

## 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 <b>PARENT or CAREGIVER:</b>	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 <b>CHILD/TEEN:</b>	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	

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-xxxx. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.