



Parent/Caregiver Entrance Survey

The Office on Women's Health is trying to find out how well the BodyWorks program helps you, your child, and the rest of your family. You will help improve the program by taking this survey.

This survey will take you about 20 minutes to complete. It includes questions about the *BodyWorks* program, your eating and physical activity habits, and about your child/children. When the survey asks you about "your child/children," please think of the child/children who will be participating in *BodyWorks* as you answer. Unless the directions say otherwise, please choose one response for each question. Your survey answers are private.

Please write down YOUR first and last initials:		
[Example: <u>J</u> ane <u>S</u> mith is J.S.; <u>J</u> ane <u>D</u> oe-Smith is J.D.]	_____	_____
	First Initial	Last Initial

Please write down the DATE of BIRTH of your child/children who is participating in the BodyWorks Program with you. [Example: Write 05/22/95 if your child's birthday is May 22, 1995]		
CHILD #1:	CHILD #2 (IF APPLICABLE):	CHILD #3 (IF APPLICABLE):
_____/_____/_____ MM DD YY	_____/_____/_____ MM DD YY	_____/_____/_____ MM DD YY

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]

1. How did you hear about BodyWorks? (Choose one or more.)		
<input type="checkbox"/> My child(ren)	<input type="checkbox"/> Doctor or other health care provider	<input type="checkbox"/> Workplace
<input type="checkbox"/> Other family member	<input type="checkbox"/> Church, temple, or other place of worship	<input type="checkbox"/> Flyer/Brochure
<input type="checkbox"/> Friend/Neighbor	<input type="checkbox"/> Community organization	<input type="checkbox"/> Newspaper, TV, or radio ad
<input type="checkbox"/> School/Teacher	<input type="checkbox"/> Other _____	

2. What made you want to come to the BodyWorks program? (Choose one or more.)
<input type="checkbox"/> I wanted to learn more about nutrition and/or preparing healthier meals for my family
<input type="checkbox"/> I wanted to learn more about being physically active
<input type="checkbox"/> I was concerned about my child/children's health and/or weight
<input type="checkbox"/> I was concerned about my own health and/or weight
<input type="checkbox"/> I wanted to participate in an activity with my child/children
<input type="checkbox"/> I wanted group support to help me in my efforts to change the way my family eats and exercises
<input type="checkbox"/> Other: _____

3. 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.

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 2.5 hours per week (which could be 30 minutes each day, done in 10-minute increments)?	<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. Planning, shopping for, or preparing healthy meals and snacks for your family?	<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"/>

Question 7b is about the child/children that came with you to BodyWorks.

7b. How important is it to you that YOUR child/children is/are...	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 their eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing in a journal about their eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping you plan, shop for, or prepare healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eating healthy foods and getting physical activity during childhood and adolescence to prevent diseases 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"/>

8a. Do you think you can ...	No, Not At All	No, Not Really	Yes, A Little	Yes, Definitely
a. Talk with your family about how you can all eat healthier foods or get more physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide healthy meals each week (includes planning, shopping, or food preparation)?	<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 2.5 hours per week (which could be 30 minutes each day, done in 10-minute increments)?	<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"/>

Question 8b is about the child/children that came with you to BodyWorks

8b. Do you think you can help your child/children to...	No, Not At All	No, Not Really	Yes, A Little	Yes, definitely
a. Assist you in providing healthy meals each week (includes planning, shopping, or preparing food)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Choose healthy foods and drinks, including foods with calcium and vitamin D?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Choose healthy foods and drinks at restaurants, including fast food restaurants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Limit computer and TV time so your child/children can spend more time being active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Exercise for 60 minutes each day, including bone strengthening activities (running or jumping rope and other high-impact activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. 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

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

True False Don't know

11. 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

12. 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

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

Brown rice Cheese Apple juice Oatmeal Don't know

14. Which sandwich has less fat?

Turkey sandwich with mustard Tuna salad sandwich Don't know

15. 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

16. 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

17. 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 what you ate and how much physical activity you did?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work toward goals you set for yourself /your family to eat healthy foods and be physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Plan healthy meals for the week ahead, including making a shopping list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shop for healthy foods and beverages for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ensure that healthy meals and snacks were prepared for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ensure that your family ate healthy breakfasts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Eat a meal together with family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exercise for a total of 30 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Exercise with your child/children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Ensure that your child/children exercised for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Thinking 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

19. What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female	
20. How old are you? <input type="checkbox"/> 18 - 21 <input type="checkbox"/> 22 - 30 <input type="checkbox"/> 31 - 40 <input type="checkbox"/> 41 - 50 <input type="checkbox"/> 51 - 60 <input type="checkbox"/> 60+	
21. Are you Hispanic or Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes	
22. 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	
23. What is the highest level of education you have completed? <input type="checkbox"/> Elementary school (grades 1-8) <input type="checkbox"/> Associate degree (2-year) <input type="checkbox"/> Some high school (grades 9-11) <input type="checkbox"/> College degree (4-year) <input type="checkbox"/> High school degree or GED <input type="checkbox"/> Graduate degree	
24. Please check the category that represents your annual household income. <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$35,000-\$49,999 <input type="checkbox"/> \$75,000-\$99,999 <input type="checkbox"/> \$150,000+ <input type="checkbox"/> \$15,000-\$34,999 <input type="checkbox"/> \$50,000-\$74,999 <input type="checkbox"/> \$100,000-\$149,000	
25. Number of children: <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
26a. Have you participated in any health education programs about nutrition or physical activity 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"/> Mostly 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"/> Mostly healthy <input type="checkbox"/> Very healthy	
29. How tall are you? _____ Feet and inches	30. How much do you weigh? _____ Pounds

The following questions are about the child/children that came with you to BodyWorks. If only one child attended BodyWorks with you, please only complete the section labeled "Child #1."

Child #1: Girl Boy

31. What is your relationship to the child who is participating in the BodyWorks program with you? <input type="checkbox"/> Mother or stepmother <input type="checkbox"/> Father or stepfather <input type="checkbox"/> Grandmother or aunt <input type="checkbox"/> Grandfather or uncle <input type="checkbox"/> Other: _____	
32. On average, how many days does your child live with you during the week? <input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5-6 days <input type="checkbox"/> 7 days	
33. How old is your child? <input type="checkbox"/> 9 or less <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14+	34. What grade is your child 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: _____
35. How tall is your child? _____ Feet and inches	36. How much does your child weigh? _____ Pounds

Child #2 (if applicable) Girl Boy

37. What is your relationship to the child who is participating in the BodyWorks program with you? <input type="checkbox"/> Mother or stepmother <input type="checkbox"/> Father or stepfather <input type="checkbox"/> Grandmother or aunt <input type="checkbox"/> Grandfather or uncle <input type="checkbox"/> Other: _____	
38. On average, how many days does your child live with you during the week? <input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5-6 days <input type="checkbox"/> 7 days	
39. How old is your child? <input type="checkbox"/> 9 or less <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14+	40. What grade is your child 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: _____
41. How tall is your child? _____ Feet and inches	42. How much does your child weigh? _____ Pounds

Child #3 (if applicable) Girl Boy

43. What is your relationship to the child who is participating in the BodyWorks program with you? <input type="checkbox"/> Mother or stepmother <input type="checkbox"/> Father or stepfather <input type="checkbox"/> Grandmother or aunt <input type="checkbox"/> Grandfather or uncle <input type="checkbox"/> Other: _____	
44. On average, how many days does your child live with you during the week? <input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5-6 days <input type="checkbox"/> 7 days	
45. How old is your child? <input type="checkbox"/> 9 or less <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14+	46. What grade is your child 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: _____
47. How tall is your child? _____ Feet and inches	48. How much does your child weigh? _____ Pounds