



## 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.

Please write down <b>YOUR first and last initials:</b>		
_____	_____	
[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 <b>DATE of BIRTH of your child/children</b> 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

<b>Where was your BodyWorks program?</b> <input type="checkbox"/> Site 1 <input type="checkbox"/> Site 2 <input type="checkbox"/> Site 3            [Sites will be entered when chosen]
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<b>1. Right now, how do you feel about making changes to your <u>eating habits</u>?</b> <input type="checkbox"/> I have not thought about making any changes. <input type="checkbox"/> I plan to make changes later, maybe in 6 months. <input type="checkbox"/> I want to make changes soon, maybe in the next month. <input type="checkbox"/> I am making changes right now, but this has been for less than 6 months. <input type="checkbox"/> I have made changes and have kept up with them for 6 months or longer.
<b>2. How much do you want to make changes to your <u>eating habits</u>?</b> <input type="checkbox"/> Not at all <input type="checkbox"/> Very little <input type="checkbox"/> Some <input type="checkbox"/> A lot
<b>3. Right now, how do you feel about making changes to your <u>exercise habits</u>?</b> <input type="checkbox"/> I have not thought about making any changes. <input type="checkbox"/> I plan to make changes in the future, maybe in 6 months. <input type="checkbox"/> I want to make changes soon, maybe in the next month. <input type="checkbox"/> I am making changes right now, but this has been for less than 6 months. <input type="checkbox"/> I have made changes and have kept up with them for 6 months or longer
<b>4. How much do you want to make changes to your <u>exercise habits</u>?</b> <input type="checkbox"/> Not at all <input type="checkbox"/> Very little <input type="checkbox"/> Some <input type="checkbox"/> A lot

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

5b. 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"/>

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

<b>6b. Do you think you can help your child/children to...</b>	<b>No, Not At All</b>	<b>No, Not Really</b>	<b>Yes, A Little</b>	<b>Yes, definitely</b>
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 healthier foods and drinks, including foods with calcium and vitamin D?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Choose healthier 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"/>

**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

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
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"/>

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
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"/>

17. During the next month, I plan to...	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Make healthy food choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise more often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exercise more often with my child/children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Set/work toward nutrition and physical activity goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide healthy meals and snacks for my family (includes planning, shopping, or food preparation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat a healthy breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Eat meals together with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Help my child/children work toward her physical activity and nutrition goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This section asks about your experience with the BodyWorks program.

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

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
a. Contacted you before a session to remind you to attend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Contacted you when you missed a session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gave you prizes such as coupons, gift cards, water bottles, or t-shirts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Paid for you or your family to get a ride to BodyWorks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provided babysitting while you attended BodyWorks sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>20b. If your trainer gave you prizes to participate in BodyWorks, please describe the prizes you received:</b>
_____

**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."**

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
a. Body Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Family Food and Fitness Journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Best Journal Ever! for girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bodyworks DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Weekly Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Recipe Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Shopping List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. BodyWorks For Teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. BodyWorks for Guys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 BodyWorks Toolkit were *not* helpful, what could make them better?**

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24. My BodyWorks Trainer(s)...	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Showed up on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was well prepared for each session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Knew a lot about the topics we discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Made me feel comfortable in the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Connected well with the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Included everyone in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Managed any problems that arose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Think about the BodyWorks program. How much did you like...	Did not like at all	Liked a little	Liked	Liked a lot
a. Where the BodyWorks sessions were held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When the BodyWorks sessions were held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How long each of the BodyWorks sessions lasted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The number of sessions for parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The number of sessions for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The overall structure of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How much did you like the:	Did not like at all	Liked a little	Liked	Liked a lot
a. Session topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Activities/Demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical Activities or "energizers"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. BodyWorks program overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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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