#  Parent/Caregiver Exit 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.

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| Please write down **YOUR first and last initials**: [*Example: Jane Smith is J.S;* *Jane Doe-Smith is J.D*.] |  First Initial Last Initial |

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| 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: / /  MM DD YY | Child #2 (if applicable): / /  MM DD YY | Child #3 (if applicable): / /  MM DD YY |

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

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| **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** |
| 1. Eating healthy foods like fruits, vegetables, whole grains, milk, and meat and beans?
 | □ | □ | □ | □ |
| 1. Exercising for 2.5 hours per week (which could be 30 minutes each day, done in 10-minute increments)?
 | □ | □ | □ | □ |
| 1. Setting goals to improve your eating and physical activity habits?
 | □ | □ | □ | □ |
| 1. Writing in a journal about your eating and physical activity habits?
 | □ | □ | □ | □ |
| 1. Planning, shopping for, or preparing healthy meals and snacks for your family?
 | □ | □ | □ | □ |
| 1. Preventing diseases that happen later in life, like heart disease, diabetes, and osteoporosis (a disease that causes bones to break more easily)?
 | □ | □ | □ | □ |

**Question 5b is about the child/children that came with you to BodyWorks**

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| **5b. How important is it to you that YOUR child/children is/are…**  | **Not At All Important** | **Not Very Important** | **Important** | **Very Important** |
| 1. Eating healthy foods like fruits, vegetables, whole grains, milk, and meat and beans?
 | □ | □ | □ | □ |
| 1. Exercising for one hour every day?
 | □ | □ | □ | □ |
| 1. Setting goals to improve their eating and physical activity habits?
 | □ | □ | □ | □ |
| 1. Writing in a journal about their eating and physical activity habits?
 | □ | □ | □ | □ |
| 1. Helping you plan, shop for, or prepare healthy meals and snacks?
 | □ | □ | □ | □ |
| 1. 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)?
 | □ | □ | □ | □ |

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| **6a. Do you think you can …** | **No, Not At All** | **No, Not Really** | **Yes, A Little** | **Yes, Definitely** |
| 1. Talk with your family about how you can all eat healthier foods or get more physical activity?
 | □ | □ | □ | □ |
| 1. Provide healthy meals each week (includes planning, shopping, or food preparation)?
 | □ | □ | □ | □ |
| 1. Use nutrition facts labels on packages to pick healthy foods?
 | □ | □ | □ | □ |
| 1. Choose healthy foods and drinks at home?
 | □ | □ | □ | □ |
| 1. Choose healthy foods and drinks at restaurants, including fast food restaurants?
 | □ | □ | □ | □ |
| 1. Plan what physical activities you will do for the week?
 | □ | □ | □ | □ |
| 1. Exercise for 2.5 hours per week (which could be 30 minutes each day, done in 10-minute increments)?
 | □ | □ | □ | □ |
| 1. Exercise even if there are barriers, like if you are too tired or very busy?
 | □ | □ | □ | □ |

**Question 6b is about the child/children that came with you to BodyWorks**

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| **6b. Do you think you can help your child/children to…** | **No, Not At All** | **No, Not Really** | **Yes, A Little** | **Yes, definitely** |
| 1. Assist you in providing healthy meals each week (includes planning, shopping, or preparing food)?
 | □ | □ | □ | □ |
| 1. Choose healthier foods and drinks, including foods with calcium and vitamin D?
 | □ | □ | □ | □ |
| 1. Choose healthier foods and drinks at restaurants, including fast food restaurants?
 | □ | □ | □ | □ |
| 1. Limit computer and TV time so your child/children can spend more time being active?
 | □ | □ | □ | □ |
| 1. Exercise for 60 minutes each day, including bone strengthening activities (running or jumping rope and other high-impact activities)
 | □ | □ | □ | □ |

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| **7. 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 |
| **8. A “serving size” is the amount of food you choose to eat for a meal or a snack*.*** □ True □ False □ Don’t know  |
| **9. 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  |
| **10. 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 |
| **11. Which are whole grain foods?** *(Choose one or more.)* |
| □Brown rice | □ Cheese | □ Apple juice | □ Oatmeal | □ Don’t know |
| **12. Which sandwich has less fat?** |
| □ Turkey sandwich with mustard | □ Tuna salad sandwich | □ Don’t know |
| **13. 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 |
| **14. 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 |

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| **15. Tell us about the past 7 days. On how many days did you…**  | **0****Days** | **1-2****Day** | **3-4****Days** | **5-7****Days** |
| 1. Write in a journal what you ate and how much physical activity you did?
 | □ | □ | □ | □ |
| 1. Work toward goals you set for yourself /your family to eat healthy foods and be physically active?
 | □ | □ | □ | □ |
| 1. Plan healthy meals for the week ahead, including making a shopping list?
 | □ | □ | □ | □ |
| 1. Shop for healthy foods and beverages for your family?
 | □ | □ | □ | □ |
| 1. Ensure that healthy meals and snacks were prepared for your family?
 | □ | □ | □ | □ |
| 1. Ensure that your family ate healthy breakfasts?
 | □ | □ | □ | □ |
| 1. Eat a meal together with family members?
 | □ | □ | □ | □ |
| 1. Exercise for a total of 30 minutes?
 | □ | □ | □ | □ |
| 1. Exercise with your child/children?
 | □ | □ | □ | □ |
| 1. Ensure that your child/children exercised for one hour?
 | □ | □ | □ | □ |

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| **16. 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** |
| 1. Milk or milk products (yogurt, cheese) or milk substitutes (like soy milk or rice milk)?
 | □ | □ | □ | □ | □ | □ |
| 1. Soda or pop?
 | □ | □ | □ | □ | □ | □ |
| 1. Fruits (including 100% fruit juice)?
 | □ | □ | □ | □ | □ | □ |
| 1. Meat or beans (beef, fish, chicken, tofu, egg, peanut butter, cooked beans, nuts, seeds)?
 | □ | □ | □ | □ | □ | □ |
| 1. Chips or French fries?
 | □ | □ | □ | □ | □ | □ |
| 1. Vegetables (including those in soup, stir fry, gumbo, stew, casserole, taco, or omelets)?
 | □ | □ | □ | □ | □ | □ |
| 1. Candy, cookies, cake, or other sweets?
 | □ | □ | □ | □ | □ | □ |
| 1. Grains (bread, cereal, rice, pasta)?
 | □ | □ | □ | □ | □ | □ |

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| **17. During the next month, I plan to…** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. Make healthy food choices.
 | □ | □ | □ | □ |
| 1. Exercise more often.
 | □ | □ | □ | □ |
| 1. Exercise more often with my child/children.
 | □ | □ | □ | □ |
| 1. Set/work toward nutrition and physical activity goals.
 | □ | □ | □ | □ |
| 1. Provide healthy meals and snacks for my family (includes planning, shopping, or food preparation)
 | □ | □ | □ | □ |
| 1. Eat a healthy breakfast every day.
 | □ | □ | □ | □ |
| 1. Eat meals together with my family.
 | □ | □ | □ | □ |
| 1. Help my child/children work toward her physical activity and nutrition goals.
 | □ | □ | □ | □ |

**This section asks about your experience with the BodyWorks program.**

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| **18. How many sessions did you attend?** **(Circle one.)** 1 2 3 4 5 6 7 8 More than 8 |
| **19. If you missed one or more sessions, what were the reasons? (Choose one or more.)**□ I was busy with something else (for example: responsibilities at school, work, or home)□I was sick□I did not have a ride (transportation)□ I did not like the location□I did not like the group members□I did not finish the homework□ Other (please specify):  |

**20a. Below is a list of activities that trainers might have done to encourage people to keep coming to BodyWorks. If your trainer did NOT do this activity, please check “My trainer did NOT do this activity.” If your trainer did these things, please check how much they encouraged you to keep coming to BodyWorks.**

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| How much did it encourage you to keep coming to the BodyWorks sessions when your trainer… | My trainer DID NOT do this. | No, Not At All | No, Not Really | Yes,A Little | Yes,A Lot |
| 1. Contacted you before a session to remind you to attend?
 | □ | □ | □ | □ | □ |
| 1. Contacted you when you missed a session?
 | □ | □ | □ | □ | □ |
| 1. Gave you prizes such as coupons, gift cards, water bottles, or t-shirts?
 | □ | □ | □ | □ | □ |
| 1. Paid for you or your family to get a ride to BodyWorks?
 | □ | □ | □ | □ | □ |
| 1. Provided babysitting while you attended BodyWorks sessions?
 | □ | □ | □ | □ | □ |
| 1. Other (please specify): \_\_\_\_\_\_\_\_
 | □ | □ | □ | □ | □ |

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| **20b. If your trainer gave you prizes to participate in BodyWorks, please describe the prizes you received**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**21.  Below is a list of the items in the BodyWorks Toolkit.  Please check how helpful they were to you. If you did NOT use a particular toolkit item, please check *“I did NOT use this toolkit item.”***

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| **How HELPFUL were the following BodyWorks Toolkit Items?**  | **I did NOT use this toolkit item.** | **Not At All Helpful** | **A Little Helpful** | **Helpful** | **Very** **Helpful** |
| 1. Body Basics
 | □ | □ | □ | □ | □ |
| 1. Family Food and Fitness Journal
 | □ | □ | □ | □ | □ |
| 1. Best Journal Ever! for girls
 | □ | □ | □ | □ | □ |
| 1. Bodyworks DVD
 | □ | □ | □ | □ | □ |
| 1. Weekly Planner
 | □ | □ | □ | □ | □ |
| 1. Recipe Book
 | □ | □ | □ | □ | □ |
| 1. Shopping List
 | □ | □ | □ | □ | □ |
| 1. BodyWorks For Teens
 | □ | □ | □ | □ | □ |
| 1. BodyWorks for Guys
 | □ | □ | □ | □ | □ |
| **22. How often did you use any of the toolkit items with child/children outside of the BodyWorks sessions?**□ Never□ Once a month□ Once a week□ Two or more times a week |
| **23. If parts of the BodyWorksToolkitwere *not* helpful, what could make them better?**

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| **24. My BodyWorks Trainer(s)…** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. Showed up on time
 | □ | □ | □ | □ |
| 1. Was well prepared for each session
 | □ | □ | □ | □ |
| 1. Knew a lot about the topics we discussed
 | □ | □ | □ | □ |
| 1. Made me feel comfortable in the group
 | □ | □ | □ | □ |
| 1. Treated me with respect
 | □ | □ | □ | □ |
| 1. Connected well with the group
 | □ | □ | □ | □ |
| 1. Included everyone in activities
 | □ | □ | □ | □ |
| 1. Managed any problems that arose
 | □ | □ | □ | □ |

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| **25. Think about the BodyWorks program. How much did you like…** | **Did not like at all** | **Liked a little** | **Liked** | **Liked a lot** |
| 1. Where the BodyWorks sessions were held?
 | □ | □ | □ | □ |
| 1. When the BodyWorks sessions were held?
 | □ | □ | □ | □ |
| 1. How long each of the BodyWorks sessions lasted?
 | □ | □ | □ | □ |
| 1. The number of sessions for parents?
 | □ | □ | □ | □ |
| 1. The number of sessions for children?
 | □ | □ | □ | □ |
| 1. The overall structure of the program?
 | □ | □ | □ | □ |

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| **26. How much did you like the:**  | **Did not like at all** | **Liked a little** | **Liked** | **Liked a lot** |
| 1. Session topics
 | □ | □ | □ | □ |
| 1. Activities/Demonstrations
 | □ | □ | □ | □ |
| 1. Snacks
 | □ | □ | □ | □ |
| 1. Physical Activities or “energizers”
 | □ | □ | □ | □ |
| 1. BodyWorks program overall
 | □ | □ | □ | □ |

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| **27. What would make the BodyWorks program better? *(Write your answer in the space below.)***

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| **28a. In the past 8 weeks, did you go to any education programs about healthy eating or physical activity other than BodyWorks?**  □No □ Yes  |
| **29b. If you checked “yes,” please describe the program**:

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