



## Child Follow-up 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.

[Ex: For Jane Smith, it is J.S. For Jane Doe-Smith, it is J.D.]

\_\_\_\_\_  
Parent's First Initial      Parent's Last Initial

What is your DATE of BIRTH?

[Ex: Write 05/22/95 if your birthday is May 22, 1995]

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM      DD      YY

If you are a twin, tell us if you are the older or younger twin

- Older twin  
 Younger twin

Where was your **BodyWorks** program?     Site 1     Site 2     Site 3    [Sites will be entered when chosen]

### 1. Right now, how do you feel about making changes to your eating habits?

- I have not thought about making any changes.  
 I plan to make changes later, 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.

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

- Not at all  
 Very little  
 Some  
 A lot

### 3. 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.

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

Not at all  
 Very little  
 Some  
 A lot

5a. 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"/>

5b. 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"/>

6. 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"/>

7. 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"/>

**8. The most important time in life for building strong bones is when you are a/an...**

Baby or young child (ages 0-8)  
 Preteen or teen (ages 9-18)  
 Young adult (ages 19-29)  
 Adult (ages 30 to 54)  
 Older adult (age 55+)  
 Don't know

**9. A "serving size" is the amount of food you choose to eat for a meal or a snack.**

True       False       Don't know

**10. A "portion" is included on a nutrition facts label and helps you see how many calories are in a serving of food.**

True       False       Don't know

**11. 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

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

Brown rice       Cheese       Apple juice       Oatmeal       Don't know

**13. Which sandwich has less fat?**

Turkey sandwich with mustard       Tuna salad sandwich       Don't know

**14. 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

**15. 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

16. 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 walking 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"/>

17. 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"/>

18. 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"/>

19. During the next month, I plan to...	Disagree a lot	Disagree	Agree	Agree a lot
a. Make healthy food choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise more often, including bone-strengthening physical activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exercise more often with my parent or caregiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Set/work toward nutrition and physical activity goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or prepare healthy meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat a healthy breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Eat meals together with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Take a healthy bag lunch to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20a. In the past 8 weeks, did you go to any education programs about healthy eating or physical activity outside of

school?

No

Yes

20b. If you checked "yes," please describe the program: \_\_\_\_\_



**You've reached the end. Thank you for your help!**