks For Guys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please check how much you liked these parts of your BodyWorks program?**

<b>7. Did you like...?</b>	<b>No</b>	<b>Kind Of</b>	<b>Yes</b>
a. <b>Where</b> the BodyWorks sessions were held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>When</b> the BodyWorks sessions were held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>How long</b> each of the BodyWorks sessions lasted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>How many</b> BodyWorks sessions were offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>8. Thinking about the BodyWorks program...</b>	<b>No</b>	<b>Kind Of</b>	<b>Yes</b>
a. The activities were interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The activities were fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I liked the session topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I liked the healthy snacks.	<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"/>
f. I felt comfortable in the group.	<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"/>

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

<b>9. My BodyWorks Trainer(s)...</b>	<b>No</b>	<b>Kind Of</b>	<b>Yes</b>
a. Showed up on time.	<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"/>
c. Knew a lot about the topics we discussed.	<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"/>
e. Treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Connected well with the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Included everyone in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Managed any problems that arose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check how much BodyWorks helped you in these areas.

10. The BodyWorks program has helped me to...	No	Kind Of	Yes
a. Better understand healthy eating.	<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"/>
c. Feel that eating a healthy diet is important.	<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"/>
e. Feel more confident about making healthy food choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feel more confident about exercising.	<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"/>
h. Eat healthy, even when there are barriers in my way.	<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"/>

Please check how much LESS or MORE you do these activities after being in BodyWorks.

11. Because you participated in the BodyWorks program, how much LESS or MORE do you now...?	LESS Than Before	About the SAME	MORE Than Before
a. Participate in physical activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Make healthy food choices?	<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"/>
d. Write in a journal about my eating and/or physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check how much you plan to continue these habits. If you did NOT make any changes in your habits because of BodyWorks, please check "I did NOT make any changes."

12. In the next MONTH, I plan to continue the...	I did NOT make any changes.	NO	Maybe	YES
a. <u>Healthier eating</u> habits that I began as a result of BodyWorks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Physical activity</u> habits that I began as a result of BodyWorks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write about what would make the BodyWorks program better.

**13. What would make the BodyWorks program better? (Write your answer in the space below.)**

**Are you?**

- Male       Female

**What is your age?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 9 Years Old and Under | <input type="checkbox"/> 16 - 19 Years Old | <input type="checkbox"/> 50 - 59 Years Old |
| <input type="checkbox"/> 10 - 12 Years Old     | <input type="checkbox"/> 20 - 29 Years Old | <input type="checkbox"/> 60 - 69 Years Old |
| <input type="checkbox"/> 13 - 15 Years Old     | <input type="checkbox"/> 30 - 39 Years Old | <input type="checkbox"/> 70 + Years Old    |
| <input type="checkbox"/> 16 - 19 Years Old     | <input type="checkbox"/> 40 - 49 Years Old |  |

**Are you Hispanic or Latino?**

- No       Yes

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

- Black/ African American
- White
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Asian

**ABOUT YOU**