

Appendix 1 - Study Surveys

1. Family Demographics Form
2. BodyWorks program Surveys (parent and child entrance, exit, and follow-up surveys)
3. Children's Sleep Habits Questionnaire (Abbreviated)
4. Self-Report Physical Activity Form
5. Fitbit User Exit Survey

Body Works Demographics Survey

Parent Name: _____

Child Name: _____

Starting Date: _____

Group: Monday Wednesday

1. Indicate your race/ethnicity (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic or Latino | |

2. Indicate your child's race/ethnicity (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic or Latino | |

3. Do you speak a language other than English at Home? Yes / No

A) If yes, what is this language? _____

B) How well do you speak English?

- Very well
- Well
- Not well
- Not at all

4. Zip code of your home: _____

5. What type of Residence do you live in? Apartment / House

6. What is the total income of your household?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$60,000 to \$69,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$70,000 to \$79,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$80,000 to \$89,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$90,000 to \$99,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$150,000 or more |

6. How many adults live in your home? _____

7. How many children live in your home? _____

8. Is there an adult at home most of the time when your child is at home? Yes / No

9. What type of transportation do you take to Body Works?

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Private Car | <input type="checkbox"/> Public Transit | <input type="checkbox"/> Got a ride with a friend or family member |
|--------------------------------------|---|--|

**Appendix C: Outcome Evaluation Instruments -
Parent/Caregiver Entrance Survey**

Form Approved OMB No. 0990-0385
Exp. Date: 12/31/2014



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 children. When the survey asks you about “your children,” please think of the 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:		
<i>[Example: Jane Smith is J.S.; Jane Doe-Smith is J.S.]</i>	_____	_____
	First Initial	Last Initial

Please write down the MONTH and YEAR of BIRTH of the children participating in the BodyWorks Program with you. <i>[Example: Write 05/95 if your child’s birthday is in May of 1995]</i>		
CHILD #1: _____ / _____ MM YY	CHILD #2 (IF APPLICABLE): _____ / _____ MM YY	CHILD #3 (IF APPLICABLE): _____ / _____ MM YY

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: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0385. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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 a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercising moderately for a total of 2.5 hours per week?	<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 making healthy foods 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 children that came with you to BodyWorks.

7b. How important is it to you that YOUR children are...	Not At All Important	Not Very Important	Important	Very Important
a. Eating a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<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 make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preventing diseases later in life, like heart disease, diabetes, and osteoporosis?	<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 moderately for a total of 2.5 hours per week?	<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 children that came with you to BodyWorks

8b. Do you think you can help your 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 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 like running, jumping rope, or 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...				
<input type="checkbox"/> Baby or young child (ages 0-8) <input type="checkbox"/> Preteen or teen (ages 9-18) <input type="checkbox"/> Young adult (ages 19-29) <input type="checkbox"/> Adult (ages 30 to 54) <input type="checkbox"/> Older adult (age 55+) <input type="checkbox"/> Don't know				
10. The amount of food you choose to eat for a meal or a snack is a...				
<input type="checkbox"/> Serving <input type="checkbox"/> Plate <input type="checkbox"/> Portion Size <input type="checkbox"/> Don't know				
11. A measured amount of food or drink that you can find on a nutrition facts label is the...				
<input type="checkbox"/> Recipe <input type="checkbox"/> Portion Size <input type="checkbox"/> Serving <input type="checkbox"/> Don't know				
12. The dangers of having an unhealthy diet can be: (Choose one or more.)				
<input type="checkbox"/> Not getting enough nutrients to grow and develop <input type="checkbox"/> Higher risk for diseases like osteoporosis or diabetes <input type="checkbox"/> Higher risk for being overweight <input type="checkbox"/> Don't know				
13. Which foods contain calcium? (Choose one or more.)				
<input type="checkbox"/> Milk <input type="checkbox"/> Fortified orange juice <input type="checkbox"/> Peaches <input type="checkbox"/> Water <input type="checkbox"/> Don't know				
14. Which foods contain vitamin D? (Choose one or more.)				
<input type="checkbox"/> Salmon <input type="checkbox"/> Chicken <input type="checkbox"/> Fortified Milk <input type="checkbox"/> Spinach <input type="checkbox"/> Don't know				
15. Which sandwich has less fat?				
<input type="checkbox"/> Fried chicken sandwich <input type="checkbox"/> Grilled chicken sandwich <input type="checkbox"/> They both have the same amount of fat <input type="checkbox"/> Don't know				
16. How can physical activity help you? (Choose one or more.)				
<input type="checkbox"/> Helps you control your weight <input type="checkbox"/> Lowers your chance of getting high blood pressure <input type="checkbox"/> Helps you feel less stressed <input type="checkbox"/> Decreases your vitamin C levels <input type="checkbox"/> Don't know				
17. To strengthen your bones you should:				
<input type="checkbox"/> Swim 3 times a week <input type="checkbox"/> Do stretching exercises, like touching your toes <input type="checkbox"/> Do activities like jumping and dancing <input type="checkbox"/> Don't know				

18. Tell us about the <u>past 7 days</u>. 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 foods 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 dinner 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 children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Ensure that your children exercised for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Encourage your children to be active instead of watching TV and/or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. 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. Dairy foods like milk, yogurt, cheese, and fortified soy beverages?	<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. Protein foods like meats, poultry, seafood, beans, and tofu?	<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	<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 like oatmeal, bread, and rice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About You

20. What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female	
21. 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+	
22. Are you Hispanic or Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes	
23. 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	
24. 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	
25. 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	
26. 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	
27a. Not including BodyWorks, have you gone to any education programs about healthy eating or physical activity in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes	
27b. If you checked "yes," please describe the program: _____ _____	
28. 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	
29. 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	
30. How tall are you? _____ Feet and inches	31. 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

32. 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: _____	
33. 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	
34. 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+	35. 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: _____
36. How tall is your child? _____ Feet and inches	37. How much does your child weigh? _____ Pounds

Child #2 (if applicable) Girl Boy

38. 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: _____	
39. 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	
40. 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+	41. 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: _____
42. How tall is your child? _____ Feet and inches	43. How much does your child weigh? _____ Pounds

Child #3 (if applicable) Girl Boy

44. 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: _____	
45. 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	
46. 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+	47. 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: _____
48. How tall is your child? _____ Feet and inches	49. How much does your child weigh? _____ Pounds

**Appendix C: Outcome Evaluation Instruments -
Parent/Caregiver Exit Survey**

Form Approved OMB No. 0990-0385
Exp. Date: 12/31/2014



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 children. When the survey asks you about “your children,” please think of the 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- <u>S</u> mith is J.S.]	First Initial	Last Initial

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0385. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

5a. How important to YOU is...	Not At All Important	Not Very Important	Important	Very Important
a. Eating a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercising moderately for a total of 2.5 hours per week	<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 making healthy foods 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 children that came with you to BodyWorks

5b. How important is it to you that YOUR children are...	Not At All Important	Not Very Important	Important	Very Important
a. Eating a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<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 make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preventing diseases later in life, like heart disease, diabetes, and osteoporosis	<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 moderately for a total of 2.5 hours per week	<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 children that came with you to BodyWorks

6b. Do you think you can help your 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 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 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 like running, jumping rope, or 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. The amount of a food that you choose to eat for a meal or a snack is a...

Serving Plate Portion Size Don't know

9. A measured amount of food or drink that you can find on a nutrition facts label is the...

Recipe Portion Size Serving Don't know

10. The dangers of having an unhealthy diet can be: (Choose one or more.)

Not getting enough nutrients to grow and develop
 Higher risk for diseases like osteoporosis or diabetes
 Higher risk for being overweight
 Don't know

11. Which foods contain calcium? (Choose one or more.)

Milk Fortified orange juice Peaches Water Don't know

12. Which foods contain vitamin D? (Choose one or more.)

Salmon Chicken Fortified Milk Spinach Don't know

13. Which sandwich has less fat?

Fried chicken sandwich Grilled chicken sandwich They both have the same amount of fat Don't know

14. How can physical activity help you? (Choose one or more.)

Helps you control your weight Lowers your chance of getting high blood pressure Helps you feel less stressed Decreases your vitamin C levels Don't know

15. To strengthen your bones you should:

Swim 3 times a week Do stretching exercises, like touching your toes Do activities like jumping and dancing Don't know

16. Tell us about the <u>past 7 days</u>. 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 foods 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 dinner 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 children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Ensure that your children exercised for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Encourage your children to be active instead of watching TV and/or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. 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. Dairy foods like milk, yogurt, cheese, and fortified soy beverages?	<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. Protein foods like meats, poultry, seafood, beans, and tofu?	<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?	<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 like bread, oatmeal, and rice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This section asks about your experience with the BodyWorks program.

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, like responsibilities at school, work, or home
 I was sick
 I did not have a way to get there
 I did not like the group members
 I did not finish the BodyWorks homework
 I never missed a session
 Other: _____

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

How encouraging was it when your trainer...	Not At All Encouraging	Not Really Encouraging	A Little Encouraging	Very Encouraging	My trainer DID NOT do this.
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"/>

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

21. Tell us how helpful the BodyWorks toolkit items 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?	Not At All Helpful	A Little Helpful	Helpful	Very Helpful	I did NOT use this toolkit item.
a. Body Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. BodyWorks For Teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. BodyWorks for Guys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Best Journal Ever!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Deliciously Healthy Family Meals Cookbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Let's Shop, Cook, and Eat Together DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Shopping Lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Weekly Planner refrigerator magnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Outside of the BodyWorks sessions, how often did you use any of the toolkit items with your children?

Never
 Rarely
 Sometimes
 Often

23. If parts of the BodyWorks Toolkit were *not* helpful, what could make them better?

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"/>

25. Think about the BodyWorks program. How much did you like...	Did not like at all	Liked a little	Liked	Liked a lot
a. <u>Where</u> the BodyWorks sessions were held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>When</u> the BodyWorks sessions were held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <u>How long</u> 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"/>

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	<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.)

28a. Not including Bodyworks, did you go to any education programs about healthy eating or physical activity in the past 8 weeks? No Yes

28b. If you checked "yes," please describe the program:

**Appendix C: Outcome Evaluation Instruments -
Parent/Caregiver Follow-Up Survey**

Form Approved OMB No. 0990-0385
Exp. Date: 12/31/2014



Parent/Caregiver Follow-up 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 children. When the survey asks you about “your children,” please think of the 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- <u>S</u> mith is J.S.]	_____ First Initial	_____ Last Initial
---	------------------------	-----------------------

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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0385. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

5a. How important to YOU is...	Not At All Important	Not Very Important	Important	Very Important
a. Eating a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercising moderately for a total of 2.5 hours per week?	<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 making healthy foods 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 children that came with you to BodyWorks

5b. How important is it to you that YOUR children are...	Not At All Important	Not Very Important	Important	Very Important
a. Eating a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<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 make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preventing diseases later in life, like heart disease, diabetes, and osteoporosis?	<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 moderately for a total of 2.5 hours per week?	<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 children that came with you to BodyWorks

6b. Do you think you can help your 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 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 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 like running, jumping rope, or 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. The amount of a food that you choose to eat for a meal or a snack is a...

Serving Plate Portion Size Don't know

9. A measured amount of food or drink that you can find on a nutrition facts label is the...

Recipe Portion Size Serving Don't know

10. The dangers of having an unhealthy diet can be: (Choose one or more.)

Not getting enough nutrients to grow and develop
 Higher risk for diseases like osteoporosis or diabetes
 Higher risk for being overweight
 Don't know

11. Which foods contain calcium? (Choose one or more.)

Milk Fortified orange juice Peaches Water Don't know

12. Which foods contain vitamin D? (Choose one or more.)

Salmon Chicken Fortified Milk Spinach Don't know

13. Which sandwich has less fat?

Fried chicken sandwich Grilled chicken sandwich They both have the same amount of fat Don't know

14. How can physical activity help you? (Choose one or more.)

Helps you control your weight Lowers your chance of getting high blood pressure Helps you feel less stressed Decreases your vitamin C levels Don't know

15. To strengthen your bones you should:

Swim 3 times a week Do stretching exercises, like touching your toes Do activities like jumping and dancing Don't know

16. Tell us about the <u>past 7 days</u>. 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 foods 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 dinner 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 children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Ensure that your children exercised for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Encourage your children to be active instead of watching TV and/or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. 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. Dairy foods like milk, yogurt, cheese, and fortified soy beverages?	<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. Protein foods like meats, poultry, seafood, beans, and tofu?	<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?	<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 like bread, oatmeal, and rice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18a. Not including BodyWorks, did you go to any education programs about healthy eating or physical activity in the past 8 weeks?

No Yes

18b. If you checked "yes," please describe the program:

**Appendix C: Outcome Evaluation Instruments -
Child Entrance Survey**

Form Approved OMB No. 0990-0385
Exp. Date: 12/31/2014



Child Entrance 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.

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.S.]

_____	_____
Parent's or Caregiver's	Parent's or Caregiver's
First Initial	First Initial

What is your **MONTH and YEAR** of BIRTH?

[Ex: Write 05/95 if your birthday is in May of 1995]

_____/_____
MM YY

If you are a twin, tell us if you are the older or younger twin

Older twin
 Younger twin

1. How did you hear about *BodyWorks*? (Choose one or more.)

<input type="checkbox"/> Parent or caregiver	<input type="checkbox"/> School/Teacher	<input type="checkbox"/> Community organization
<input type="checkbox"/> Other family member	<input type="checkbox"/> Doctor or other health care provider	<input type="checkbox"/> Flyer/Brochure
<input type="checkbox"/> Friend/Neighbor	<input type="checkbox"/> Church, temple, or other place of worship	<input type="checkbox"/> Newspaper, TV, or radio ad
<input type="checkbox"/> Other _____		

2. What made you want to come to the *BodyWorks* program?

I wanted to... (Choose one or more.)

Learn more about healthy eating

Take part in fun physical activities

Improve my health and/or weight

Do an activity with my parent or caregiver

Make new friends

Other: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0385. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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 a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<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 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. Helping your parent or caregiver plan, shop for, or make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preventing diseases that happen later in life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7b. How important is it to your PARENT/CAREGIVER that <u>you</u> ...	Not At All Important	Not Very Important	Important	Very Important
a. Eat a healthy diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise each day for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do YOU want to do what your parent/caregiver thinks you should?	No, Not At All	No, Not Really	Yes, A Little	Yes, For Sure
a. I want to <u>eat healthier</u> if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I want to <u>exercise</u> if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I want to <u>set goals to improve my eating and physical activity habits</u> if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I want to <u>write in a journal about my eating and physical activity habits</u> if my parent/caregiver thinks I should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I want to <u>help plan, shop for, or make healthy foods</u> if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you think you can ...	No, Not At All	No, Not Really	Yes, A Little	Yes, For Sure
a. Talk with your family about how you can eat healthier foods or get more physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help plan for, shop, or make healthy foods each week?	<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 one hour every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exercise even if things get in your way, like if you are too tired or very busy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Choose to be active instead of watching TV or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Do bone-strengthening physical activities like running or jumping rope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



You're past the half-way point!

10. The most important time in life for building strong bones is when you are a/an...				
<input type="checkbox"/> Baby or young child (ages 0-8) <input type="checkbox"/> Preteen or teen (ages 9-18) <input type="checkbox"/> Young adult (ages 19-29) <input type="checkbox"/> Adult (ages 30 to 54) <input type="checkbox"/> Older adult (age 55+) <input type="checkbox"/> Don't know				
11. The amount of food you choose to eat for a meal or a snack...				
<input type="checkbox"/> Serving <input type="checkbox"/> Plate <input type="checkbox"/> Portion Size <input type="checkbox"/> Don't know				
12. A measured amount of food or drink that you can find on a nutrition facts label is the...				
<input type="checkbox"/> Recipe <input type="checkbox"/> Portion size <input type="checkbox"/> Serving <input type="checkbox"/> Don't know				
13. The dangers of having an unhealthy diet can be: (Choose one or more.)				
<input type="checkbox"/> Not getting enough nutrients to grow and develop <input type="checkbox"/> Higher risk for diseases like osteoporosis or diabetes <input type="checkbox"/> Higher risk for being overweight <input type="checkbox"/> Don't know				
14. Which foods contain calcium? (Choose one or more.)				
<input type="checkbox"/> Milk <input type="checkbox"/> Fortified orange juice <input type="checkbox"/> Peaches <input type="checkbox"/> Water <input type="checkbox"/> Don't know				
15. Which foods contain vitamin D? (Choose one or more.)				
<input type="checkbox"/> Salmon <input type="checkbox"/> Chicken <input type="checkbox"/> Fortified Milk <input type="checkbox"/> Spinach <input type="checkbox"/> Don't know				
16. Which sandwich has less fat?				
<input type="checkbox"/> Fried chicken sandwich <input type="checkbox"/> Grilled chicken sandwich <input type="checkbox"/> They both have the same amount of fat <input type="checkbox"/> Don't know				
17. How can physical activity help you? (Choose one or more.)				
<input type="checkbox"/> Helps you control your weight <input type="checkbox"/> Lowers your chance of getting high blood pressure <input type="checkbox"/> Helps you feel less stressed <input type="checkbox"/> Decreases your vitamin C levels <input type="checkbox"/> Don't know				
18. To strengthen your bones you should:				
<input type="checkbox"/> Swim 3 times a week <input type="checkbox"/> Do stretching exercises, like touching your toes <input type="checkbox"/> Do activities like jumping and dancing <input type="checkbox"/> Don't know				

19. 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 your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work toward goals you set to eat healthy foods and be physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help plan healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help shop for healthy foods and drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help make healthy meals or snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat a healthy breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Take a healthy bag lunch to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat dinner together with your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Exercise for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Exercise with your parent or caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Do bone-strengthening exercises (like running or jumping rope)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Think about the past 7 days. Did your parent/caregiver encourage you to...	No	Yes
a. Eat a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise each day for one hour?	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>
f. Be active instead of watching TV and/or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>

21. 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
a. Dairy foods like milk, yogurt, cheese, and fortified soy beverages?	<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. Protein foods like meats, poultry, seafood, beans, and tofu?	<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?	<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 like bread, oatmeal, and rice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



One page to go!

About You:

22. I am a: <input type="checkbox"/> Male <input type="checkbox"/> Female
23. How old are you? <input type="checkbox"/> Less than 9 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 12 yrs <input type="checkbox"/> 14 yrs <input type="checkbox"/> 9 yrs <input type="checkbox"/> 11 yrs <input type="checkbox"/> 13 yrs <input type="checkbox"/> More than 14 yrs
24. What grade are you 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: _____
25. Are you Hispanic or Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes
26. 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
27a. Did you go to any education programs about healthy eating or physical activity outside of school time in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes
27b. If you checked "yes," please describe the program: _____
28. How would you describe your eating habits? <input type="checkbox"/> Not at all healthy <input type="checkbox"/> Not very healthy <input type="checkbox"/> Healthy <input type="checkbox"/> Very healthy
29. How would you describe your exercise habits? <input type="checkbox"/> Not at all healthy <input type="checkbox"/> Not very healthy <input type="checkbox"/> Healthy <input type="checkbox"/> Very healthy



You're all done! Thanks so much for your help!!

**Appendix C: Outcome Evaluation Instruments -
Child Exit Survey**

Form Approved OMB No. 0990-0385
Exp. Date: 12/31/2014



Child Exit 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.

Please write the first and last initials of the parent or caregiver who came with you to this program. <i>[Ex: For <u>J</u>ane <u>S</u>mith, it is J.S. For <u>J</u>ane <u>D</u>oe-<u>S</u>mith, it is J.S.]</i>	_____ Parent's or Caregiver's First Initial	_____ Parent's or Caregiver's Last Initial
--	---	--

What is your MONTH and YEAR of BIRTH? <i>[Ex: Write 05/95 if your birthday is in May of 1995]</i> If you are a twin, tell us if you are the older or younger twin	_____ / _____ MM YY <input type="checkbox"/> Older twin <input type="checkbox"/> Younger twin
--	---

1. Right now, how do you feel about making changes to your <u>eating habits</u>? <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.
2. How much do you want to make changes to your <u>eating habits</u>? <input type="checkbox"/> Not at all <input type="checkbox"/> Very little <input type="checkbox"/> Some <input type="checkbox"/> A lot
3. Right now, how do you feel about making changes to your <u>exercise habits</u>? <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
4. How much do you want to make changes to your <u>exercise habits</u>? <input type="checkbox"/> Not at all <input type="checkbox"/> Very little <input type="checkbox"/> Some <input type="checkbox"/> A lot

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0385. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

5a. How important to YOU is...	Not At All Important	Not Very Important	Important	Very Important
a. Eating a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<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 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. Helping your parent or caregiver plan, shop for, or make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preventing diseases that happen later in life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5b. How important is it to your PARENT/CAREGIVER that <u>you</u> ...	Not At All Important	Not Very Important	Important	Very Important
a. Eat a healthy diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise each day for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do YOU want to do what your parent/caregiver thinks you should?	No, Not At All	No, Not Really	Yes, A Little	Yes, For Sure
a. I want to eat healthier if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I want to exercise if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I want to set goals to improve my eating and physical activity habits if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I want to write in a journal about my eating and physical activity habits if my parent/caregiver thinks I should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I want to help plan, shop for, or make healthy foods if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you think you can ...	No, Not At All	No, Not Really	Yes, A Little	Yes, For Sure
a. Talk with your family about how you can eat healthier foods or get more physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help plan for, shop, or make healthy foods each week?	<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 one hour every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exercise even if things get in your way, like if you are too tired or very busy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Choose to be active instead of watching TV or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Do bone-strengthening physical activities like running or jumping rope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. The amount of food you choose to eat for a meal or a snack is a...

Serving Plate Portion Size Don't know

10. A measured amount of food or drink that you can find on a nutrition facts label is the...

Recipe Portion Size Serving Don't know

11. The dangers of having an unhealthy diet can be: (Choose one or more.)

Not getting enough nutrients to grow and develop
 Higher risk for diseases like osteoporosis or diabetes
 Higher risk for being overweight
 Don't know

12. Which foods contain calcium? (Choose one or more.)

Milk Fortified orange juice Peaches Water Don't know

13. Which foods contain vitamin D? (Choose one or more.)

Salmon Chicken Fortified Milk Spinach Don't know

14. Which sandwich has less fat?

Fried chicken sandwich Grilled chicken sandwich They both have the same amount of fat Don't know

15. How can physical activity help you? (Choose one or more.)

Helps you control your weight Lowers your chance of getting high blood pressure Helps you feel less stressed Decreases your vitamin C levels Don't know

16. To strengthen your bones you should:

Swim 3 times a week Do stretching exercises, like touching your toes Do activities like jumping and dancing Don't know

17. Tell us about the <u>past 7 days</u>. 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 to eat healthy foods and be physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help plan healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help shop for healthy foods and drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help make healthy meals or snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat a healthy breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Take a healthy bag lunch to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat dinner together with your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Exercise for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Exercise with your parent or caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Do bone-strengthening exercises (like walking or jumping rope)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Think about the past 7 days. Did your parent/caregiver encourage you to...	No	Yes
a. Eat a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise each day for one hour?	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>
f. Be active instead of watching TV and/or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>

19. 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
a. Dairy foods like milk, yogurt, cheese, and fortified soy beverages?	<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. Protein foods like meats, poultry, seafood, beans, and tofu?	<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?	<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 like bread, oatmeal, and rice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



You're past the half-way point!

This section asks about your experience with the BodyWorks program.

20. How many sessions did you attend? (Circle one.)

1 2 3 4 5 6 7 8 More than 8

21. If you missed one or more sessions, what were the reasons? (Choose one or more.)

I was busy with something else, like responsibilities at school, work, or home

I was sick

I did not have a way to get there

I did not like the group members

I did not finish the BodyWorks homework

I never missed a session

Other: _____

22a. Below is a list of activities that trainers might have done to encourage people to keep coming to BodyWorks. If your trainer did these things, please check how much they encouraged you to keep coming to BodyWorks. If your trainer did NOT do this activity, please check "My trainer did NOT do this."

How encouraging was it when your trainer...	Not At All Encouraging	Not Really Encouraging	A Little Encouraging	Very Encouraging	My trainer DID NOT do this.
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. Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22b. If your trainer gave you prizes to participate in BodyWorks, please describe the prizes you received:



Just two pages left. You're doing great!

23. Tell us how helpful the BodyWorks toolkit items 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?	Not At All Helpful	Not Very Helpful	Helpful	Very Helpful	I did NOT use this toolkit item.
a. Body Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. BodyWorks For Teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. BodyWorks for Guys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Best Journal Ever!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Deliciously Healthy Family Meals Cookbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Let's Shop, Cook, and Eat Together DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Shopping Lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Weekly Planner refrigerator magnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How often did you use any of the toolkit items with your parent or caregiver outside of the BodyWorks sessions?

Never
 Rarely
 Sometimes
 Often

25. If parts of the BodyWorks Toolkit were not helpful, what could make them better?

26. My BodyWorks Trainer(s)...	Disagree a lot	Disagree	Agree	Agree a lot
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"/>

27. Think about the BodyWorks program. How much did you like...	Did not like at all	Liked a little	Liked	Liked a lot
a. <u>Where</u> the BodyWorks sessions were held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>When</u> the BodyWorks sessions were held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <u>How long</u> 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 sessions for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



28. 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	<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"/>

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

30a. Not including BodyWorks and PE or health class at school, did you go to any education programs about healthy eating or physical activity in the last 8 weeks?

No Yes

30b. If you checked "yes," please describe the program:



You're all done! Thank you for your help!!

5a. How important to YOU is...	Not At All Important	Not Very Important	Important	Very Important
a. Eating a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<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 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. Helping your parent or caregiver plan, shop for, or make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preventing diseases that happen later in life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5b. How important is it to your PARENT/CAREGIVER that you...	Not At All Important	Not Very Important	Important	Very Important
a. Eat a healthy diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise each day for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do YOU want to do what your parent/caregiver thinks you should?	No, Not At All	No, Not Really	Yes, A Little	Yes, For Sure
a. I want to eat healthier if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I want to exercise if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I want to set goals to improve my eating and physical activity habits if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I want to write in a journal about my eating and physical activity habits if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I want to help plan, shop for, or make healthy foods if my parent/caregiver thinks I should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you think you can ...	No, Not At All	No, Not Really	Yes, A Little	Yes, For Sure
a. Talk with your family about how you can eat healthier foods or get more physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help plan for, shop, or make healthy foods each week?	<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 one hour every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exercise even if things get in your way, like if you are too tired or very busy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Choose to be active instead of watching TV or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Do bone-strengthening physical activities like running or jumping rope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. The most important time in life for building strong bones is when you are a/an...				
<input type="checkbox"/> Baby or young child (ages 0-8) <input type="checkbox"/> Preteen or teen (ages 9-18) <input type="checkbox"/> Young adult (ages 19-29) <input type="checkbox"/> Adult (ages 30 to 54) <input type="checkbox"/> Older adult (age 55+) <input type="checkbox"/> Don't know				
9. The amount of food you choose to eat for a meal or a snack...				
<input type="checkbox"/> Serving	<input type="checkbox"/> Plate	<input type="checkbox"/> Portion Size	<input type="checkbox"/> Don't know	
10. A measured amount of food or drink that you can find on a nutrition facts label is the...				
<input type="checkbox"/> Recipe	<input type="checkbox"/> Portion Size	<input type="checkbox"/> Serving	<input type="checkbox"/> Don't know	
11. The dangers of unhealthy dieting to lose weight can be: (Choose one or more.)				
<input type="checkbox"/> Not getting enough nutrients to grow and develop <input type="checkbox"/> Higher risk for diseases like osteoporosis or diabetes <input type="checkbox"/> Higher risk for being overweight <input type="checkbox"/> Don't know				
12. Which foods contain calcium? (Choose one or more.)				
<input type="checkbox"/> Milk	<input type="checkbox"/> Fortified orange juice	<input type="checkbox"/> Peaches	<input type="checkbox"/> Water	<input type="checkbox"/> Don't know
13. Which foods contain vitamin D? (Choose one or more.)				
<input type="checkbox"/> Salmon	<input type="checkbox"/> Chicken	<input type="checkbox"/> Fortified Milk	<input type="checkbox"/> Spinach	<input type="checkbox"/> Don't know
14. Which sandwich has less fat?				
<input type="checkbox"/> Fried chicken sandwich	<input type="checkbox"/> Grilled chicken sandwich	<input type="checkbox"/> They both have the same amount of fat	<input type="checkbox"/> Don't know	
15. How can physical activity help you? (Choose one or more.)				
<input type="checkbox"/> Helps you control your weight	<input type="checkbox"/> Lowers your chance of getting high blood pressure	<input type="checkbox"/> Helps you feel less stressed	<input type="checkbox"/> Decreases your vitamin C levels	<input type="checkbox"/> Don't know
16. To strengthen your bones you should:				
<input type="checkbox"/> Swim 3 times a week	<input type="checkbox"/> Do stretching exercises, like touching your toes	<input type="checkbox"/> Do activities like jumping and dancing	<input type="checkbox"/> Don't know	



Just two pages left. You're doing great!

17. Tell us about the <u>past 7 days</u> . 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 to eat healthy foods and be physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help plan healthy meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help shop for healthy foods and drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help make healthy meals or snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat a healthy breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Take a healthy bag lunch to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat dinner together with your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Exercise for one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Exercise with your parent or caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Do bone-strengthening exercises (like walking or jumping rope)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Think about the past 7 days. Did your parent/caregiver encourage you to...	No	Yes
a. Eat a healthy mix of foods like fruits, vegetables, whole grains, low-fat or fat-free dairy foods, and protein foods?	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercise each day for one hour?	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals to improve your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>
d. Write in a journal about your eating and physical activity habits?	<input type="checkbox"/>	<input type="checkbox"/>
e. Help plan, shop for, or make healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>
f. Be active instead of watching TV and/or sitting at the computer?	<input type="checkbox"/>	<input type="checkbox"/>

19. 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
a. Dairy foods like milk, yogurt, cheese, and fortified soy beverages?	<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. Protein foods like meats, poultry, seafood, beans, and tofu?	<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?	<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 like bread, oatmeal, and rice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Just one to go!

20a. Not including BodyWorks and PE or health class at school, did you go to any education programs about healthy eating or physical activity in the last 8 weeks?

No

Yes

20b. If you checked "yes," please describe the program: _____



You've reached the end. Thank you for your help!

**CHILDREN’S SLEEP HABITS QUESTIONNAIRE
(ABBREVIATED)**

The following statements are about your child’s sleep habits and possible difficulties with sleep. Think about the past week in your life when you answer the questions. If last week was unusual for a specific reason, choose the most recent typical week. Unless noted, check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

BEDTIME

Write in your child’s usual bedtime: Weeknights _____:_____ am/pm

Weekends _____:_____ am/pm

	7 Always	5-6 Usually	2-4 Sometimes	1 Rarely	0 Never
1. Child goes to bed at the same time at night.	()	()	()	()	()
2. Child falls asleep within 20 minutes after going to bed.	()	()	()	()	()
3. Child falls asleep alone in own bed.	()	()	()	()	()
4. Child falls asleep in parent’s or sibling’s bed.	()	()	()	()	()
5. Child falls asleep with rocking or rhythmic movements.	()	()	()	()	()
6. Child needs special object to fall asleep (doll, special blanket, stuffed animal, etc.).	()	()	()	()	()
7. Child needs parent in the room to fall asleep.	()	()	()	()	()
8. Child resists going to bed at bedtime.	()	()	()	()	()
9. Child is afraid of sleeping in the dark.	()	()	()	()	()

SLEEP BEHAVIOR

Write in your child’s usual amount of sleep each day (combining nighttime sleep and naps): _____ hours and _____ minutes

	7 Always	5-6 Usually	2-4 Sometimes	1 Rarely	0 Never
10. Child sleeps about the same amount each day.	()	()	()	()	()
11. Child is restless and moves a lot during sleep.	()	()	()	()	()

	7 Always	5-6 Usually	2-4 Sometimes	1 Rarely	0 Never
12. Child moves to someone else's bed during the night (parent, sibling, etc.).	()	()	()	()	()
13. Child grinds teeth during sleep (your dentist may have told you this).	()	()	()	()	()
14. Child snores loudly.	()	()	()	()	()
15. Child awakens during the night and is sweating, screaming, and inconsolable.	()	()	()	()	()
16. Child naps during the day.	()	()	()	()	()
Write in the number of minutes the nap usually lasts: _____ minutes					

WAKING DURING THE NIGHT

	7 Always	5-6 Usually	2-4 Sometimes	1 Rarely	0 Never
17. Child wakes up once during the night.	()	()	()	()	()
18. Child wakes up more than once during the night.	()	()	()	()	()

MORNING WAKE UP

Write in the time child usually wakes up in the morning: Weekdays _____:_____ am/pm

Weekends _____:_____ am/pm

	7 Always	5-6 Usually	2-4 Sometimes	1 Rarely	0 Never
19. Child wakes up by him/herself.	()	()	()	()	()
20. Child wakes up very early in the morning (or, earlier than necessary or desired).	()	()	()	()	()
21. Child seems tired during the daytime.	()	()	()	()	()
22. Child falls asleep while involved in activities.	()	()	()	()	()

WEEKLY ACTIVITY JOURNAL

Name: _____

Date: _____

Instructions

For each day of the week, please check the appropriate box for the activity you engaged in on that day (if you did not do physical activity on a certain day, please leave it blank). If the activity you participated in is not listed, please check "Other" and write in the activity next to it.

Then, write in how much time that you did the activity for.



SUNDAY	
Activity	Time
<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Sports/Athletics <input type="checkbox"/> Other:	
MONDAY	
Activity	Time
<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Sports/Athletics <input type="checkbox"/> Other:	
TUESDAY	
Activity	Time
<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Sports/Athletics <input type="checkbox"/> Other:	
WEDNESDAY	
Activity	Time
<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Sports/Athletics <input type="checkbox"/> Other:	
THURSDAY	
Activity	Time
<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Sports/Athletics <input type="checkbox"/> Other:	
FRIDAY	
Activity	Time
<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Sports/Athletics <input type="checkbox"/> Other:	
SATURDAY	
Activity	Time
<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Sports/Athletics <input type="checkbox"/> Other:	

Study Number: CHLA-15-00269

Principal Investigator: Juan Espinoza

Study Title: Effect of Personal Activity Trackers on Weight Loss in Children Enrolled in a Comprehensive Behavioral Family Lifestyle Intervention (CBFLI) Program

Fitbit Intervention Exit Survey

1. The Fitbit was comfortable to wear.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

2. The Fitbit was easy to charge.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

3. I enjoyed using the Fitbit.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

4. I was motivated to do more activity by wearing the Fitbit
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

5. The weekly Fitbit reports and feedback were useful for me.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

6. I will consider getting my own Fitbit, or a similar device, in the future.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree