

## BodyWorks Trainer Follow-up Survey

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This survey is being used to get your feedback about the BodyWorks program and your experiences as a BodyWorks trainer. There are no right or wrong answers. Please take your time and answer each question based on what you really think. Please do NOT put your name on this survey. Your answers are private.

### I. Experiences with BodyWorks Train-the-Trainer Program

This section of the survey includes questions about the BodyWorks Train-the-Trainers program, a six to eight hour training module that prepares people to teach the BodyWorks sessions.

**1. When did you participate in a BodyWorks Train-the-Trainers program?**

- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- I don't know / remember

**2. What was the format of your BodyWorks Train-the-Trainers program?**

- In Person
  - Online
  - Other
- Other (please specify): \_\_\_\_\_

**3. Overall, how satisfied were you with the the BodyWorks Train-the-Trainers program?**

- |   |  |
|---|--|
| <input type="checkbox"/> Not at all satisfied | <input type="checkbox"/> Mostly satisfied    |
| <input type="checkbox"/> Somewhat satisfied   | <input type="checkbox"/> Extremely satisfied |

**4. Overall, how confident did you feel in your ability to implement the BodyWorks program as a result of attending the BodyWorks Train-the-Trainers program?**

- |   |  |
|---|--|
| <input type="checkbox"/> Not at all confident | <input type="checkbox"/> Mostly confident    |
| <input type="checkbox"/> Somewhat confident   | <input type="checkbox"/> Extremely confident |

**5. What could be added to the Train-the-Trainers program to better prepare you to implement BodyWorks? (Choose one or more.)**

- More strategies for promoting the program and recruiting participants
- Case studies on how other communities have successfully implemented BodyWorks
- More strategies for how to fund a program
- Additional training time
- Greater focus on training skills
- More strategies for securing partners
- Other

Other (please specify): \_\_\_\_\_

## II. Current BodyWorks Trainer Status

This section of the survey includes questions about your current status as a BodyWorks trainer.

**6. Approximately how much time went by between the END of your Train-the-Trainers and the START of your first BodyWorks Program?**

- I have not yet led my own BodyWorks Program
- Less than one month [skip to question 8]
- 1 - 3 months [skip to question 8]
- 4 - 6 months [skip to question 8]
- 7 - 12 months [skip to question 8]
- More than one year [skip to question 8]

**7. If you have not yet led a BodyWorks program, why haven't you run one? [skip to About You section]**

- Currently planning my first program
- Lack of time
- Lack of resources (i.e., funding, location, etc.)
- Lack of interest in my community
- I do not like the BodyWorks curriculum
- I never intended to lead a program
- Not a priority for my employer
- Other

Other (please specify): \_\_\_\_\_

**8. Since you began as a trainer, approximately how many TOTAL BodyWorks programs have you led?**

- 1-3
- 4-6
- 7-9
- 10-12
- More than 12

**9. Are you currently running a BodyWorks program?**

- Yes (Skip to question 13)
- No

**10. If you are not currently running a BodyWorks program, when did you last lead a program?**

- Less than one month ago
- 1-3 months ago
- 4-6 months ago
- 7-12 months ago
- More than one year ago

**11. How likely are you to lead BodyWorks programs in the future?**

- Not at all likely
- Not likely
- Likely [skip to question 13]
- Very likely [skip to question 13]

**12. Why aren't you likely to run BodyWorks programs in the future?**

- It is too difficult to recruit participants
- Running a BodyWorks program takes up too much of my time
- The program costs are too expensive
- The logistics of the program are too difficult to coordinate
- I do not feel that BodyWorks is an effective/useful program
- Other (\_\_\_\_\_)

**13. What originally motivated you to become a BodyWorks trainer?**

- I was a participant in a BodyWorks program
- I was interested in nutrition and physical activity
- I was a teacher/trainer of related programs
- My employer asked me to participate in the training
- Other
- Other (please specify):\_\_\_\_\_

**14. What currently motivates you to lead BodyWorks programs? (Choose one or more.)**

- I believe the program is effective/useful
- People in my community want to participate in the BodyWorks program
- I receive funding to run the BodyWorks program
- The BodyWorks program aligns with my work
- I am not currently motivated to lead BodyWorks programs
- Other
- Other (please specify):\_\_\_\_\_

### III. BodyWorks Participant Recruitment & Retention

The next section of the survey asks about techniques used to attract and retain program participants.

Below is a list of recruitment techniques that are sometimes used to attract BodyWorks participants to the program. If you have used the technique, please tell us how successful it has been in helping you *recruit* program participants. If you HAVE NOT used the technique, please check "I have not used this technique."

| 15. How successful have the following techniques been in helping you recruit program participants? | I have NOT used this technique. | Not at all successful    | Not really successful    | Somewhat successful      | Definitely successful    |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Flyers/brochures?   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Newspaper, TV, or radio advertisements?   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Outreach at community events?   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Contacts at community organizations?  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Contacts with schools?  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Contacts with local health professionals?   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other: _____  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Below is a list of common supports that can help trainers keep or retain their BodyWorks participants. If you have used the support, please tell us how successful it has been in helping you keep or retain program participants. If you HAVE NOT used the support, please check "I have not used this support."

| 16. How successful have the following supports been in helping to retain program participants? | I HAVE NOT used this support. | Not at all successful    | Not really successful    | Somewhat successful      | Definitely successful    |
|--|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Contacting participants before a session to remind them to attend                           | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Contacting participants when they miss a session  | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Giving 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. Paying participant transportation costs to attend the sessions                              | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Providing childcare while participants attend the sessions                                  | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other: _____  | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 17. Below is a list of common <u>barriers to keeping or retaining</u> BodyWorks participants. Please tell us how often you encounter these barriers when leading a BodyWorks program. | Never                    | Rarely                   | Sometimes                | Always                   |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Participants lack the time to attend all the sessions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Participants do not have transportation to the sessions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Participants do not have childcare available during session times  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other: _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## IV. BodyWorks Program Implementation

Now we would like to ask you a few questions about the structure of the BodyWorks programs you lead. While answering the following questions please think about a typical BodyWorks program that you lead.

**18. How many people does it generally take to plan and implement a typical BodyWorks program that you lead?**

- 1, I handle everything on my own
- 2
- 3
- 4
- 5
- More than 5

**19. Please indicate where you have held your BodyWorks programs. Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Public School    | <input type="checkbox"/> Library                              |
| <input type="checkbox"/> Private School   | <input type="checkbox"/> Worksite/Business                    |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Church/Temple/Other Place of Worship |
| <input type="checkbox"/> Health Center    | <input type="checkbox"/> Other (please specify): _____        |
| <input type="checkbox"/> Hospital         |   |

The next few questions ask about the ESTIMATED cost of running a typical BodyWorks Program?

**20. How much does each of the following cost to implement in your typical BodyWorks program?**

| Item                      | Estimated Cost |
|---------------------------|----------------|
| A. Trainer Stipend        | \$ _____       |
| B. Materials and supplies | \$ _____       |
| C. Facility               | \$ _____       |
| D. Incentives             | \$ _____       |
| E. Promotions             | \$ _____       |
| F. Other:                 | \$ _____       |
| _____                     |                |

**21. How are the costs of each of the following paid for?**

| Item                      | Grant or other outside funding source | By my organization (In-Kind) | Out of my pocket         | Other                    |
|---------------------------|---------------------------------------|------------------------------|--------------------------|--------------------------|
| A. Trainer Stipend        | <input type="checkbox"/>              | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Materials and supplies | <input type="checkbox"/>              | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Facility               | <input type="checkbox"/>              | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Incentives             | <input type="checkbox"/>              | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Promotions             | <input type="checkbox"/>              | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Other: _____           | <input type="checkbox"/>              | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |

**22. If you checked that any of the items above were paid for by an “other” source, please explain how the costs are paid for?**

**23. Are participants charged a fee to participate in a typical BodyWorks program that you lead?**

- No  
 Yes, they are charged: \_\_\_\_\_

**The next few questions ask about how you TYPICALLY implement BodyWorks programs that you lead. While answering the questions, please think about your typical program.**

**24. a. How many total sessions are included in your typical BodyWorks Program(s)?**

- 1  2  3  4  5  6  7  8  9  10  Other  
Other (please specify): \_\_\_\_\_

**b. How many of the sessions typically include children?**

- 1  2  3  4  5  6  7  8  9  10  Other  
Other (please specify): \_\_\_\_\_

**25. Approximately how long does each session last?**

- Less than 1 hour  
 1 hour  
 1.5 hours  
 2 hours  
 More than 2 hours

**26. Who typically participates in the BodyWorks programs that you lead? (Check all that apply)**

- Parents of children *younger than 9* years old
- Parents of children *between 9 and 14* years old
- Parents of children *older than 14* years old
- Children *younger than 9* years old
- Children *between 9 and 14* years old
- Children *older than 14* years old
- Other (please specify): \_\_\_\_\_

**27. The BodyWorks program gives trainers specific instructions on how to plan for and run a program. However, some trainers modify these instructions to better meet the needs of their participants. Do you currently make changes to the BodyWorks program?**

- No (skip to 32)
- Yes

**28. If you do modify the specific instructions the BodyWorks program gives trainers on how to plan and run a program, please describe the changes you typically make to the program.**

**29. If you do modify the specific instructions the BodyWorks program gives trainers on how to plan and run a program, why do you make those changes? (Check all that apply.)**

- To help recruit participants.
- To help retain participants.
- To make it more convenient for the trainer(s) to implement BodyWorks.
- To make it more convenient for participants.
- To make it more cost-effective.
- To respond to suggestions made by previous participants.
- To increase the satisfaction of participants.
- Other (please specify): \_\_\_\_\_

## V. BodyWorks Participants

This section of the survey asks questions about the typical participants in your BodyWorks programs. Before answering the questions, please take a moment to think about the parent and child participants typically enrolled in your BodyWorks Program(s).

**30. On average, how many parents/caregivers are enrolled in your BodyWorks Program(s)?**

- 4 or less
- 5-7
- 8-10
- More than 10



**31. About how many of the parent/caregiver participants are female?**

- None
- Some
- About half
- Most
- All

**32. In terms of attendance, how many of the offered sessions do the parents/caregivers in your BodyWorks Program typically attend?**

- Some
- About half
- Most
- All

**33. On average, how many children are enrolled in your BodyWorks Program(s)?**

- 4 or less
- 5-7
- 8-10
- More than 10

**34. In terms of attendance, how many of the offered sessions do the children in your BodyWorks Program typically attend?**

- None
- Some
- About half
- Most
- All

**35. How many of the children who participate are girls?**

- None
- Some
- About half
- Most
- All [Skip to question 39]

**36. If boys are present in your group, do you use the “For Guys” Addendum?**

- No [Skip to question 40]
- Yes

**37. If you use the “For Guys” Addendum how satisfied are you with the addendum?**

- Not at all satisfied
- Not really satisfied
- Somewhat satisfied
- Definitely satisfied

## VI. Changes in Knowledge, Attitude, Behaviors: Nutrition & Physical Activity Outcomes

Below is a list of intended outcomes of the BodyWorks program. Please indicate how successful participants typically are in achieving each outcome related to physical activity and nutrition.

### Physical Activity Outcomes

| 38. As a result of attending the BodyWorks program, how successful are participants in... | Not at all successful    | Somewhat successful      | Mostly successful        | Extremely successful     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Increasing their knowledge related to physical activity.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Improving their attitudes related to the importance of physical activity.              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Increasing confidence in their ability to do physical activity.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Overcoming barriers to being more physically active.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Engaging in healthier exercise habits.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Nutrition Outcomes

| 39. As a result of attending the BodyWorks program, how successful are participants in... | Not at all successful    | Somewhat successful      | Mostly successful        | Extremely successful     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Increasing their knowledge related to healthy eating.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Improving their attitudes related to the importance of healthy eating.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Increasing confidence in their ability to improve eating habits.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Overcoming barriers to healthy eating  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Engaging in healthier eating habits.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

40. Do you typically evaluate participants' progress in achieving the intended outcomes of the BodyWorks program? (Do not include individual session evaluations included with the training materials)

- I never evaluate participant progress
- I rarely evaluate participant progress
- I sometimes evaluate participant progress
- I always evaluate participant progress

## VII. BodyWorks Technical Assistance Services and Resources

The BodyWorks program offers a variety of technical assistance services and resources to trainers throughout the country. This next section will ask you about your awareness of these services and resources, as well as your experiences using them.

Please indicate if you are AWARE of each of these technical assistance services and resources, if you used the services and resources and how satisfied you were with them.

| 41. Were you AWARE of this resource or Service? |                              |                             | 42. If you utilized the resources, how SATISFIED were you with the services and resources received? |                          |                          |                          |                          |
|---|------------------------------|-----------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   |                              |                             | I did not use this resource   | Not at all satisfied     | Some-what satisfied      | Satisfied                | Extremely satisfied      |
| a. Orientation Packet                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Orientation Phone Calls or Webinars          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Regional Trainer Advisory Panel              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Quarterly Regional Conference Calls          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Trainer Database                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Website                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Listserv                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Newsletter                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Email Support                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 43. How important are the specific technical assistance resources listed below to running a successful BodyWorks program? | I am not aware of this resource | Not at all important     | Somewhat important       | Important                | Extremely important      |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Orientation Packet   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Orientation Phone Calls or webinars  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Regional Trainer Advisory Panel  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Quarterly Regional Conference Calls  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Trainer Database   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Website  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Listserv   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Newsletter   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Email Support  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other: _____   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**44. Overall how important, if at all, is the technical assistance to running a successful BodyWorks Program?**

- Not at all important
- Not really important
- Somewhat important
- Extremely important

## VIII. About You

You're almost done! This last section includes demographic questions.

**What is your gender?**

- Male
- Female

**How old are you?**

- 18 – 24 years
- 25 – 29 years
- 30 – 39 years
- 40 – 49 years
- 50 – 59 years
- 60 plus years

**Are you Hispanic or Latino?**

- Yes
- No

**What is your race? (Choose one or more.)**

- Black/African American
- White
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander

**In your role as a BodyWorks trainer, what group do you primarily represent?**

- Community Organization
- Health Professionals
- Nutrition Professionals
- Physical Education Professionals
- School Administrators
- Teachers
- Business/Industry
- Parents
- Other

**In what city and state do you live?**

City: \_\_\_\_\_ State: \_\_\_\_\_