

BodyWorks Participant Session Survey

Form Approved OMB No. 0990-xxxx
Exp. Date xx/xx/xxxx

Today's Date: _____		Session Number: _____		Program Location: _____		Trainer Name(s): _____	
If you are a PARENT or CAREGIVER:	Your Initials [Jane Smith is J.S; Jane Doe-Smith is J.D.] _____	Birthday Child/Teen #1 ____/____/____ MM DD YY	Birthday Child/Teen #2 ____/____/____ MM DD YY	Birthday Child/Teen #3 ____/____/____ MM DD YY			
If you are a CHILD/TEEN:	Your Parent/Caregiver's Initials [Jane Smith is J.S; Jane Doe-Smith is J.D.] _____	Your Birthday ____/____/____ MM DD YY					

1. What activities did you do today? (Choose one or more.)

<input type="checkbox"/> Reviewed what we already learned	<input type="checkbox"/> Heard a presentation	<input type="checkbox"/> Did physical activity
<input type="checkbox"/> Had a group discussion	<input type="checkbox"/> Watched a video	<input type="checkbox"/> Had a snack
<input type="checkbox"/> Hands-on or group activity	<input type="checkbox"/> Used a toolkit item, like the journal or recipe book	<input type="checkbox"/> Made food
<input type="checkbox"/> Other (please specify): _____		

2. What topics did you talk about today? (Choose one or more.)

<input type="checkbox"/> Healthy eating	<input type="checkbox"/> Journaling	<input type="checkbox"/> Advertising and the media
<input type="checkbox"/> Physical activity	<input type="checkbox"/> Goal-setting	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Changing behaviors	<input type="checkbox"/> Body image and eating disorders	

3a. How <u>easy</u> to understand was today's session?	3b. How <u>interested</u> were you in today's session?	3c. How much did you <u>learn</u> from today's session?	3d. How <u>satisfied</u> were you with today's session?
<input type="checkbox"/> Not easy to understand <input type="checkbox"/> Somewhat easy to understand <input type="checkbox"/> Very easy understand	<input type="checkbox"/> Not at all interested <input type="checkbox"/> Somewhat Interested <input type="checkbox"/> Very interested	<input type="checkbox"/> No new information <input type="checkbox"/> Some new information <input type="checkbox"/> A lot of new information	<input type="checkbox"/> Not at all satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied

4a. What did you like about today's session? (Use the back of this page if you need more space.)

4b. What should be changed in today's session? (Use the back of this page if you need more space.)

5. Think about all of the BodyWorks sessions you have attended so far. On a scale of 1 – 10, with 1 being “not at all satisfied” and 10 being “very satisfied,” please rate how satisfied you are with the entire BodyWorks program.

Not at all satisfied							Very satisfied					
1	2	3	4	5	6	7	8	9	10			

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