



Child Entrance Survey

This survey is important. It asks about the *BodyWorks* program, your health and your eating and physical activity habits. By taking this survey, you will help us make *BodyWorks* better. It will take about 20 minutes.

Please read each question before you write your answer. Pick one answer for each question, unless the directions say you can pick more than one. You can skip a question that you do not want to answer. Circle the question number to let us know you skipped it on purpose. **This is NOT a test!** Be as honest as you can. Your answers are private.

Please write the first and last initials of the parent or caregiver who came with you to this program.	
_____	_____
Parent's First Initial	Parent's Last Initial
[Ex: For <u>J</u> ane <u>S</u> mith, it is J.S. For <u>J</u> ane <u>D</u> oe- <u>S</u> mith, it is J.D.]	

What is your DATE of BIRTH?	____/____/____
[Ex: Write 05/22/95 if your birthday is May 22, 1995]	mes día año
If you are a twin, tell us if you are the older or younger twin	<input type="checkbox"/> Older twin <input type="checkbox"/> Younger twin

Where was your BodyWorks program?	<input type="checkbox"/> Site 1	<input type="checkbox"/> Site 2	<input type="checkbox"/> Site 3	[Sites will be entered when chosen]
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1. How did you hear about <i>BodyWorks</i>? (Choose one or more.)		
<input type="checkbox"/> Parent or caregiver	<input type="checkbox"/> School/Teacher	<input type="checkbox"/> Community organization
<input type="checkbox"/> Other family member	<input type="checkbox"/> Doctor or other health care provider	<input type="checkbox"/> Flyer/Brochure
<input type="checkbox"/> Friend/Neighbor	<input type="checkbox"/> Church, temple, or other place of worship	<input type="checkbox"/> Newspaper, TV, or radio ad
<input type="checkbox"/> Other _____		

2. What made you want to come to the <i>BodyWorks</i> program?
I wanted to... (Choose one or more.)
<input type="checkbox"/> Learn more about healthy eating
<input type="checkbox"/> Take part in fun physical activities
<input type="checkbox"/> Improve my health and/or weight
<input type="checkbox"/> Do an activity with my parent or caregiver
<input type="checkbox"/> Make new friends
<input type="checkbox"/> Other: _____

3. Right now, how do you feel about making changes to your <u>eating habits</u>?
<input type="checkbox"/> I have not thought about making any changes.
<input type="checkbox"/> I plan to make changes later, maybe in 6 months.
<input type="checkbox"/> I want to make changes soon, maybe in the next month.
<input type="checkbox"/> I am making changes right now, but this has been for less than 6 months.
<input type="checkbox"/> I have made changes and have kept up with them for 6 months or longer.

4. How much do you want to make changes to your eating habits?

Not at all
 Very little
 Some
 A lot

5. Right now, how do you feel about making changes to your exercise habits?

I have not thought about making any changes.
 I plan to make changes in the future, maybe in 6 months.
 I want to make changes soon, maybe in the next month.
 I am making changes right now, but this has been for less than 6 months.
 I have made changes and have kept up with them for 6 months or longer

6. How much do you want to make changes to your exercise habits?

Not at all
 Very little
 Some
 A lot

7a. How important to YOU is...	Not At All Important	Not Very Important	Important	Very Important
a. Eating healthy foods like fruits, vegetables, whole grains, milk, and meat and beans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercising for one hour every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Setting goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping your parent or caregiver plan, shop for, or make healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preventing diseases that happen later in life, like heart disease, diabetes, and osteoporosis (a disease that causes bones to break more easily)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7b. How important is it to your PARENT/CAREGIVER that you...	Not At All Important	Not Very Important	Important	Very Important
a. Eat a healthy diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise each day for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or make healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



You're doing great! Keep going!

8. Do you want to do what your parents/caregivers want you to do when it comes to...	No, Not At All	No, Not Really	Yes, A Little	Yes, For Sure
a. Healthy eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Setting goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping plan, shop for, or make healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you think you can ...	No, Not At All	No, Not Really	Yes, A Little	Yes, For Sure
a. Talk with your family about how you can eat healthier foods or get more physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help plan for, shop, or make healthy meals each week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use nutrition facts labels on packages to pick healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Choose healthy foods and drinks at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Choose healthy foods and drinks at restaurants, including fast food restaurants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Plan what physical activities you will do for the week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Exercise for one hour every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exercise even if there are barriers, like if you are too tired or very busy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Choose to be active instead of watching TV or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Do bone-strengthening physical activities (running or jumping rope)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>10. The most important time in life for building strong bones is when you are a/an...</p> <p><input type="checkbox"/> Baby or young child (ages 0-8)</p> <p><input type="checkbox"/> Preteen or teen (ages 9-18)</p> <p><input type="checkbox"/> Young adult (ages 19-29)</p> <p><input type="checkbox"/> Adult (ages 30 to 54)</p> <p><input type="checkbox"/> Older adult (age 55+)</p> <p><input type="checkbox"/> Don't know</p>
<p>11. A "serving size" is the amount of food you choose to eat for a meal or a snack.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Don't know</p>
<p>12. A "portion" is included on a nutrition facts label and helps you see how many calories are in a serving of food.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Don't know</p>



You're more than half way! Keep it up!

Form Approved OMB No. XXXX-XXXX
Exp. Date XX/XX/XXXX

13. The dangers of unhealthy dieting can be: *(Choose one or more.)*

Not getting enough nutrients to grow and develop
 More risk for weaker bones and osteoporosis later in life
 More risk for an eating disorder
 Don't know

14. Which are whole grain foods? *(Choose one or more.)*

Brown rice Cheese Apple juice Oatmeal Don't know

15. Which sandwich has less fat?

Turkey sandwich with mustard Tuna salad sandwich Don't know

16. How can physical activity help you? *(Choose one or more.)*

Helps you control your weight Helps you feel less stressed Makes you more confident Decreases your vitamin B levels Don't know

17. You are taking a walk. You are breaking a sweat, but you can still talk to your friend. This activity is:

Light Moderate Vigorous Don't know

18. Tell us about the past 7 days. On how many days did you...	0 Days	1-2 Day	3-4 Days	5-7 Days
a. Write in a journal your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work toward goals you set to eat healthy foods and be physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help plan healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help shop for healthy foods and drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help make healthy meals or snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat a healthy breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Take a healthy bag lunch to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat a meal together with your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Exercise for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Exercise with your parent or caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Do bone-strengthening exercises (like running or jumping rope)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Choose to be active instead of watching TV and/or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Think about the past 7 days. Did your parent/caregiver encourage you to...	No	Yes
a. Eat healthy foods like fruits, vegetables, whole grains, milk, and meats and beans?	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise each day for one hour?	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or make healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>



One page to go!

20. Think about what you eat on an AVERAGE DAY. How many times do you eat or drink...	0 Times	1 Time	2 Times	3 Times	4 Times	5+ Times
a. Milk or milk products (yogurt, cheese) or milk substitutes (like soy milk or rice milk)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Soda or pop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fruits (including 100% fruit juice)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Meat or beans (beef, fish, chicken, tofu, egg, peanut butter, cooked beans, nuts, seeds)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chips or French fries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Vegetables (including those in soup, stir fry, gumbo, stew, casserole, taco, or omelets)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Candy, cookies, cake, or other sweets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Grains (bread, cereal, rice, pasta)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About You:

21. I am a: <input type="checkbox"/> Male <input type="checkbox"/> Female
22. How old are you? <input type="checkbox"/> Less than 9 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 12 yrs <input type="checkbox"/> 14 yrs <input type="checkbox"/> 9 yrs <input type="checkbox"/> 11 yrs <input type="checkbox"/> 13 yrs <input type="checkbox"/> More than 14 yrs
23. What grade are you in? <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> Other: _____
24. Are you Hispanic or Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes
25. What is your race? (Choose one or more.) <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
26a. Did you go to any education programs about healthy eating or physical activity outside of school time in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes
26b. If you checked "yes," please describe the program: _____
27. How would you describe your eating habits? <input type="checkbox"/> Not at all healthy <input type="checkbox"/> Not very healthy <input type="checkbox"/> Healthy <input type="checkbox"/> Very healthy
28. How would you describe your exercise habits? <input type="checkbox"/> Not at all healthy <input type="checkbox"/> Not very healthy <input type="checkbox"/> Healthy <input type="checkbox"/> Very healthy



You're all done! Thanks so much for your help!!