

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 who came with you to this program. [Ex: For <u>Jane S</u> mith, it is J.S. For <u>Jane D</u> oe-S		Parent's First Initia	al Parent's Last Initial				
What is your DATE of BIRTH? [Ex: Write 05/22/95 if your birthday is May If you are a twin, tell us if you are the olde	· · -	// mes día año □ Older twin □ Younger twin					
Where was your BodyWorks program?	□ Site 1 □ Site 2 □] Site 3 [Sites will be	entered when chosen]				
1. How did you hear about BodyWorks? (Choose one or more.) Parent or caregiver School/Teacher Community organization Other family member Doctor or other health care provider Flyer/Brochure Friend/Neighbor Church, temple, or other place of worship Newspaper, TV, or rational states of the states of							
2. What made you want to come to the BodyWorks program? I wanted to (Choose one or more.) Learn more about healthy eating Take part in fun physical activities Improve my health and/or weight Do an activity with my parent or caregiver Make new friends Other:							
3. Right now, how do you feel about mak	ing any changes. maybe in 6 months. maybe in the next mor w, but this has been for	nth. less than 6 months.					

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 20 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.

4. How much do you want to make changes to your <u>eating habits</u> ?
Not at all
Very little
□ Some
A lot
5. Right now, how do you feel about making changes to your <u>exercise habits</u> ?
I have not thought about making any changes.
\Box I plan to make changes in the future, maybe in 6 months.
\Box I want to make changes soon, maybe in the next month.
\Box I am making changes right now, but this has been for less than 6 months.
\Box 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 <u>exercise habits</u> ?
Not at all
Very little
🗆 Some
🗆 A lot

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

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



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

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?				
b.	Help plan for, shop, or make healthy meals each week?				
c.	Use nutrition facts labels on packages to pick healthy foods?				
d.	Choose healthy foods and drinks at home?				
e.	Choose healthy foods and drinks at restaurants, including fast food restaurants?				
f.	Plan what physical activities you will do for the week?				
g.	Exercise for one hour every day?				
h.	Exercise even if there are barriers, like if you are too tired or very busy?				
i.	Choose to be active instead of watching TV or sitting at the computer?				
j.	Do bone-strengthening physical activities (running or jumping rope)?				

10. The most important time in life for building	g 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 							
11. A "serving size" is the amount of food you o	choose to eat for a meal or a snack.						
🗆 True 🛛 🗆 False 🔤 🛙	Don't know						
12. 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						



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

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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?							
\Box Turkey sandwich with mustard \Box Tuna salad sandwich		🗆 Don't	know				
16. How can physical activity help you? (Choose one or more.)							
	ecreases y Imin B leve		□ Don't	know			
17. You are taking a walk. You are breaking a sweat, but you can still talk to yo	our friend.	This activ	/ity is:				
□ Light □ Moderate □ Vigorou	JS] Don't kno	w			
	•	4.0	0.4				
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?							
b. Work toward goals you set to eat healthy foods and be physically active?							
c. Help plan healthy meals and snacks?							
d. Help shop for healthy foods and drinks?							
e. Help make healthy meals or snacks?							
f. Eat a healthy breakfast?							
g. Take a healthy bag lunch to school?							
h. Eat a meal together with your family?							
i. Exercise for one hour?							
j. Exercise with your parent or caregiver?							
k. Do bone-strengthening exercises (like running or jumping rope)?							
 Choose to be active instead of watching TV and/or sitting at the computer? 							
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 b	a. Eat healthy foods like fruits, vegetables, whole grains, milk, and meats and beans?						
b. Exercise each day for one hour?	b. Exercise each day for one hour?						
c. Set goals to improve your eating and physical activity habits?							
d. Write in a journal about your eating and physical activity habits?							
e. Help plan, shop for, or make healthy meals and snacks?							

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)?						
b. Soda or pop?						
c. Fruits (including 100% fruit juice)?						
d. Meat or beans (beef, fish, chicken, tofu, egg, peanut butter, cooked beans, nuts, seeds)?						
e. Chips or French fries?						
f. Vegetables (including those in soup, stir fry, gumbo, stew, casserole, taco, or omelets)?						
g. Candy, cookies, cake, or other sweets?						
h. Grains (bread, cereal, rice, pasta)?						

About You:

21. I am a:	Male	□ Female				
22. How old are you?						
□ Less than 9 yrs □ 9 yrs	□ 10 yrs □ 11 yrs	□ 12 □ 13		□ 14 yrs □ More	s than 14 yrs	
23. What grade are y 4^{th} 5^{th}	bu in?	□ 7 th	□ 8 th	□ 9 th	□ 10 th	Other:
24. Are you Hispanic	or Latino?	🗖 No	🗆 Yes			
25. What is your race	? (Choose on	e or more.)				
□ Black/African / □ White	American		erican Indiaı ive Hawaiiaı		Native acific Islander	□ Asian
26a. Did you go to an past 6 months?	y education p	rograms abou	t healthy ea	ting or phy	sical activity o	utside of school time in the
□ No □ Yes	5					
26b. If you checked "	/es," please d	escribe the pr	ogram:			
27. How would you a	lescribe your	eating habits?				
🗆 Not at all heal	thy 🛛 Not	very healthy	□ He	ealthy	□ Very healthy	
28. How would you a	lescribe your	exercise habit	s?			
□ Not at all heal	thy 🛛 Not	very healthy	□ He	althy	□ Very heal	thy
1	1					

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