**Child Follow-up 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.

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| Please write the first and last initials of the **parent or caregiver** **who came with you to this program.**  *[Ex: For Jane Smith, it is J.S. For Jane Doe-Smith, it is J.D.]* | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Parent’s First Initial | Parent’s Last Initial |
| What is your DATE of BIRTH?  *[Ex: Write 05/22/95 if your birthday is May 22, 1995]*  **If you are a twin**, tell us if you are the older or younger twin | / /  MM DD YY  □Older twin  □Younger twin | |

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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 |

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| **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 one hour every day? | □ | □ | □ | □ |
| 1. Setting goals to improve your eating and physical activity habits? | □ | □ | □ | □ |
| 1. Writing in a journal about your eating and physical activity habits? | □ | □ | □ | □ |
| 1. Helping your parent or caregiver plan, shop for, or make healthy meals and snacks? | □ | □ | □ | □ |
| 1. Preventing diseases that happen later in life, like heart disease, diabetes, and osteoporosis (a disease that causes bones to break more easily)? | □ | □ | □ | □ |

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| **5b. How important is it to your PARENT/CAREGIVER that you…** | **Not At All Important** | **Not Very Important** | **Important** | **Very Important** |
| 1. Eat a healthy diet? | □ | □ | □ | □ |
| 1. Exercise each day for one hour? | □ | □ | □ | □ |
| 1. Set goals to improve your eating and physical activity habits? | □ | □ | □ | □ |
| 1. Write in a journal about your eating and physical activity habits? | □ | □ | □ | □ |
| 1. Help plan, shop for, or make healthy meals and snacks? | □ | □ | □ | □ |

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| **6. Do you want to do what your parents/caregivers want you to do when it comes to…** | **No, Not At All** | **No, Not Really** | **Yes, A Little** | **Yes, For Sure** |
| 1. Healthy eating? | □ | □ | □ | □ |
| 1. Physical activity? | □ | □ | □ | □ |
| 1. Setting goals to improve your eating and physical activity habits? | □ | □ | □ | □ |
| 1. Writing in a journal about your eating and physical activity habits? | □ | □ | □ | □ |
| 1. Helping plan, shop for, or make healthy meals and snacks? | □ | □ | □ | □ |

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| **7. Do you think you can …** | **No, Not At All** | **No, Not Really** | **Yes, A Little** | **Yes, For Sure** |
| 1. Talk with your family about how you can eat healthier foods or get more physical activity? | □ | □ | □ | □ |
| 1. Help plan for, shop, or make healthy meals each week? | □ | □ | □ | □ |
| 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 one hour every day? | □ | □ | □ | □ |
| 1. Exercise even if there are barriers, like if you are too tired or very busy? | □ | □ | □ | □ |
| 1. Choose to be active instead of watching TV or sitting at the computer? | □ | □ | □ | □ |
| 1. Do bone-strengthening physical activities (running or jumping rope)? | □ | □ | □ | □ |

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| **8. 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 | | | | | | | | | | | | | |
| **9. A “serving size” is the amount of food you choose to eat for a meal or a snack*.***  □ True □ False □ Don’t know | | | | | | | | | | | | | |
| **10. 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 | | | | | | | | | | | | | |
| **11. 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 | | | | | | | | | | | | | |
| **12. Which are whole grain foods? (Choose one or more.)** | | | | | | | | | | | | | |
| □Brown rice | □ Cheese | | | | | □ Apple juice | | □ Oatmeal | | | | | □ Don’t know |
| **13. Which sandwich has less fat?** | | | | | | | | | | | | | |
| □ Turkey sandwich with mustard | | | | □ Tuna salad sandwich | | | | | | □ Don’t know | | | |
| **14. 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 | |
| **15. 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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| **16. 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 your eating and physical activity habits? | □ | □ | □ | □ |
| 1. Work toward goals you set to eat healthy foods and be physically active? | □ | □ | □ | □ |
| 1. Help plan healthy meals and snacks? | □ | □ | □ | □ |
| 1. Help shop for healthy foods and drinks? | □ | □ | □ | □ |
| 1. Help make healthy meals or snacks? | □ | □ | □ | □ |
| 1. Eat a healthy breakfast? | □ | □ | □ | □ |
| 1. Take a healthy bag lunch to school? | □ | □ | □ | □ |
| 1. Eat a meal together with your family? | □ | □ | □ | □ |
| 1. Exercise for one hour? | □ | □ | □ | □ |
| 1. Exercise with your parent or caregiver? | □ | □ | □ | □ |
| 1. Do bone-strengthening exercises (like walking or jumping rope)? | □ | □ | □ | □ |
| 1. Choose to be active instead of watching TV and/or sitting at the computer? | □ | □ | □ | □ |

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| **17. Think about the past 7 days. Did your parent/caregiver encourage you to…** | **No** | **Yes** |
| 1. Eat healthy foods like fruits, vegetables, whole grains, milk, and meats and beans? | □ | □ |
| 1. Exercise each day for one hour? | □ | □ |
| 1. Set goals to improve your eating and physical activity habits? | □ | □ |
| 1. Write in a journal about your eating and physical activity habits? | □ | □ |
| 1. Help plan, shop for, or make healthy meals and snacks? | □ | □ |

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| **18. 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** |
| 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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| **19. During the next month, I plan to…** | **Disagree**  **a lot** | **Disagree** | **Agree** | **Agree**  **a lot** |
| 1. Make healthy food choices. | □ | □ | □ | □ |
| 1. Exercise more often, including bone-strengthening physical activities. | □ | □ | □ | □ |
| 1. Exercise more often with my parent or caregiver. | □ | □ | □ | □ |
| 1. Set/work toward nutrition and physical activity goals. | □ | □ | □ | □ |
| 1. Help plan, shop for, or prepare healthy meals. | □ | □ | □ | □ |
| 1. Eat a healthy breakfast every day. | □ | □ | □ | □ |
| 1. Eat meals together with my family. | □ | □ | □ | □ |
| 1. Take a healthy bag lunch to school. | □ | □ | □ | □ |

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| **20a. In the past 8 weeks, did you go to any education programs about healthy eating or physical activity outside of school?**  □No □ Yes | |
| **20b. If you checked “yes,” please describe the program**: |  |
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 **You’ve reached the end. Thank you for your help!**